The Medical Technology Group

Improving patient access to medical technology

STPs AND THE USE OF TECHNOLOGY

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Executive Summary

Sustainability and Transformation Plans (STPs) and Integrated Care Systems (ICS) are playing a significant role in shaping the future architecture of the NHS. Their role in creating an integrated health and social care system is pivotal and as such it is crucial they are focussing on the key issues.

The MTG believes that the uptake and use of medical technology is an issue that should be treated a as key priority. Improved use of technology can help deliver care more efficiently and improve patient outcomes. How STPs and ICSs will harness the benefits of medical technology should be clearly set out in each of the plans with responsible individuals and organisations made clear.

In order to assess what focus is being placed on technology, the MTG conducted an assessment of all the original Sustainability and Transformation Plans to analyse where they were placing appropriate focus and attention on technology. We found that very few STPs and ICSs pay attention to technology and none at all set out clear plans as to how they will improve the uptake of medical devices.

This represents a missed opportunity for the NHS. Integration of services and improving outcomes relies on the effective use of innovative technology. Failing to pay enough attention to the role of medical technology will prove detrimental in the long run.

The MTG would like to see the STPs and ICSs set out, in detail, how they will harness the power of technology. These plans should address the following critical issues:

Break down budget silos: the issue of silo budgets within the system is a key factor that has reduced the NHS ability to pull through technology effectively. The integration of NHS organisations and development of joint working should support the breaking down of budget silos and the ability to fully realise the benefits of technology, even when the benefits are accrued in a different part of the system to where the investment is made.

Ensure local commissioners follow national guidance: NICE and NHS England constantly produce guidance and policies on the use of

technology. STP and ICSs should ensure that decisions related to technology take into account the relevant national level guidelines. When patient pathways are established this should also take into account relevant national guidance. Duplication of assessment, such as carrying out health economic reviews numerous times, only adds costs to the system and slows down patient access.

Embed a strategic approach to procurement: procurement mechanisms should focus on the full value of medical devices, not the upfront cost. Taking a more strategic approach that looks at the potential savings, and improvements that could be delivered by devices will help embed a technology friendly innovative service. An overly aggressive focus on unit cost will lead to savings being missed.

Embrace technology to integrate: STPs and ICSs are ideally placed to look at the total system cost of the use of technology. By working across various NHS organisations and budget silos means they are ideally positioned to ensure the right technology is used in the right place, even if savings are generated in another part of the system. STPs and ICSs should focus on ensuring that budget silos do not block the use of technology.

Developing a modern workforce: creating a workforce equipped to deliver modern healthcare is key to the delivery of any modernisation strategy. STPs and ICSs are well placed to identify workforce needs linked to the technology needs. The MTG would like to see STPs/ICSs develop a workforce strategy that addresses how technological needs will be met.

Alignment of national initiatives: to tackle Government initiatives which have competing agendas, alignment is needed. It is critical that all the relevant initiatives are implemented side-by-side across all relevant organisations. Timelines for implementations can be brought into line and national level programmes can be implemented at the same pace across the system.

Duty to innovate: as part of the ongoing development of STPs and ICSs, a duty to innovate should be included in the planning guidance. NHS should make it clear that STPs and ICSs should have a strategic plan for the use of technology and how they will implement national guidelines. This should include a named individual, who is responsible for reporting back to NHS England on progress and activity in this area.

Introduction

The NHS has undergone many changes in its 70 years, with reform and reorganisation becoming a constant feature of the NHS' existence. Much of the current infrastructure was established in the 2012 Health and Social Care Act, removing Primary Care Trusts and Strategic Health Authorities and replacing them with Clinical Commissioning Groups.

Given the disruption and upheaval caused by this change, it was unlikely that NHS leaders, or the current Government, would seek to make radical changes to the current NHS infrastructure. This does not mean, however, that changes are not being made. The NHS Five Year Forward View (FYFV)[1], published by Simon Stevens in 2014, set out how the NHS should prioritise in coming years and the reforms necessary to deliver world class healthcare. A key element established by this plan was the development of Sustainability and Transformation Plans – established as the delivery vehicle for the FYFV. The STPs were intended to shape local healthcare delivery in such a way that no single organisation and their individual priorities could dominate healthcare delivery in a specific location.

Following the NHS Planning Guidance[2], published in 2015, 44 STPs were developed. The original STP documents gave clarity on the geographical make up of STPs and their strategic objectives. The documents themselves varied in length and detail. Despite this, many plans set out ambitious targets for how they would revolutionise their local healthcare system – through efficiency drives, reductions in areas such as A&E admissions, and improvements in IT systems to give patients more control.

As the FYFV points out, 'England is too diverse' for a one size fits all approach. Variation within STPs should not be considered a weakness, rather an acknowledgement of the different needs of different areas. Since their launch, however, we have huge variation in the pace at which plans have been implemented. The development of STPs has seen certain areas evolve into Integrated Care Systems, a new type of closer collaboration. There are currently 14 areas operating as an ICS.

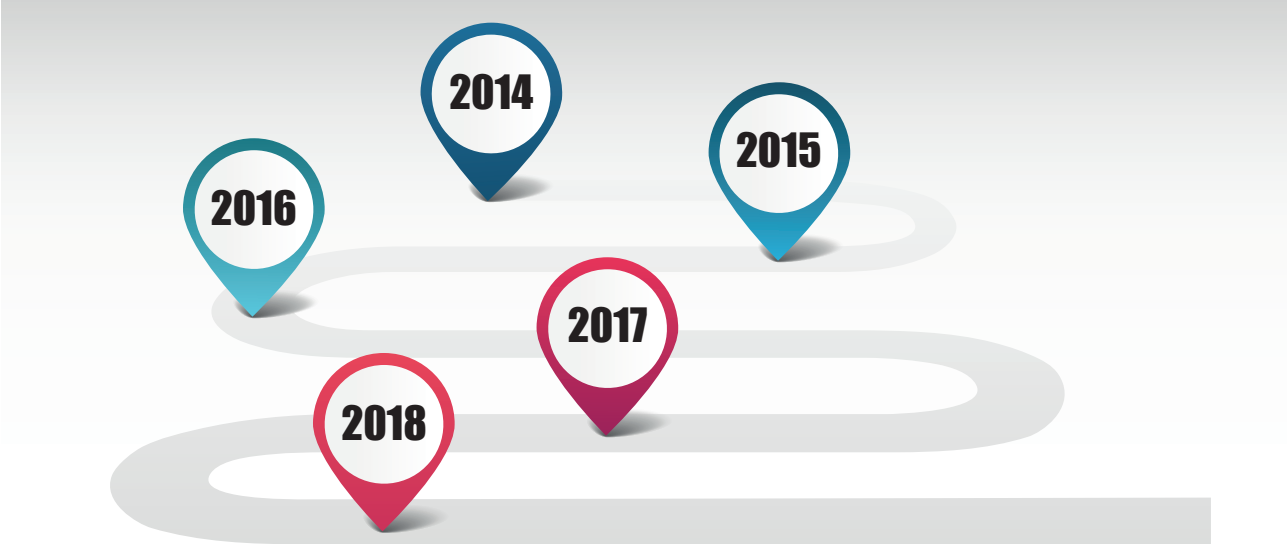
Medical technology has the ability to support more efficient delivery of healthcare. The technology exists to support the more efficient delivery of care. Technology can help patients receive the most appropriate treatment immediately and remove the need for additional care. Technology such as minimally interventional procedures can also reduce the amount of time patients will spend in hospital recovering from treatment, freeing up vital NHS resources. Looking at the wider societal impacts of technology can also help save money through reductions in welfare spending.

As STPs and ICSs continue to develop, it is critical that they have a strategic plan for the effective utilisation of appropriate technology. The use of technology should be regarded as a high priority throughout the creation of new systems. Technology can help shape the development of effective delivery systems. Attempting to retrofit technology once pathways and systems are established is unlikely to gain the full benefits available.

This report looks at what STPs need to do in order to ensure that innovation is at the heart of plans and that patients can get access to the technology that they need.

1 https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf
2 https://www.england.nhs.uk/wp-content/uploads/2015/12/planning-guid-16-17-20-21.pdf

History of STPs & ICSs



STPs were developed to implement the FYFV, Simon Stevens' report on the future of the NHS, launched in 2014. The FYFV[3] sets out plans to allow GPs, primary care and acute care organisations to come together to form 'Multispecialty Community Providers'. This new type of care model was intended to drive joint working across certain geographies and ensure that the priorities of one organisation did not take precedence over other parts of the system. Whilst the FYFV laid the foundations of STPs, their creation came later.

Following the launch of the FYFV, NHS England published *"the forward view into action: Planning for 2015/16"*[4]. This document set out the approach that NHS organisations, national and local, should take in their approach towards *"fulfilling the vision set out in the NHS Five Year Forward View, whilst at the same time delivering the high quality, timely care that the people of England expect today."*

The planning guidance contains a section on *"Accelerating useful innovation"* and the need for local health economies to take advantage of the available, stating *"…In 2015/16 we will take a number of new steps to accelerate innovation in new treatments and diagnostics."* Alongside this commitment the planning guidance states that local health economies to *"increase the ability of local commissioners to shape their own priorities for investment through place-based commissioning."*

The next piece of guidance came in late 2015, when the NHS published 'Delivering the Forward View: NHS planning guidance, 2016/17 – 2020/21.'[5] Included in this document is the requirement for NHS organisations to develop STPs: *"We are requiring the NHS to produce two separate but connected plans:*

- *a five year Sustainability and Transformation Plan (STP), place-based and driving the Five Year Forward View; and*
- *a one year Operational Plan for 2016/17, organisation-based but consistent with the emerging STP."*

The planning guidance goes on to state: *"We are asking every health and care system to come together, to create its own ambitious local blueprint for accelerating its implementation of the Forward View. STPs will cover the period between October 2016 and March 2021, and will be subject to formal assessment in July 2016 following submission in June 2016."*

3 https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf
4 https://www.england.nhs.uk/wp-content/uploads/2014/12/forward-view-plning.pdf
5 https://www.england.nhs.uk/wp-content/uploads/2015/12/planning-guid-16-17-20-21.pdf

The document sets out nine requirements for the year:

1. Develop and agree an STP.
2. Achieve financial balance using efficiency improvements as described by the Carter review, reducing variations as demonstrated in NHS RightCare reports, and reduce agency and locum spends.
3. Develop a local plan for general practice, including workforce.
4. Achieve 95% standard for 4-hour A&E waits; improve ambulance and other Urgent and Emergency Care (UEC) targets.
5. Achieve 92% for 18-week rate for non-urgent referrals.
6. Achieve 62-day targets for cancer referrals and improve 1-year survival rates.
7. Achieve the two mental health access targets.
8. Develop local plans for people with learning difficulties.
9. Improve quality of care, especially with respect to avoidable mortality.

Despite the requirement for plans to be submitted by June 2016, many STPs did not submit a plan until December of that year.

Even without all 44 plans in place, progress continued and 44 STPs covering populations from 330,000 to 2.8 million were created. Each STP is led by a named individual, with most STP leads coming from CCGs or Hospital Trusts, with a small number from local government.

In April 2017, STPs became the single point of access for the NHS transformation funding.[6] The 'Transformation Fund' was a £1.8bn fund set up to support STPs to implement change across their area. In early 2017, 'Sustainability and Transformation Plans' became known as 'Sustainability and Transform Partnerships', signifying the next stage of their development.

The development of STPs has varied across the different partnerships. Several STPs were slow to submit plans and remain behind in terms of their establishment and impact. From April 2018, those STPs that have advanced most quickly are now working as Integrated Care Systems (ICS).

NHS England describes Integrated Care Systems as: *"In some areas, a partnership will evolve to form an Integrated Care System, a new type of even closer collaboration. In an Integrated Care System, NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve."*

At present there are 14 areas that are operating as an ICS[7]:

1. South Yorkshire and Bassetlaw
2. Frimley
3. Dorset
4. Bedfordshire, Luton and Milton Keynes
5. Nottinghamshire
6. Lancashire and South Cumbria
7. Berkshire West
8. Buckinghamshire
9. Greater Manchester (devolution deal)
10. Surrey Heartlands (devolution deal)
11. Gloucestershire
12. West Yorkshire and Harrogate
13. Suffolk and North East Essex
14. North Cumbria

As an example of the work ICSs are undertaking, South Yorkshire and Bassetlaw ICS is developing a clear work programme and shaping the way that services are delivered in their area. The ICS describes itself as a 'partnership of NHS, local authority, voluntary and independent organisations responsible for looking after the health and care of the 1.5 million people living in Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield.' The total healthcare spend in their area is £3.9bn. They have received an additional £17.4m in funding which has been used to improve emergency care, stroke care and purchase a new MRI scanner.[8]

6 https://www.england.nhs.uk/wp-content/uploads/2016/09/NHS-operational-planning-guidance-201617-201819.pdf
7 https://www.england.nhs.uk/integratedcare/integrated-care-systems/
8 https://www.england.nhs.uk/integratedcare/integrated-care-systems/south-yorkshire-and-bassetlaw-ics/

Integrating innovation

Innovative medical technology holds the key to changing the way that healthcare is delivered. Used effectively, medical technology can help improve efficiency and deliver improved patient outcomes. Minimally invasive surgery has helped reduce recuperation time and reduced cost and is only possible thanks to advances in technology. Harnessing the full value of technology should be central to the development of STPs. Embedding a culture of innovation should be a core element of the ongoing work.

The MTG conducted an assessment of all plans and current work to analyse which plans made reference to embedding innovation in their work. In their guidance on the production of STPs, NHS England set out around 60 questions which should be answered. These included reference to the use of technology: *"How rapidly can you implement enhanced access to primary care in evenings and weekends and using technology?"*

Specifically question 20 in section B. *"How will you drive transformation to close the care and quality gap?"*

This question asked everyone developing an STP: *"20. How will your system be at the forefront of science, research and innovation? How are you implementing combinatorial innovation, learning from the forthcoming test bed programme? How will services change over the next five years to embrace breakthroughs in genomics, precision medicine and diagnostics?"* [9]

The MTG's analysis of the plans showed that there is very little reference to the use of innovation and that STPs are not focussing on medical technology. This question was not really answered effectively in any of the plans.

Examples of where this is addressed include:

The original Durham, Darlington, Teesside, Hambleton, Richmondshire and Whitby STP[10] said:

9 https://www.england.nhs.uk/wp-content/uploads/2016/09/NHS-operational-planning-guidance-201617-201819.pdf
10 https://www.hartlepool.gov.uk/downloads/file/2420/durham_darlington_teesside_hambleton_richmondshire_and_whitby_sustainability_transformation_plan

"Use of technology in health care to improve our ability to determine what the problem is e.g. what is making you poorly, decide with you on any treatment you might need and to make sure this treatment or care is given to you in a convenient way."

The West Yorkshire and Harrogate plan[11] set out how they would become a world leading location for life science innovation: *"Research and innovation is delivering world leading new treatments at the forefront of technology. Our integration 'pioneers' are joining up health and care. West Yorkshire and Harrogate will be an international destination for health innovation."*

The Black Country STP[12] had some high level references to innovation: *"We must make the most of modern healthcare through innovation and best practice in order to change the way we spend money and use our limited resources."*

South East London STP[13] has a specific section on drugs and devices, which is clear on how they should be utilised: *"We will work closely with clinical colleagues and partners to bring forward system-wide benefits to improve the value that the NHS gets from our significant investment in high cost drugs and devices. We will engage with patients and carer representatives on the CRGs on the medicines optimisation programme to improve the value and outcomes for patients.*

"… Capitalise on our collective buying power. There is a lack of control and visibility over inventory and purchase order compliance. This has led to price variation, inefficiency and a large volume of waste.

"Furthermore, there is a lack of data and proper analytics to support product decisions, with clinicians aligning patient outcome/cost with products. Findings to date, (aligned with the Carter Review) indicate that some supply chain management can be centralised while some responsibility is retained locally."

The Surrey Heartlands STP[14] also sets out plans to create an Academy to assess and promote the use of innovative technology: *"Surrey Heartlands Academy is a key differentiator for our system. The Academy will enable us to provide best evidenced, best value, excellent health and social care for our citizens. Working in partnership with the AHSN, University of Surrey, Surrey Health Partners and the health system in Southern Denmark, we will adopt and adapt a rapid user driven innovation methodology (see below), starting immediately with our Urgent & Emergency Care Pathway."*

Despite these initial and patchy plans, it is clear that overall the original STPs did not set out with a view to 'hard wiring' innovation and technology into their work. The original requirements for the development of plans did contain a specific demand for this, but it appears to have been lost amongst a whole host of other requirements and directions.

By overlooking the potential for technology to support the integration and redesign of services, the STPs are failing to take full advantage of the tools available to them. STPs represent a unique opportunity to provide strategic oversight on the implementation and use of technology. NHS budgets have long been 'siloed', which has led to perverse incentives that limit investment in things such as technology. Where spending in one part of the system leads to savings in another, budget holders have been reticent to invest as they would not see the return. This can be true within hospitals, where investment in advanced therapies used in theatre leads to savings on the number bed days spent by patients in recovery and therefore provides no savings to those managing theatres. It can also happen across healthcare settings, such as spending in primary care that helps avoid the need for acute care and trips to accident and emergency; this spending does not help those in primary care create efficiencies or save money.

There is a clear gap in STP and ICS development and planning. The role of technology should not be overlooked and should be set as a key priority. Plans and work to date have failed to focus on the use of technology and how this could underpin their work. This should be addressed immediately, with all STPs and ICSs required to set out how they will utilise proven and evidenced technology.

11 https://www.wakefieldccg.nhs.uk/stp/
12 https://sandwellandwestbhamccg.nhs.uk/images/161020_Black_Country_STP_-_October_Submission_V0_8_clean.pdf
13 http://www.ourhealthiersel.nhs.uk/Downloads/Strategy%20documents/South%20East%20London%20STP%20October%202016.pdf
14 http://www.surreyheartlands.uk/wp-content/uploads/2017/04/surrey-heartlands-stp-october-2016.pdf

Completing the Carter Review

Operational productivity and performance in English NHS acute hospitals: Unwarranted variations

An independent report for the Department of Health by Lord Carter of Coles

The only consistent element of STPs is in relation to the implementation of the recommendations of the Carter Review[15]. The second of the 'must dos' from the 2016-21 planning documen, is clear on the need to engage with and implement the Carter Review: *"Return the system to aggregate financial balance. This includes secondary care providers delivering efficiency savings through actively engaging with the Lord Carter provider productivity work programme and complying with the maximum total agency spend and hourly rates set out by NHS Improvement. CCGs will additionally be expected to deliver savings by tackling unwarranted variation in demand through implementing the RightCare programme in every locality."*[16]

Given this clear requirement for STPs to 'actively' engage with Carter, it is unsurprising that many contain a specific reference to the report.

Durham, Darlington, Teesside, Hambleton, Richmondshire and Whitby STP[17] refers to Carter and says: *"Carter opportunities: Reducing unwarranted variation £36.6m. We want to help people look after themselves by providing them with information about self-care and encouraging them to use services such as local pharmacies."*

Several STPs simply refer to 'Achieving the savings highlighted in the 'Carter Review".

It is clear throughout each plan that the implementation of the recommendations of the Carter Review is a key theme for the STPs and their work. The focus on Carter, alongside the lack of clear plans for the use of innovative medical technology could lead to skewed priorities when it comes to the technology. The opportunities for technology to support the redesign of services and different models of care delivery are numerous. Implementing these will require a strategic approach to technology and procurement. Focussing solely on the aspects of technology set out in the Carter Review could mean that NHS organisations miss out on the potential benefits on offer, especially if unit cost becomes their key decision factor when deciding which technology to utilise.

15 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/499229/Operational_productivity_A.pdf
16 https://www.england.nhs.uk/wp-content/uploads/2016/09/NHS-operational-planning-guidance-201617-201819.pdf
17 https://www.wakefieldccg.nhs.uk/stp/

Addressing the workforce challenge

Published in 2014 "THE FORWARD VIEW INTO ACTION: PLANNING FOR 2015/16" document sets out key areas for focus in the implementation of the STPs, one of which is "A modern health and care workforce". The need to develop a modern workforce with the skills required to deliver high quality care is clear in this document, stating *"…The new models of care described in the Forward View will only become a reality if we have enough staff with the right skills, values and behaviours to deliver them."*

The planning document calls for all local geographies to engage with their 'Local Education Training Boards' (the organisations with responsibility for ensuring the quality of training programmes), *"to identify current and future workforce needs"*.[18]

The document then sets out four areas that should be addressed:

- *"additional actions to retain existing staff and attract returners in roles experiencing shortages such as Emergency Medicine, nursing and GPs;*
- *provide support to challenged economies where workforce shortages are impeding improvement;*
- *identify the flexibilities that will need to be developed in order to deliver new care models as well as opportunities to reskill the existing workforce;*
- *identify new roles that may need to be commissioned to deliver on the aspirations of the Forward View."*

The need for an improved strategy around workforce has been highlighted previously. Lord Carter's report on Unwarranted Variation addresses this, with the first recommendation calling for an improved 'people strategy'.

18 https://www.england.nhs.uk/wp-content/uploads/2016/09/NHS-operational-planning-guidance-201617-201819.pdf

Developing a modern workforce, equipped to deliver efficient healthcare should be at the centre of any development strategy for the NHS. Effectively identifying workforce needs for the future relies on an improved understanding of how healthcare will be delivered, a key determinant of which is the technology that will be used. Workforce strategies should look at the technology available and identify how care will be delivered in the future and develop a strategy that will deliver the appropriate skills.

A clear example of this has been the implementation of the Government's desire to deliver round the clock access to mechanical thrombectomy. A key issue in developing the centres needed to deliver mechanical thrombectomy has been the availability of enough skilled clinicians able to deliver care round the clock. STPs/ICSs are well positioned to look at the service requirements for a whole geography and develop a workforce plan that can deliver the services necessary.

Digital technology

An area of technology that is well covered in the plans is the need to improve digital technology use. In the overall 2020 goals for the STPs, a requirement was made for digitisation of the service: *"Overall 2020 goals:*

- *Support delivery of the National Information Board Framework 'Personalised Health and Care 2020' including local digital roadmaps, leading to measurable improvement on the new digital maturity index and achievement of an NHS which is paper-free at the point of care.*
- *95 percent of GP patients to be offered e-consultation and other digital services; and 95 percent of tests to be digitally transferred between organisations."*

The requirement for digitisation is a clear theme that runs through all the plans.

Bedfordshire, Luton and Milton Keynes STP[19] is clear that it will use technology to: *"Transform our ability to communicate with each other, for example by having shared digital records that can be easily accessed by patients and clinicians alike, using mobile technology (e.g. apps), for better co-ordinated care."*

Birmingham and Solihull[20] set out their plans for the use of digital technology as: *"Being able to deliver technology-enhanced health innovations through the use of digital healthcare, to support:*

- *Patients and citizens to access information through e.g. websites, digital apps, and to access and interact with their own care digitally, and support self-management and prevention*
- *remote and mobile working for staff, and use of virtual clinics."*

The core themes within the use of digital technology focus around two areas: the ability for digital technology to give patients access to their data and information to support their decision making and self-

19 http://www.blmkstp.co.uk/wp-content/uploads/2016/11/BLMK-Partner-Board-STP-Submission-28As-Published-15111629.pdf
20 http://www.solihull.gov.uk/stp

management; and the improved use of information technology to join up services and support the integration of different NHS organisations.

The MTG supports these goals and is supportive of the need for STPs to embrace digital technology. Supporting patient choice through improved use of information technology is critical to the future efficient running of the NHS. Alongside this, it is also important that as NHS organisations begin working more closely together and silos are broken down, IT infrastructure is put in place to support these developments.

There are, however, further opportunities available from the use of digital technology. Technology such as telehealth and telemedicine can help transform patient care, particularly in the area of people living with long term conditions.

Somerset STP refers directly to telehealth: *"Patients living with long-term health problems are already benefiting from 'telehealth' care, having their blood pressure, heart rate and breathing monitored through a smartphone. This technology helps prevent admissions to hospital by spotting when a person's health is starting to worsen and getting them help from their GP or a community nurse."*

The MTG believes that the use of information technology and digital technology should go beyond patient records and day-to-day NHS management and should be viewed as a critical part of the delivery of care through telehealth and telemedicine. We would like to see STPs and ICSs give more attention to this area and ensure they are giving patients access to the full range of technology available.

Conflicting agendas: GIRFT, NHS Business Services Operating Model, Accelerated Access Pathway, Right Care and STPs

The development of STPs and ICSs runs alongside a series of initiatives aimed at shaping the way that care is delivered in and across the NHS. Several of these will have an impact on the use of technology, most notable:

GIRFT[21]**:** the 'Getting It Right First Time' programme is led by NHS Improvement who have a specific team focussed on GIRFT. This is a national programme that focusses on specific clinical areas (e.g orthopaedics, vascular, general surgery) and aims to tackle variation between NHS organisations in order to improve quality of care.

NHS Business Services Authority new Operating Model for procurement[22]**:** the way the NHS purchases technology is changing. The implementation of a new operating model aims to centralise procurement around a number of procurement towers that will specialise in certain products and devices. This is intended to reduce price variation.

Accelerated Access Pathway (AAP)[23]**:** the streamlined pathway for innovative technology developed following the Accelerated Access Review. The pathway focusses on generating real-world evidence in addition to clinical trials data, negotiating price and the potential for flexible arrangements earlier and supporting adoption and diffusion through the Academic Health Science Networks and Pathway Transformation Fund.

RightCare[24]**:** aims to ensure that the best care is

21 http://gettingitrightfirsttime.co.uk/
22 https://www.nhsbsa.nhs.uk/sites/default/files/2017-06/FOM_general_guide_0.pdf
23 https://www.nice.org.uk/aac
24 https://www.england.nhs.uk/rightcare/

delivered right across the country. It does this by advising local health economies how to make the best of their resources, understanding their performance and using tried and tested evidence based processes. This work is focussed on commissioners.

The importance of these programmes to the use of technology cannot be understated. From the initial horizon scanning, product assessment and evidence development of the AAP through to the standardisation of practice through the GIRFT programme.

The role of STPs and ICSs in breaking down barriers and joining up the healthcare system should extend to the implementation of these areas. The work of the GIRFT team to reduce variation and improve quality of care should be linked to the development and implementation of their STP and ICS.

Having leaders of STPs and ICSs focussed on the delivery of such programmes would see them embedded into local health economies and ensure that all NHS organisations are focussed on their delivery and achieving their objectives.

As the NHS shifts to the new Operating Model for procurement, there is a clear need for this work to be done hand in hand with STPs and ICSs. As spending and the shaping of healthcare delivery moves more towards the STPs and ICSs and away from local NHS organisations such as local Trusts and CCGs, it is critical that the procurement functions are factored into this planning.

The NHS has long struggled to streamline processes and develop a 'do it once' culture – there have always been multiple organisations with overlapping responsibilities requiring certain functions to be repeated numerous times. This has been most prominent in the areas of technology assessment and procurement of medical technology. A key function of STPs and ICSs is to break down silos and integrate NHS functions to create a joined up healthcare system based around a local health economy. This should include the implementation and oversight of national level programmes. The GIRFT programme, whilst focussed directly on acute care organisations, should be overseen by the leaders of the STPs and ICSs who should be held accountable for delivery.

How can STPs and ICSs join up healthcare systems and improve the use of technology

The effective usage of technology requires healthcare systems to effectively assess, procure, commission and then deliver treatments. Doing this effectively requires healthcare systems to be streamlined – removing duplication of processes such as health technology assessments and procurement assessments.

In order to achieve this, the MTG has set out its recommendations below.

1. **Break down budget silos:** the issue of silo budgets within the system is a key factor that has reduced the NHS ability to pull through technology effectively. The integration of NHS organisations and development of joint working should support the breaking down of budget silos and the ability to fully realise the benefits of technology, even when the benefits are accrued in a different part of the system to where the investment is made.

2. **Ensure local commissioners follow national guidance:** NICE and NHS England constantly produce guidance and policies on the use of technology. STP and ICSs should ensure that decisions related to technology take into account the relevant national level guidelines. When patient pathways are established this should also take into account relevant national guidance. Duplication of assessment, such as carrying out health economic reviews numerous times, only adds costs to the system and slows down patient access.

3. **Embed a strategic approach to procurement:** procurement mechanisms should focus on the full value of medical devices, not the upfront cost. Taking a more strategic approach that looks at the potential savings and improvements that could be delivered by devices, will help embed a technology friendly innovative service. An overly aggressive focus on unit cost will lead to savings being missed.

4. **Embrace technology to integrate:** STPs and ICSs are ideally placed to look at the total system cost of the use of technology. By working across various NHS organisations and budget silos means they are ideally positioned to ensure the right technology is used in the right place, even if savings are generated in another part of the system. STPs and ICSs should focus on ensuring that budget silos do not block the use of technology.

5. **Developing a modern workforce:** creating a workforce equipped to deliver modern healthcare is key to the delivery of any modernisation strategy. STPs and ICSs are well placed to identify workforce needs linked to the technology needs. The MTG would like to see STPs/ICSs develop a workforce strategy that addresses how technological needs will be met.

6. **Alignment of national initiatives:** to tackle Government initiatives which have competing agendas, alignment is needed. It is critical that all the relevant initiatives are implemented side-by-side across all relevant organisations. Timelines for implementations can be brought into line and national level programmes can be implemented at the same pace across the system.

7. **Duty to innovate:** as part of the ongoing development of STPs and ICSs, a duty to innovate should be included in the planning guidance. NHS should make it clear that STPs and ICSs should have a strategic plan for the use of technology and how they will implement national guidelines. This should include a named individual, who is responsible for reporting back to NHS England on progress and activity in this area.

Conclusion

When it comes to the use of innovative technology there is a clear gap in the planning and development of STPs. By failing to focus on the use of technology, STPs and ICSs are potentially missing out on benefits to patients and improvements in efficiencies.

STPs and ICSs represent a significant opportunity to reform the NHS and shape the system around the needs of local health economies. This shift could help address the systematic problems that have led to the NHS being a 'late and slow adopter of technology'.[25] Better integration of services, especially the breaking down of the barriers between primary and secondary care, removing the siloed budgets and ensuring adherence to national guidelines, where relevant, will benefit patients in all aspects of care, not just access to innovation.

The MTG would like to see the NHS embed a culture of innovation throughout STP and ICS development. Trying to retrofit systems that pull through technology is not an efficient or effective way of designing a system. As new structures are developed and implemented it is important that they are asking the question 'how will we utilise the latest technology?' and 'what do we need to achieve this?'

The MTG analysis of the initial STPs demonstrated a lack of strategic planning when it came to the use of technology. Only 4 of the 44 plans had any reference to the need to utilise innovative technology. The majority of plans focussed on digital technology as the key element. This is a clear gap and should be addressed by NHS England and STP/ICS leaders.

The potential for technology to support the development of STPs and ICSs. Patients and healthcare professionals rely on medical technology for every aspect of healthcare delivery. Failing to provide appropriate strategic focus when using technology could lead to efficiencies and improvements not being met.

25 https://www.yearofcare.co.uk/sites/default/files/images/Wanless.pdf

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