

# 10 ideas for 21st century healthcare



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We are the innovation unit for public services. We use the power of innovation to develop radically different, better, lower cost public services. We are innovation partners and innovation experts.

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- ◆ We coach, challenge and support leaders to implement radical change
- ◆ We build the capability of our partners to innovate
- ◆ We grow and scale innovations
- ◆ We design and deliver whole system transformation

To find out more get in touch:

 [contact@innovationunit.org](mailto:contact@innovationunit.org)

 +44 (0) 20 7250 8098

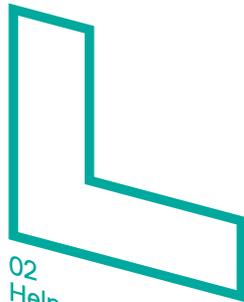
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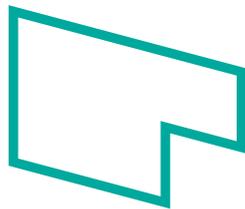
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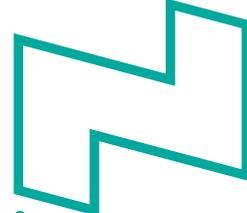
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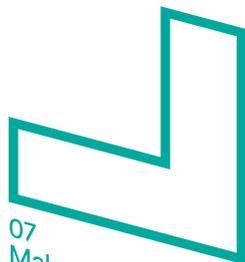
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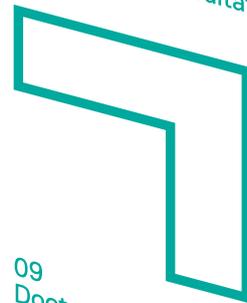
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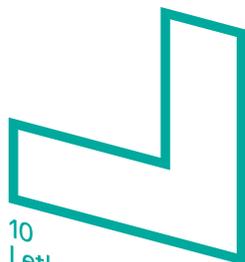
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# Introduction

When the NHS was established in 1948, many of the biggest health problems in the UK were curable illnesses like infectious diseases and fractures. Over half a century later, the picture is very different. People live longer and this brings new challenges. Amazing medical advances mean that patients survive cancer, strokes and heart attacks but many are left living with long-term conditions that require ongoing care. Our lifestyles have also changed. Obesity, smoking and drinking are contributing to the development of long-term conditions such as diabetes that require life-long treatment and for which there is no cure. And we now recognise that emotional ill health is just as important as physical ill health and treat it as such.

It is clear that the health demands of the 21st century require an entirely different approach to healthcare. We need to be thinking less about defending 20th century systems and refocusing on the construction of new and radically different 21st century services.

The ideas in this booklet describe how radically different services might be achieved. They are some of the vital principles that should underpin 21st century healthcare.

New systems of healthcare must put the patient at the centre, wrapping whole packages of support around their needs. This requires new models and new technology to better connect the care people receive from the state with the support they get from their loved ones and their community in a way that is seamless. Great progress is being made in this area and these changes are important, but infrastructural changes alone will not create healthier lifestyles and greater wellbeing. This is not where radical change should finish, rather, it is where it should start.

Putting patients at the centre of healthcare means putting them in the driving seat when it comes to radical change. We know that the greatest untapped resource in the system is the patients. We need to harness this potential. Of course we continue to need services that care for people and deliver solutions for them. But we also need services that do a much better job of helping people to look after themselves, and one another. For this to happen we need a huge shift in culture. We must empower patients to become more than passive recipients of care.

Some of the challenges that clinicians grapple with now will remain. How can we motivate people? How can we support those in greatest need? And how can we reach out to those who don't make use of the health services that can help them?

We know there are no easy answers to these challenges, and we cannot hope to provide the solution here. Instead, this publication highlights new practices and technologies with the potential to transform services, so they can better support people to lead healthy, active, fulfilling lives.

Our 10 ideas provide inspiration for how this might be achieved, drawing on the successes of services across the world. We want to stimulate conversations about the future of health systems based on new and radically different services, so whether you're a patient, a carer, a clinician or a policy maker, we hope that these ideas inspire you to think and do differently.

**We really want to know what you think. Do you agree with our ideas? What would be your 11th idea? Get involved in the conversation by tweeting us [@innovation\\_unit](https://twitter.com/innovation_unit) with [#inspiringhealth](https://twitter.com/hashtag/inspiringhealth)**



There are examples of services across the world that bring these ideas to life. We have collated the most exciting of these into our 10 Solutions for 21st Century Health publication.

# 01

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# Redefine 'health'

Rarely do we want to be healthy for health's sake. Good health is an enabler, letting us get on with what's important to us – having a family, enjoying time with our friends and in our communities, or working. Yet it is the concept of 'ill health', rather than 'good health', that dictates our health services and defines their measures of success.

## There needs to be a cultural shift around the way we think about health services and their goals.

To meet the challenges faced by health services across the world, we need to redefine our expectations of what they can offer. This requires a shift in mind-set, re-orientating services away from 'fixing' physical problems toward fostering wider, and more subjective, wellbeing goals.

Our concept of wellbeing and what creates it are necessarily as diverse as we are. Asking 'what makes me happy?' goes to the core of who we are as humans. Whatever our idea of happiness may be, it is clear that the way people interact with each other is at the heart of what makes them feel happy – or unhappy. There is a wealth of evidence showing the impact that social structures and networks of support have on people's mental and physical health. And while this is known by health professionals, it still isn't reflected in how the health system functions as a whole.

Currently, the standard measures of medical care are indicators around clinical activity: emergency admissions, hip operations performed, drugs taken. But in the words of the World Health Organisation, health means 'a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity.'

From GP surgeries to accident and emergency rooms, antenatal suites to mental health clinics, our services need to be better at discovering what matters to each person and finding the right support to help them on their way. The right support will not often be hours of costly, highly specialised professional time. It might be a chat with someone who speaks my language to help me understand my condition

and support me to feel less lonely.

A great example of how this could work in practice is [Stockport's Prevention and Personalisation service](#), which aims not to 'cure' patients' mental ill health but to focus on goals that are important to them and overcome the barriers to achieving these. A Wellbeing Pathway Planner helps the individual design their own care plan, navigating the support available, be it housing advice, help with finances or confidence building.

Health professionals can't do this alone. They need to be surrounded by a system of care that is closer to the complex realities of people's lives and equipped to deal with their real, interconnected needs. What if patients could choose who they construct their care path with, be that their local pharmacist, carer, psychiatrist or GP? Data sharing with patients and between services would be standard practice. Services would get better at measuring what matters to people, and interventions would be commissioned on the basis of this evidence. And specialist clinicians would have more time to help people with the issues that require their knowledge and experience.

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**Our health services can't solve all our problems for us. But a more responsive, flexible and interconnected health service would be better placed to support people to overcome their challenges and reach their own goals. Sometimes this will mean getting a new hip. Sometimes it will just mean getting a helping hand up the stairs.**

# 02

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## Help people to help each other

New models of volunteering, such as time banks, have exploded all over the country, tapping in on the wealth of knowledge and skills in communities. This knowledge is particularly important when it comes to health conditions. Most of us will have received useful advice from relatives, friends or neighbours when suffering from a health complaint. Health services don't capitalise on this experiential knowledge, which can be just as important as biomedical knowledge for living with a condition, or remaining healthy in the first place.

## Health services are waking up to the fact that there are untapped resources in communities.

Models of peer support and training, community capacity building and service user networks are spreading across public services in the UK and internationally. Evidence shows these approaches can help to deliver better outcomes for the people using services, often at a lower cost. Health services should embed these practices more systematically, helping people to help each other. There are some examples of this happening all over the world but practice remains inconsistent. The aim should be to scale their contributions across the health system.

Drawing on the experiential knowledge of those living with, or having recovered from, a condition has proved a very powerful source of insight and support for people. [CenteringPregnancy](#), USA, brings together groups of women who support and learn from each other throughout their pregnancies. Outcomes for this programme are particularly effective for single mums and women from deprived backgrounds. Mental health studies have shown reduced psychiatric hospitalisation and reduced demand for other health services where peer support models are employed. Northumbria Healthcare NHS Foundation Trust has achieved reduced anxiety and increased confidence through a support programme in which people with experience of strokes offer psychosocial support to stroke patients and carers. The highly successful [Scandinavian Patient Hotel](#) model allows for peer support between patients, and encourages friends and families to take an active role in the patient's care.

These interventions have the greatest impact when they are co-ordinated and embedded at a system level. [Lambeth Collaborative](#), for example, is improving the lives of people with mental health problems through an integrated, joined up system that recognises people as assets, drawing on and fostering peer support. Digital platforms can help co-ordinate support. [Tyze](#) is a social-networking site that helps vulnerable people to connect with networks of formal and informal care. It helps caregivers, professionals, friends and family to remain informed and manage their separate but related care responsibilities vis-à-vis an individual.

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**Currently, interactions with health services tend to be with doctors, pharmacists and nurses. An average person might spend one hour a year in these consultations. What if this single hour every year focused on connecting you to a rich network of people in your community who could help you manage your health better? Then you could receive one hour of support every single week, have someone listen to your concerns, provide helpful information, and share tried and tested coping strategies.**



# Take self-management to the extreme

How much time does the average person spend with healthcare professionals? Even patients with long term health conditions will spend on average just five hours a year interacting with a clinician. The rest of their waking hours – all 8755 of them – patients are looking after themselves. Often they are struggling, and sometimes failing, which often results in admission to acute services for crisis support. What if those precious five hours were focused on helping people to successfully manage their own health and preventing them from ever reaching this point?

# What if the precious few hours professionals spent with patients focused on helping people to successfully manage their own health?

This isn't just about shifting responsibility onto the patient, but about recognising that patients themselves are a valuable resource and, with the right support, training and technology, can be empowered to manage and improve their condition.

In Ryhov Hospital, Sweden, [Christian Farman](#), a young man with renal failure, grew fed up of not being in control of his dialysis. He convinced the nurse to allow him to self-administer his dialysis and was trained to use the machine, document activity and interpret results. Within five weeks he was managing his dialysis independently and soon started to train other renal patients to manage their own treatment. Today 60% of Ryhov hospital's renal patients undertake self-dialysis and their outcomes have improved as a result.

Smart phone apps are making it easier to monitor and manage health. [FitBit](#) and [Jawbone](#) are discreet arm bands that collect data on your food, drink, and activity levels, even buzzing when you are sitting down for too long. [Ginger.io](#) app goes one step further, using data from your phone to monitor your behaviour and has been proven to be more effective than doctors at spotting early warning signs of depression. Sufferers of diabetes can use apps like [Cellnovo](#) which automatically track glucose levels and dispense insulin.

It is particularly powerful when professionals play a key role in supporting self-management. In the US, the National Cancer Institute supported cancer patients undergoing chemotherapy to manage their symptoms through a [telehealth-enabled program](#) linked to a nurse providing support. The program significantly reduced unexpected use of hospital and clinic services, and resulted in fewer missed chemotherapy treatments in the hospital.

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**What would happen if Christian's experience was the norm in healthcare; if we made patients, not professionals, the leaders of care? Patients driving decision making in service design as well as service delivery, building a whole spectrum of support structures to enable them to manage their own health. Imagine entering a hospital and finding it difficult to tell who was a patient and who was a health professional?**

# 04

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## Change where health happens

What images spring to mind when you think about health? Hospitals and GP clinics? Or do you think about your lifestyle- what you eat and drink, how active you are, your life at home, in your place of work and where you hang out? By and large it is in our home, work and leisure environment that our 'health' happens. Not in health institutions.

## In order to impact on people's health, we need to look beyond health institutions.

The current model of healthcare is limited by operating outside the boundaries of where we spend our time. It relies on people actively seeking out help when there is a problem, rather than providing preventative care as an everyday activity. This is inappropriate for the way we live our lives and the types of conditions we have. In order to impact on people's health, we need to look beyond health institutions. And for healthcare to happen in new contexts, we must think differently about whose responsibility it is.

This can mean changing how and where more traditional services are provided and moving care into the community. [Manchester city football club has Health Trainers](#). Microsoft offices have health clinics for employees. The pharmacy chain Boots has created a patient pathway that allows people to conveniently [access anti-coagulation](#) (blood-thinning) treatment through their local pharmacy rather than in hospital. Tele-monitoring combines technology with existing services so that people with chronic diseases can test their vital signs at home. [SpeakSet](#) allows social care services to be delivered to older people in their own homes, through their TV set. Sutter Healthcare in the US, which delivers home based care for older people through multi-disciplinary teams, demonstrates the value of this. Their model has proven to reduce hospital admissions by a third.

Services delivered to people where they are are not only more convenient, they can also be the only way of reaching socially excluded groups. For example, [barbers working within African American communities in the](#)

US are being trained to check their customers for hypertension in order to offset the prevalence of the condition within at-risk communities. [UCLP's Find and Treat](#) van drive around London treating the homeless for tuberculosis and ['urban e-health'](#) workers in Rio De Janeiro take to narrow favela streets armed with e-health backpacks to treat those with chronic health conditions. Providing greater access to health care amongst vulnerable populations and enabling early identification helps prevent the emergence of more serious and costly problems later on.

As well as delivering traditional services in non-traditional settings, changing where health happens also means recognising that many influences on health lie outside the realm of 'traditional' health services. Many employers, who have an obvious vested interest in keeping their workforce well, support good health in a variety of ways, providing free gym access, healthy snacks and incentivising healthy behaviours.

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**What would things look like if care and prevention were embedded in the daily lives of communities with employers, schools, employment services, councils and housing associations all working together to keep people well?**



## Easy in, easy out

The pathways in and out of care present a significant challenge to the current health system. Many of us will have experienced the difficulty of accessing care – trying to get a GP appointment or seeing a consultant, waiting for what seems like a lifetime in emergency services. But actually, the prevalence of long-term conditions means getting out of care can be just as hard. There is often a trampoline effect where you bounce from being well back into needing care on a regular basis. For the most vulnerable, entering secondary care may mean entering a spiral of repeated and prolonged dependency on services.

## "Easy in" need not be about making surgeries stay open 24/7, nor having staff at our beck and call.

Access to specialised care in the UK is funnelled through GPs. While this can effectively act as a rationing mechanism and prevent unnecessary referrals, it is also very time consuming for GPs and requires patients to be proactive in seeking referral. The high thresholds set by the NHS for accessing secondary care and the tendency of some people to ignore health concerns until they reach crisis point are some of the factors responsible for overburdened emergency services. Patients who do manage to access secondary care can then get caught up in a cycle of reliance, unable to move forward. So, as well as needing to develop easier access routes, services need to be better at helping us to graduate out of them.

"Easy in" need not be about making surgeries stay open 24/7, nor having staff at our beck and call. It's about smarter pathways, using new technologies and being comfortable with giving patients more control. It's about making people able and confident to access and engage with their medical records, book appointments, view test results and order repeat prescriptions remotely. Various apps, such as those developed by [Kaiser Permanente](#), make this possible for their clients. Smart triaging can help create clearer pathways into specialist services. The NHS City Healthcare Partnership's [online sexual health triage](#) allows users to remotely ask questions to a nurse, access information on sexual health and find out service locations and opening times. The digital platform [WebGP](#), from the Hurley Group, funnels access to clinical services through an online platform, where patients use online diagnostic tools to determine if they should see a doctor, and are then taken

through a simple online consultation process. The doctor assesses their needs based on the online forms and can then make necessary appointments or referrals. [Doc Ready](#) is an app that helps young people with mental illness understand their condition and get the most out of their appointments with clinicians through simple preparation tools.

"Easy out" means creating and linking into networks that support people to manage their own health in the community. 'Patient hotels' in Sweden see patients convalesce in special hotels where they can self-manage their recuperation, with family and peer support relieving reliance on professionals. This has proven particularly effective for patients recovering from cancer. The British Red Cross' [Home from Hospital discharge scheme](#) in Wales provides up to six weeks of practical and emotional support after discharge for people to adjust to living at home. The potential offered by community organisations also needs to be harnessed effectively. These organisations can provide an abundance of accessible, local, caring and low cost support.

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**What if health services had fluid care pathways that supported patients early on to keep them from reaching crisis point? Smart triaging would allow referrals to be filtered through to the right clinician at the right time. And supportive networks in the community would help people to keep well and to get better after being released from secondary care.**



# Opening up consultations

When a patient meets with a health professional, it is almost always in a one-to-one format. Ever wondered why this is? Similar learning interactions tend to happen in groups. Take university, where seminars are a common format – students learn in a group, facilitated by a tutor. Here interactions are much richer, students build on each other's understanding and learn from each other as much as from their tutor. This rarely happens in health, with the exception of group therapy, where patient interactions are recognised as being very valuable. Why aren't group consultations in health a common occurrence?

## Group appointments create a relaxed environment where information-sharing, open discussion and collaborative problem-solving can happen.

Evidence suggests that the current model of one-to-one consultations can be ineffective. Patients fail to take in much of the information that is given to them due to the lack of time for reflection during the consultation and the pressurised environment in which it takes place. Group appointments create a relaxed environment where information-sharing, open discussion and collaborative problem-solving can happen. The clinician is not the only provider of 'expertise', and patients learn from one another, interacting as much or as little as they feel comfortable.

Group appointments can also be used to build social networks between patients around common issues, particularly those which socially isolate them. Patients 'own' the space, altering the power dynamic of traditional consultation models and making appointments more efficient for the clinician.

There are powerful examples of the adoption of group appointments, but these remain at the margins of practice. For example, they were used to transform antenatal care as part of the [Mumspower programme](#) in the UK and they were similarly used in [CenteringPregnancy](#). They helped to connect and inform mums-to-be, reducing their sense of isolation and preparing them for their pregnancy journey. Evidence suggests that in the long-term, this leads to improved health and social outcomes for women and babies and lower cost care. Similarly, [Croydon's Service User Network](#) uses group appointments to connect patients with acute mental

health needs. After only six months in the programme, patients are better able to manage their crises and their emergency services attendance is significantly reduced.

Group appointments can be successfully used even for seemingly embarrassing and confidential issues. In India, health professionals are meeting the challenge of increased prostate cancer diagnoses in rural areas by visiting villages and conducting a single prostate consultation in front of the male village population. This is a highly efficient way of sharing vital information but also serves to de-stigmatise the issue, encouraging men to seek help if there is a problem.

Group appointments can also be a highly efficient use of time under scarce resources. Hospitals in [Sierra Leone](#) have been conducting [group consent classes](#) before surgeries to save precious operation time.

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**What if it was standard for patients to be given the option of group appointments as part of their care? People get longer consultations with their healthcare professional and have enough time to ask questions about their condition and treatment. They also learn from the experiences of people who are in a similar situation to them. Spontaneously, these interactions continue outside of the consultation room over coffee to share practical tips, hopes and fears.**

# 07

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## Make healthy pay

Most of us know what we need to do to stay healthy and well - not smoke, drink less, eat a balanced diet and exercise regularly. In an ideal world, the prospect of a long and healthy life would be enough motivation for everybody to take care of their bodies. But in reality, the rewards of a healthy lifestyle aren't always immediate and it is often difficult for people to stay motivated to make the right choices. As medical treatments are often based around reactive interventions rather than early prevention, it's easy to believe that our health is only important when we become unwell. Could incentives be used more to drive healthier behaviours?

## What difference would we see if making the healthy choice was not only the smart choice long-term, but a choice that paid off in the short-term?

Though the debate around incentives in health is very much still in play, it is clear that people can be motivated to change their behaviour around health through various types of reward.

Some organisations are using social incentives to encourage healthy behaviour. Beat the Street Global encourages children to walk to school as part of a fun inter-school competition, the winner of which gets a pot of money to support a charity of their choice. The GoodGym creates mutually beneficial relationships between runners and isolated older people. The incentive for the runner is that they have a clear destination and added motivation to run: providing company for an isolated older person who in turn acts as their running coach. Many apps are utilising the social aspects of fitness and wellbeing. Appstores are dense with weight loss, fitness, and pedometer apps which allow people to share their activities and compete with their friends digitally.

Social incentives can be effective in encouraging people to exercise, which can naturally become a social activity, but how do you get people excited about having a prostate examination? The fact is, sometimes, doing what's best for our bodies just isn't fun, so how can this be supplemented?

Some initiatives have tried flat out paying people to be healthy. In Dubai, a unique weight loss competition gives out gold as prizes – 1g per kilo lost. The Mexican Government programme 'Oportunidades' offers cash incentives to families who fulfil criteria that improve health and wellbeing outcomes for young children. The Gympact app allows people to set exercise 'pacts', paying those who stick to them and fining those who don't.

Discovery, a health insurance company in South Africa, offers a more comprehensive rewards system. Similar to supermarkets' loyalty schemes, they offer reward points to encourage healthy behaviour. Clients earn points for taking health tests, exercising or eating healthily. These points can be cashed in for lifestyle and leisure rewards. Clients even get 25% cash back when buying healthy food and sports equipment.

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**What would the public health landscape look like if governments operated an all-encompassing incentive system that turned worthy actions into a parallel currency? What difference would we see if making the healthy choice was not only the smart choice long-term, but a choice that paid off in the short-term?**

# 08

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# Prescribe more than medicine

Many of our health conditions have social as well as medical causes. Conditions like diabetes, heart disease, COPD and depression are all affected by our behaviour. If we are going to respond to the challenge, we need to offer medical and social solutions. But almost all health prescriptions are for drugs and clinical treatment. Rarely are people prescribed participation in apps or activities that can directly impact upon health.

## Our research shows that 90% of GPs think their patients would benefit from being prescribed an activity or group but only 9% of patients have ever received a social prescription.

There are a myriad of non-medical activities that improve health outcomes, from art classes and befriending schemes to walking, fishing and knitting groups. [Green Gym](#), UK, provides an opportunity for people to improve their health while gardening and performing conservation work, leading to physical and mental benefits including increased cardiovascular fitness and decreased depression. [Crafty Needles](#), a knitting group in Stockport, gathers women with experience of mental ill health to knit clothes for the neo-natal unit at their local hospital. This is also shown to reduce depression and reliance on secondary care services for people involved in these activities.

[Our research](#) shows that nine out of ten GPs think their patients would benefit from being prescribed an activity or group but only one in six GPs issue non-medical prescriptions. This may also be due to the fact that often GPs don't know enough about local services that could help. Navigators and Health Trainers are new roles that can signpost people to services in the community and offer support in accessing them. Websites and apps can also be sources of valuable information and signposting. [Connect & Do](#) is a platform that links acute mental health sufferers in Southwark and Lambeth to beneficial local activities. [Social Mirror](#) is a similar digital tool. Both have added features that can bring in professionals who can facilitate these connections. [NHS Choices](#) has an online library of beneficial health apps that GPs can access.

The 'more than medicine' approach has the most potential when it is integrated at a system level. [Health Leads USA](#), and Newcastle's city-wide approach to social prescribing represent two cases of system-wide adoption of the 'more than medicine' approach. Both created standard care packages that take into account medical needs as well as the economic and social reasons for ill health. Every patient undergoes a comprehensive care planning consultation with a doctor and is connected to a professional who helps them to find and engage in suitable activities around self-defined goals. Unfortunately, these are still exceptional rather than mainstream practices.

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**We know that many illnesses have social as well as medical causes. What if it were customary for people to leave their GP consultations with not just medicine, but also a brokerage to social activities that might boost their confidence, reduce their social isolation and help them meet people that can support them?**

# 09

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## Doctors can't do it all

The health landscape has changed drastically since health systems were developed. The health challenges met by professionals look very different today, yet the roles and responsibilities of healthcare professionals remain surprisingly static, and they are struggling to keep up. A changing landscape calls for the right workforce. We need to diversify the provision of care and be smart about who does what.

## A changing landscape calls for the right workforce. We need to diversify the provision of care and be smart about who does what.

It is often the case that doctors are expected to take on multiple roles, from carer and gatekeeper to sign-poster and commissioner, often giving advice and support on a whole range of non-medical issues faced by patients. Of course, the specialist medical knowledge of doctors is essential in the system but they are an expensive resource. They need to be deployed only when they are needed.

This may mean creating new roles to fulfil some of the functions that do not require the specialist medical knowledge that only doctors can offer. For example, in Washington, USA, pharmacy students are trained to provide telephone coaching to support diabetics to manage their condition and achieve their goals. In Newcastle, members of the community act as Health Trainers, supporting patients in meeting their personal health and wellbeing goals as well as recommending local services. Similarly in Stockport, Wellbeing Pathway Planners operate out of GP surgeries giving advice on a whole range of issues from health to housing.

In response to a lack of mental health professionals in India, (4000 psychiatrists serving a population of 1.3 billion), a randomised control trial (RCT) is being carried out to establish the potential for members of the community to be trained to support people with mental illness. Health Leads, in the US, hires university students to fill out prescriptions and connect patients to resources and services which fall outside of primary health provision, such as help with their heating, food bills and basic resources that they need to stay healthy.

Valuable time can be freed up if we create supporting roles for doctors. For example, Physician Associates are new healthcare professionals trained to support doctors and surgeons by taking on appropriate aspects of their role, like obtaining medical histories, interpreting test results and conducting physical exams, freeing up time for physicians to spend when really needed.

Patients themselves hold the capacity to offer valuable resources for health services in the form of peer support, such as with the Homeless Health Peer Advocacy. This service trains former homeless people to improve access to health services for people living on the streets, while brokering unique insights into the lives of the homeless to professionals. New roles like these tap into the goldmine of valuable lived experience, and must be embedded into health systems.

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**What if doctors were properly supported by a whole range of wrap-around professionals? They are no longer asked to help with non-medical issues such as housing or health and wellbeing issues such as nutrition. They can simply refer patients to someone better placed to help with these issues. Their diaries open up and they have more time to do the job they signed up to do – being a doctor.**



# Let's get digital

Digital technology is now a fundamental part of every aspect of our lives. The way we access and share information, interact with each other and navigate the services around us has been altered beyond recognition. This has significant implications for the health sector. People can use technology to find out more and do more for themselves. Professionals are no longer the only gateway to access to health information and support.

## If used for the right reasons, and in the right way, technology is perhaps the single most powerful way in which we can deliver health transformation.

Globally, we spend over USD \$4trillion on healthcare every year, but only a tiny fraction of this goes toward harnessing digital technology to transform services. Of course, it cannot be a solution itself, and if it is not embedded as part of a wider culture of change, its impact will be negligible. But technology has the potential to effectively enable and complement every single one of the ideas in this publication. If used for the right reasons, and in the right way, technology is perhaps the single most powerful way in which we can deliver health transformation.

Technology can support the patient-doctor relationship. [Buddy app](#) allows therapists and patients to work together to reinforce positive behaviours and help address negative moods by mapping and analysing negative triggers. Solutions of this kind open up a wealth of possibilities for the co-delivery of services addressing conditions where there is a link between lifestyle and health.

They can also helpfully supplement the patient-doctor relationship. [Doctor Mole](#) uses advanced technology to help people assess the risk profile of a mole and generates automatic reminders. Technology can help people identify and deal with problems early, ultimately leading to less reactive and expensive treatments. A scientist at MIT designed an app that [spots early signs of depression in soldiers returning from war](#) by monitoring physical activity through GPS, social activity through phone use and proximity to one's network through Bluetooth. This app has been more effective than doctors in spotting early warning signs.

And technology can aid in commissioning as well as the delivery of services. The reach of the cyber-community means that the experiences of billions of people lie at our fingertips. Online platform [I Want Great Care](#) has harnessed accumulated data from online users and health industry researchers to influence the creation of services and care for patients in the future.

The [HP Digital Hospital](#) fully embodies the potential for technology to improve outcomes, and save money all while doing more. HP's digital hospital is a fully integrated, patient-centric information infrastructure which allows the sharing of data between doctors, nurses, patients and their loved ones. It allows hospital staff to access information they need at all times, spending less time filling out forms and chasing patient information and more time caring for people. And it has generated cost savings of USD \$30million annually while increasing outpatient capacity by 30%.

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**Digital technology can enable things we never thought possible. 3D printing has already produced a bionic ear. The examples throughout this collection of ideas demonstrate what's possible today. What would tomorrow's health services look like if they made the most of the digital resources that are available?**

# What next?

You may have noticed that these ideas share a common principle: they all involve active participation from service users. They demonstrate that progress towards a better health service cannot be achieved solely by commissioners and policy leaders. These ideas are testament to the assets that lie within patients, communities, carers and families, and prove just how much can be achieved when these assets are unlocked.

Real, radical change can only happen when people are treated as equal partners in the design and delivery of the services that affect their lives. The Neighbourhood Network in Palliative Care is extraordinarily effective, not because it creates more professional roles, but because it empowers everyday people to change their lives and the lives of people around them. Online networks like I Want Great Care and Patients Like Me are successful because they are driven by demand from patients to create services that meet their needs. The role of patient networks in creating a better health service is fundamental and, more often than not, hugely undervalued.

Thanks to technology, our lives and communities are connected more inextricably than ever before. People with common illnesses can connect and support each other across continents. They can access the information to manage their health without leaving their own homes. In short, people need no longer be passive recipients in their care. All people, from clinicians to the man on the street, have assets that can help create better health and wellbeing not just for themselves, but for the people around them. With the right support from professionals, patients can be effective partners in care, co-designers and co-creators of services, peer supporters and community advocates.

This is a movement with a tremendous opportunity, one that we cannot afford to miss. This is not about ignoring the expertise of professionals, nor is it about expecting patients to do everything themselves.

Ultimately, improved engagement with patients means more effective health services. It means more resources and more time for clinicians, more preventative care and less damage control. Health budgets are diminishing. We cannot continue to invest in century-old health systems in the context of increasingly widespread

levels of long-term health conditions.

Each 'idea' in this publication advocates something radically different for 21st century health services. Separately, they can be taken as inspiration for how, and why, we should be doing things differently. But we are facing unprecedented health challenges at an enormous scale, the answer to which cannot lie with disparate, uncoordinated innovations, however successful they may be.

Real, radical change cannot be achieved by tinkering at the edges of existing systems and services. We must embed these principles to create change at system level. This means that everyone, from policy makers and commissioners to front-line staff, clinicians to patients, needs to be involved in the process.

The examples you have read demonstrate what can be achieved when we think and do differently. What might the health services of the 21st look like if these practices were led out of the margins and into the mainstream?

## **So what now?**

If you're excited by the potential of these solutions and would like your service or system to explore new and better solutions, then you can:

### **1. Share this publication.**

The more people we inspire the more likely we are to change things.

### **2. Use this publication to start a conversation.**

If you're a professional, consider organising a session with your colleagues to think about what this means for you. If you're a patient, try to get your relevant patient network or organisation to advocate for these ideas with commissioners and providers (CCGs, GPs and hospitals)

### **3. Get in touch with us.**

We work with people and organisations who want to design, deliver or commission 21st century healthcare. Get in touch to speak to one of our managing partners about how we could work with you.

### **4. Read more detailed information below.**

The publications listed outline how we can create the system conditions necessary for this new vision of healthcare to flourish.

## **Further reading**

[People Powered Health Systems Paper](#)

[The Business Case for People Powered Health](#)

[More than medicine](#)

[Redefining consultations](#)

[People helping people](#)

[Networks that work](#)

[By us, for us](#)

[People Powered Commissioning](#)

You can download any of these publications at  
**[www.innovationunit.org/health-resources](http://www.innovationunit.org/health-resources)**

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## **Innovation Unit**

 [contact@innovationunit.org](mailto:contact@innovationunit.org)

 +44 (0) 20 7250 8098

 [www.innovationunit.org](http://www.innovationunit.org)

 Twitter @innovation\_unit

 CAN Mezzanine, 49-51 East Road, London, N1 6AH