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Reimagine Healthcare

Why don't NHS boards get the data deficit?

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"Data and technology only have a value as the foundation of a deeper transformation"

- It can be difficult to make a business case for the collection and analysis of healthcare data
- Boards need to recognise healthcare data does not have an inherent value – but that it does have enormous value when correctly analysed and acted upon. It can be the foundation of transformation.
- New sources of data could drive further improvements in healthcare, changing the way we look at population health

Do you always have all the information you need to do your job to the best of your abilities? Over the years, I have posed this question to countless NHS board members. No matter who I ask – directors of performance, finance, IT, or even chief executives – the answer is generally no.

When I hear this, I ask those people: "what do feel you should know but don't?" Invariably, they identify five or 10 issues that, if resolved, would improve clinical and operational effectiveness. Yet once discussion moves onto the kind of investment that could provide that information, the conversation sometimes stalls.

Healthcare data as the basis of transformation

New technology and increasing digitisation is transforming healthcare, as The Nuffield Trust's excellent new report highlights. It also identifies that boards have a challenge when it comes to making strategic decisions about investment in information and digital technology. I would argue these challenges lie at the root of those negative responses.

In an era of extreme financial challenge for healthcare, there is an understandable desire to have a clear business case for any investment – one which precisely shows which returns will accrue and when. Unfortunately, making such a case for data or technology in healthcare is virtually impossible. This is because neither has an inherent value. They only have a value as the foundation of a deeper transformation.

This is a point strongly made in the Nuffield Trust report, which is backed by KPMG. The authors rightly argue healthcare organisations need a transformation programme supported by technology, not technology supported by a transformation programme: this is "the fundamental lesson that underpins everything else".

There are some brave people sticking their heads above the parapet on this issue. They appreciate that investment in getting the numbers is simply part of the cost of doing business – part of retaining competitiveness, developing effectiveness and encouraging quality of care.

Why all boards should care about data

These voices are frustrated by organisations permanently looking over their shoulder: a poor report from the Care Quality Commission, a financial deficit, or some other troubling measure of performance. Yet, I would argue data and analytics must be a priority for each and every NHS board.

That doesn't only mean monthly stats on operations performed, or commissioners reviewing contract costs. It also means using data to inform changes to service delivery and to alter the way in which people are using those services – so, for example, managing demand and improving clinical effectiveness.

It is about knowing clinical outcomes, tying them back to a patient's vital signs data, and seeing if an avoidable complication occurred – and then changing practice to help clinicians identify and respond to the complication quicker. It is enabling patients with hypertension to take blood pressure readings at home, which they then digitally share with relevant healthcare professionals, receiving relevant and timely health advice in exchange. It is analysing unhelpful variations in clinical practice, and then eliminating them.

From spending habits to healthcare outcomes

It is also collecting and harnessing very different types of data. I for instance have been very lucky and not stayed overnight in hospital since I was 16. The service therefore has little to no information on my likely future need for care. Yet if a fast food chain were planning to open in my area, it's a fair bet it would have analysed my likely consumption of burgers and fries via data on my and my neighbours' spending habits and geo-location and interests.

The chances are that such data also hints at my likely need to use health services in the future (certainly, my propensity to consume fast food would). We can harvest enormous amounts of this sort of information – KPMG's Decision Science Unit already does – for example, taking curated retail data and matching it to health and social care activity data.

I believe our future understanding of population health lies in this sort of data. Yet few, if any, healthcare boards have access to even basic information of this type.

Reason for optimism

Do not mistake me for a pessimist. I am hugely encouraged by the focus on placed-based commissioning in the Five Year Forward View. I think this has the potential to change our view of population data in healthcare.

I am also hopeful the sustainability and transformation programme will give organisations the time and money to get the right data and make the right changes off the back of it.

What we need now is to encourage an understanding that this data and technology can play a crucial role in delivering better healthcare.

We will never have perfect information, always at our fingertips. But I look forward to the day when we don't merely lament a lack of information but understand the need to invest to get it.

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CRT059867 | May 2016