



# Online or in-line?

## Ten years on

Public services can be transformed by digital technology – none more so than healthcare. There is global momentum for the adoption of new technologies in this area, but implementation remains slow due to sheer complexity and cultural barriers.



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In March 2010, the 2020 Public Services Trust published *Online or In-Line: the future of ICT in public services* as part of the 2020 Public Services Commission. This concluded:

“Current and emerging technologies provide a lever for delivering both public service reform and enhancing transparency and democratic accountability’.

It called for:

“Much greater use of online services; more extensive use of secure identifiable data; wider sharing of anonymous data; a new deal with the public around consent; and new duties on public services and public bodies to release performance and other data as a matter of course for public scrutiny.”

Ten years later, the reality of government as a platform – empowering citizens to take more control with greater transparency and with more person-centred services – is closer, but not close enough.

There have been extraordinary advances in technology over the last decade and many historic milestones – in 2017, Britain became the first country in the world to sequence 100,000 whole human genomes, for example, just as learning algorithms that can read digital images started to transform medical diagnosis in routine clinical practice.

It is certainly true that in contemporary public service delivery far greater use is made of digital services than a decade ago – just consider the situation in healthcare (which will be my focus in this article): repeat prescriptions can be ordered online in the NHS in England, people can book appointments with their GPs and access key parts of their clinical record online, citizens have real transparency about the outcomes of clinical services – even of individual surgeons – and can provide feedback. Important progress has been made in linking data in English healthcare so that vital research to support more effective person-centred care and predictive risk analysis can occur.

But the underlying digital maturity of the NHS remains a real concern (and one of the top priorities of the current and former Conservative health secretaries): fax machines remain ubiquitous, information sharing between providers is persistently paper-based, and failures in basic supply chain and identity management (of a sort that have long ago been eradicated by the supermarkets) mean that life-threatening adverse events, such as wrong-site surgery (for example, when the wrong limb is amputated), still occur.

In 2014, the health and social care system in England agreed its first ever digital health strategy and this has been the basis for concerted action since then – as well as significant additional funding to improve basic digital maturity. But implementation has been slower than it should have been.

This is not about an absence of political leadership: on the contrary, ministers have not wavered in their commitment to digital empowerment of public services – a theme that was taking shape around 2010 (and may be the lasting legacy of the Cameron years); but implementation has been ground down by sheer complexity and cultural challenge.

There is still much work to do to build an evidence base that clearly articulates the benefits of digital transformation in government – particularly when it demands changes to the workflow of public services which have earned deep social licence. That image of the GP looking at the computer screen while taking details from her patient does not easily encourage clinical enthusiasm for the notion that technology can improve the doctor-patient relationship and its bond of confidentiality and trust.

The key characteristics of the modern public services we want – that they offer us transparency of their outcomes, that they do not put us in harm's way, that they empower our participation in society, that they respect and serve us as individuals – have not yet been delivered. But I am more confident than I was in 2010 that they will be and quickly – governments have much more experience in implementation (and how not to do it) than they did, and they are learning to share those insights.

In healthcare, there is a new dynamic in the public policy environment: a sense of collective purpose shared between governments around the world to put the digital foundations in place so that national – and international – services can guarantee the best outcomes on the most financially sustainable footing.

In 2018, the Global Digital Health Partnership was established – now with more than 30 participating countries (including the UK) and the World Health Organisation – and already this is empowering detailed information exchange on the best approaches to digital implementation.

In the US, there are new laws proposed that will make active information blocking between healthcare systems an offence; in the Netherlands, a new law is proposed which will make electronic records mandatory for all healthcare providers; in Australia, a new online personal health record which citizens control – My Health Record – has been launched providing 24/7 access to key clinical information for 90% of the population wherever they are treated. The global momentum to accelerate the adoption of digital health services is real.

The Coronavirus pandemic has underscored the urgency of improving digital record keeping, real time information sharing and the adoption of virtual services to keep people safe

Britain, comparatively, is among the most advanced digital nations on Earth and its public services have learned many lessons about best practice in the implementation of complex, dynamic technologies – bluntly, government has more professional capability than it did a decade ago and we should expect the pace of digital adoption to accelerate over the next five years.

It is, of course, critical that we rapidly build digital maturity in our public services. The Coronavirus pandemic has underscored the urgency of improving digital record keeping, real time information sharing and the adoption of virtual services to keep people safe. But, aside from the circumstances of this emergency, if we do not improve digital adoption, we will not realise the benefits of emerging technologies – like genomics and machine learning – which cannot be delivered with paper patient records and fax machines. Citizen confidence in tax-funded public services comes with the reasonable expectation that they will, with appropriate speed and due diligence, take full advantage of innovations in technology which can support longer, healthier and more productive lives. ●