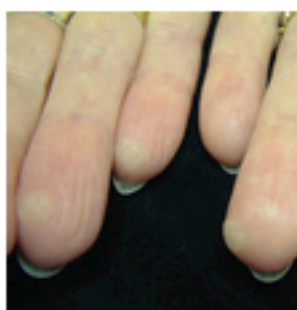


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Technology is the only way to meet the future demands on the NHS

22 Jul 2011

Whatever your political or ideological leanings in relation to the Government's proposed healthcare reforms, one thing seems pretty certain. Change is going to happen, whether we in the medical profession like it or not.

From a business perspective change happens for one of two reasons; either something is broken and needs fixing, or the current way of doing things costs too much.

Now you'd be hard pressed to find anyone who would publicly state the NHS is broken, far from it, in fact the last ten years have seen unprecedented improvements in access times and patient satisfaction. However, the provision of centrally funded, free at the point of delivery, comprehensive healthcare is now costing the nation just shy of 10% of gross domestic product.

Rather worryingly, due in the main to our national economic predicament, the cost of delivering healthcare has been rising at just over a percentage point per decade over the last 20 years. This may not sound like a lot, but with the economy at best stagnant, although more likely shrinking, and with a Government having to borrow increasing amounts every month just to pay back the burgeoning interest bill on our loans, you can see quite a cogent argument for pairing back costs.

All is not doom and gloom though. With change comes opportunity, and we have an opportunity to step away from the *status quo* and critically examine how we deliver appropriate care to our patients. Rather than sit in our surgeries waiting for people to knock on the door saying they're sick we have a chance to be innovative in how we engage the whole population in a dialogue about their health.

The world has changed dramatically in the last ten years; technology has pervaded almost every aspect of our day-to-day lives. Apparently we now carry around more computing power in our pockets than was on the Apollo spacecraft mission to the moon. Having said this, the technological revolution has all but passed us by in healthcare.

Sure we might have electronic health records and access to digital x-rays and blood results, but we have almost totally ignored using new technology to proactively engage our patients. Again, I am not specifically talking about point-of-care interactions, but rather using technology to help individuals feel part of partnership with their GP in an ongoing journey to optimising their health and wellbeing.

Let me take a step back and try and explain where I am coming from. If you look at any population you find that about 15-20% of the population incur approximately 75-80% of the total healthcare costs. The typical medical model is to focus all of our attention upon these individuals. We have invented better diagnostic tests, better treatments and better pathways, but we still find, year-on-year, that 15-20% of individuals incur the majority of the costs.

The reason for this is simple; those individuals we treat either get better or they die, but there are plenty of others waiting in the wings to replace them as 'high-cost' individuals. Our approach has been one where we have been continually striving to create a better washing machine, rather than trying to stop the clothes getting dirty in the first place.

I know I am not the first person to say this, but we need to spend more time on helping those individuals who are 'high-risk', but not yet 'high-cost', modify their lifestyles and risk factors. Only then can we have any hope of having a sustainable impact upon healthcare costs. And it is precisely here where technology can help us, especially if that technology originates from the GP.

Take the simple health risk assessment (HRA) questionnaire, there is plenty of evidence to show that such instruments can accurately stratify populations according to the number and type of health risks, and this stratification is highly correlated with future utilisation of services and costs. If a GP practice asked all registered patients to complete an online HRA once a year the data could be used to drive proactive outreach to those individuals flagged as being in the high-risk but not high-cost group.

I hear you all say in unison that you don't have enough time to see the people who need immediate attention, let alone those who are going to start to utilise services in the future! But I think that this again is where the technology can help. Online health content and self-help programmes, wearable activity monitors, internet communities and digital information about local resources can all be 'pushed' to individuals. Once the channels of communication are opened there becomes a tremendous opportunity to start an ongoing dialogue with groups of patients who are receptive to the idea of lifestyle change, but just need a little help.

You may feel that this is not your responsibility, or indeed your forte, and that other groups and organisations do these sorts of things. All of these statements may be true, but the one person pretty much every individual in the UK trusts and will listen to regarding their health is their GP.

Doctors are the only group in society who can 'bend' this healthcare cost curve and that is why the proposed changes to the way the NHS is structured brings tremendous opportunity to really change the way we engage with the populations we serve.

Dr Peter Mills is a respiratory specialist at the Whittington Hospital in north London and the founder of [Glasslyn Health Solutions](#)

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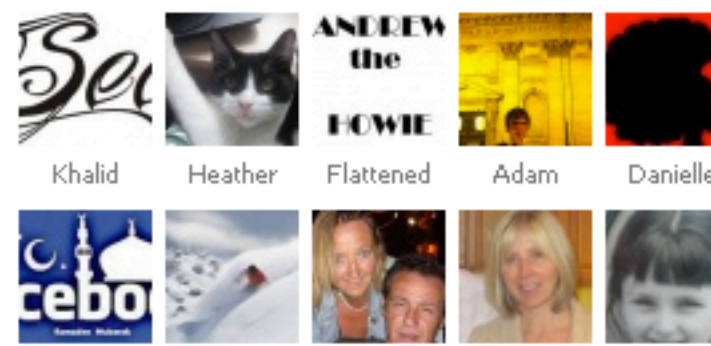


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