

Keynote address: Jeremy Hunt, Secretary of State for Health

Future NHS Stage

Tuesday 12 September

16.00 to 17.00

Richard Vize (host):

OK so welcome to our final keynote session, I'm sure you found it for many of you being in the room for Sir Bruce's speech, what an inspiring discussion it was, that sort of journey through the last ten years, the extraordinary change that has been delivered by the NHS and also that discussion of the many challenges to come. Very inspiring. So I'm now delighted to invite for our final keynote of Expo 2017, the Health Secretary, Jeremy Hunt. You're most welcome

Jeremy Hunt:

Thank you Richard, good afternoon ladies and gentlemen, it is a great honour to follow Sir Bruce, and of course Sir Bruce steps down as NHS England Medical Director at the end of this Year after ten years in that post and I just want to use this moment to thank Bruce for truly remarkable service to the NHS, I have had a particular interest in patient safety and Bruce has always been there for me in the many difficult challenges we have faced.

But I would just like to use this moment publicly to recognise his contribution to the NHS and thank Bruce. [Applause]

This is actually the first speech that I have given in Manchester since the horrific

bombing at the arena in the summer. And I just want to also start by saying how incredibly proud I was of the NHS response when that happened, I was privileged to meet a number of the doctors, nurses, paramedics involved and it was incredibly impressive and I think all of us in the NHS were incredibly proud of what happened then in Manchester.

And I also want to congratulate everyone here, because this is our biggest Expo yet, 5,000 delegates, 150 stands and that matters because when we think about the NHS I want something very simple, I just want our NHS to be the safest, highest quality healthcare system in the world, we all want that. And we often talk about the challenges of funding, the challenges of quality, the challenges of safety, but we also need to talk about the challenge and the opportunity of technology and this is a unique occasion to do that and I want to congratulate Matthew Swindells and his team at NHS England for pulling this together.

And it's very timely, because next year the NHS is going to be 70. It will be a moment of reflection and the whole country seems to be coming 70 at the moment with the ageing population. But it will be a moment of reflection. I think we will conclude that despite the many challenges facing the NHS we have an enormous amount to be proud of. 7,000 people alive today who wouldn't be alive if we had the cancer survival rates of just four years ago. We have, according to an independent report from NHS England, dramatically better outcomes for nearly all major conditions than we had five or ten years ago. And big improvements in the safety culture, all of which have happened under a time of great pressure on the frontline and great financial constraint.

But I want to ask what we will be talking about not when the NHS is 70, but when the NHS is 80, by which time I will have been Health Secretary for 15 years. Don't worry, I don't think that's going to happen! I think that the reason we need to think about that is because the changes in medical innovation are likely to transform humanity by as much

in the next 25 years as the internet has in the last 25 years. So what might medicine look like when the NHS is 80?

Well the first thing is we may well not be going to doctors for a diagnosis. We might be going to computers instead, who will be looking at the 300,000 Biomarkers in every single drop of blood, mashing that with big data information about everyone else's Biomarkers, and when we do go to a doctor, he or she may well be comparing our medical record with our fully sequenced genome and giving us much more accurate predictive information, we may well be in a world where if we show any symptoms of a disease we consider that a sign of failure. Because the name of the game will be to catch diseases when we are asymptomatic and we have a much better chance of being able to nip illness in the bud.

And accompanying all of that is likely to be a big shift in power from doctor to patient as patients use technology to put themselves in the driving seat of their own healthcare destiny, in the same way that we use technology to give ourselves much greater control over every aspect of our lives. And I want to suggest to you that the NHS is much better placed than we give ourselves credit for to actually lead that revolution.

Thanks to our GPs, who studiously ignored Government wishes for national IT systems, we have the best longitudinal, medical records of any health economy and those are forming the basis of a single electronic health record that is now starting to be shared across the NHS.

We also have four of the world's top ten medical research universities and we have the incredible tradition of innovation and the values that sit at the heart of the NHS. And that gives us great opportunities. But we also have some big weaknesses, and a year ago at Expo, we were very honest with each other about our single biggest weakness, which is the state of our hospital IT systems and we have Professor Bob Wachter, from

University of California, San Francisco, who did an honest appraisal and he told us that we needed to do three things and a year on let's just look at how we are doing.

The first thing he said is that we needed to back our best hospitals when it comes to IT and digital, to become as good as the best anywhere in the world and we set up the global digital exemplar (GDE) programme, we have 16 GDEs, and there is some extraordinary work happening with all of them. We have, for example at Imperial now, automatic entry of routine data in 25% of their wards that is already saving 4,000 nurse hours every year. At Royal Liverpool they have sensory monitoring of people's heart conditions that has led to a 46% reduction of cardiac arrests. And at Alder Hey they have got a revolutionary new paediatric portal. So these are really significant steps forward and all of our global digital exemplars are buddied with partners in other countries - that really are the best in breed, often in the United States, but not exclusively in the United States.

What we said last year was we wouldn't just back the very best Trusts but we would also have a group of fast followers who would be given grants of up to £5 million each, which they will be expected to match, a very significant investment. And today I can announce who those fast-followers are. So I've put the list up there. Of course this is a fluid list and if you are not on the list just yet that doesn't mean to say that you won't have the opportunity to get on the list, but congratulations to the fast followers who we are hoping are on their way to becoming global digital exemplars.

And then we also said we wanted to have some mental health GDEs. The Prime Minister announced seven in January, and we are going to have another seven. I can announce today another seven fast followers in the mental health sector, they will have grants of up to £3 million each. And again there is some fantastic work, Birmingham, and Mersey have got some really extraordinary technology helping to reduce self-harm and suicide and we see that exact same potential for technology.

So that was one thing that Bob told us. The other thing he said is that we needed to have an NHS National Digital Academy because he said that we needed more digital expertise in our Trusts and we needed in particular to have chief information officers and chief clinical information officers in all our Trusts. And so we have now awarded the contract for our NHS Digital Academy, it is a consortium of Imperial, Edinburgh and Harvard. And the first cohort of 50 people will start in January, mainly coming from our GDEs but we are today opening it wider than that. That will help build up our skills in the IT space, again a very, very important thing that we need to do.

He said we needed to have a chief clinical information officer for the whole of the NHS and we were delighted to appoint Keith McNeil to that role after his fantastic work at Addenbrookes. Unfortunately for family reasons Keith has decided to desert us and go back to Oz, but I do want to use this moment to recognise the fantastic work Keith that has done and indeed the fantastic work that he did at Addenbrookes before that.

Finally just looking back to previous Expos, three Expos ago we launched My NHS which was part of our plan to make the NHS unquestionably the most open and transparent healthcare system and we put on that a huge amount of information that is not available in most other healthcare systems that allows NHS patients to find out an enormous amount of the quality and safety of their local health provision and today we are putting another 90 datasets on My NHS for people to access and we are also launching £100,000 My NHS open data challenge for the best apps and ideas that harness that information for the benefit of NHS patients.

So I wanted to give that by way of a follow-up.

But I want to look forward to some of the things that we want to make happen in the medium-term and even in the short-term in the NHS. Again thinking about that 70th

anniversary that we have next year. And I believe that historians of the NHS will look at the first three decades of this century as being highly significant in very distinct ways. I think they will say that the first decade was really the decade when we decided to sort out access and waiting times. The Government at that time deserves huge credit for bringing down the waiting times both for urgent and emergency care and elective care and those are under pressure at the moment but we must be very, very clear that we are not going to sacrifice the hugely important progress in what was, I think, the access decade for the NHS.

Then I believe that this decade, perhaps born of some of the tragedies we have had to deal with at Mid-Staffs, Morecambe Bay and Southern Health, will be seen as the quality and safety decade, the decade that we decided in the NHS that quality and safety have to be at the heart of everything we do. And again, there is much more to do but I think that we are making some progress.

What about the next decade? I believe, because of technology, it will be seen as the patient power decade. The decade when the master-servant relationship that existed for three millennia between doctors and patients will be turned on its head and patients will use the information that becomes available at their fingertips to exert real control in a way that will transform the prospects, particularly of people with long-term conditions, but actually of everyone.

And so what can we do to set up the NHS for this patient power decade? Well I have set my friends in NHS England eight challenges which I want us to deliver for all NHS patients by the end of next year. And I just want to run through what those eight challenges are.

The first challenge is to make sure that there is a fully functioning version of 111, available through apps or online to all NHS patients by the end of next year. Now we

know from pilots that we have done in North London, Leeds, West Midlands and Suffolk, that when you transfer NHS 111 services online it is safe. We also know that there is a channel shift of around 6%, so around 6% of users switch to online, they prefer to use online, we think it may be greater than that, there are of course some people who find it easier to be open online, if you have got questions for example about sexual health, there are obvious advantages with an online service.

But we want this to be available to all NHS patients. And, in particular, we want people to be able to access symptom checkers online. But there is something particularly exciting that this can unlock, which really would be a world first for the NHS. That is if we can marry an online version of 111 with people's GP medical records, obviously with their consent, so that a 111 symptom checker can ask you smart questions. So if you are a diabetic it can ask you questions about your diabetes. If you have long-term conditions it knows about those. It can ask you age-specific questions, sex-specific questions and so on.

And that would mean that you could have a smart Q&A service which would mean much more accurate diagnosis, much quicker diagnosis and a much better service for patients. Also of course a cheaper service for the NHS. So 111 online for all NHS patients.

Challenge number two. We made huge progress in giving people access to their GP record online. And when I became Health Secretary five years ago we didn't have any sharing of GP medical records, now the summary care record is available in most hospitals. That is a great step forward. We want people to be able to access their own medical record in a meaningful way, their full medical record, through an app. And why is this? It is partly to help people who want to learn more about their own conditions. It is partly because we know from parts of the United States where this has happened that medical records become much more accurate when this happens because patients

actually notice mistakes in medical records. But it is also partly from the simple patient safety benefit of having a record of all your interactions with the NHS in one place. So that if you turn up in an A&E department on your holiday in Cornwall or the Lake District, you could actually show a doctor what those interactions are.

Now initially those interactions will obviously only be your GP interactions but what we want to move towards is everyone being able to look at all their interactions, as simply as you can look at your entire order history on Amazon for example. And that's something that will have enormous patient safety benefits.

Challenge number three is to make sure that we really make it easy for people to book GP appointments online. At the moment we book about one million GP appointments a month online. We want to double next year the number of online appointment slots for GPs. And part of this is to link into the new models of care that are increasingly being offered by GP surgeries. Part of it is also to reduce administrative pressure on GP surgeries where a number of tasks that are currently done by administrators could actually be done online.

The next one is to really ramp up the booking of repeat prescriptions online. We have about two million of those every month and we want to increase that dramatically. This of course has huge patient safety benefits, but also huge convenience benefits for people with long-term conditions and will tie into a big new campaign that we are putting together in the next few months to reduce medication error. So that's the next challenge.

Then something that I think will make a real difference to the sometimes very challenging debate about use of data and people's data sharing preferences. So at the moment we have a big debate about whether we should have an opt-in or opt-out system in terms of people's anonymised data being used for medical research. We want to transform that debate for NHS patients by saying that whatever your preferences are,

can you go online at any time, access your medical record and through an app change those preferences, in one direction or another. But it is your decision and we're going to make it very easy for you to do that. We will be only country in the world that does that.

I think it will make people feel much more comfortable that we are respecting their wishes when it comes to data sharing.

Something else that this gives us an opportunity to do is transform the debate on organ donation, where there is also a big debate about opt-out and opt-in. We think it should be as easy as loading up an app on your smartphone to change your organ donation preferences. And that's something that we are uniquely positioned on, and we are very keen to take steps to boost the number of organs available for transplant. We think this is a very easy way to do that. It gives us also the opportunity to prompt people to express a preference actively through technology that they might not otherwise do.

And then, and this is going to take us a bit longer to get absolutely right, but this gives us also the chance for people to express their end of life preferences online. And in particular that crucial piece of information which is whether people would prefer to die at home or in a hospital setting. Which if we can get that information early enough and get it agreed early enough then it means we can give a much, much better end of life experience to our patients and that's something that we think we can do and will make a big difference.

And then finally and perhaps the thing that will make the biggest practical difference is for people with ongoing conditions who are the biggest users of NHS services.

Through the work of Matthew Swindells, Juliette and the NHS England team, we are developing a suite of apps that are not built by the NHS but they are checked and approved by the NHS as being relevant to the whole panoply of long-term conditions from dementia to diabetes to COPD to whatever. And what we want to do is to allow

apps to quiz people's medical records, so that, for example, if you have diabetes and you are put on an exercise programme by your GP, if you give your consent then information from your Fitbit can find its way through an app on to your medical record so that you can have a discussion with a doctor and maybe a more honest discussion you would like about how much exercise you are actually doing.

But this I think will be very transformative, all these things obviously have to happen with the consent of patients.

Two final things to mention, first of all, if the NHS is not there for everyone, it is nothing. That is what the NHS is about and we recognise that not everyone is comfortable using a smartphone. So we will always make sure that when we introduce new services there is a face-to-face or telephone alternative for people who don't use smart phones, but we also want to recognise how many, particularly older people, actually do want to get online. We have already trained up 400,000 people to help them get online and I can announce today that we will be rolling out over the next three years another 20 digital inclusion hubs to further support that.

Something else we will be doing to help people go online is making sure that people can use Wi-Fi across the NHS estate. That's been rolled out across primary care this year and secondary care next year.

And so that will make a difference, and then the second thing I want to mention is this of course was the year of the NHS cyber-attacks. I want to thank NHS staff who did a fantastic job in limiting what could have been potentially catastrophic damage when that happened. But, we can never be complacent. We have to recognise that we still have a lot of work to do to earn the public's trust that their patient data is safe with us.

So in July the Government announced its response to the National Data Guardian and CQC report on data security, we have announced ten new data security standards, a

£21 million investment to protect our trauma centres from cyber-attack. And some new national support for unsupported Microsoft systems that were part of the original problem that caused the cyber-attacks. But that is a very important final point to make.

Let me just wrap up by saying this - it is really exciting. I think everyone who is here at Expo is excited about the potential of technology. But in the end technology always has to be our servant and not our master. And what is it that we are all trying to do, we are trying to build the safest, highest-quality healthcare system in the world. And as we grapple with the challenges of resources, the challenges to improve patient safety, the challenges to improve quality, the challenges of changing consumer expectation, technology can be our friend if we recognise that it is a means to an end and not an end in itself, and that end is safer, healthier patients.

Thank you very much. [Applause]

Richard: Thank you very much indeed Jeremy, we have got time for just a couple of questions which I will take them together. Yes, please. One, two. And can we have a mic heading your way please.

Question: Mr Hunt.

Richard: Can we bring the microphone up please.

Question: My name is Aysha, I'm the Commissioning Manager for continuing healthcare for Greenwich CCG I know you have talked about all the eight online things that you are...

Richard: Can you speak into the mic please?

Question: How do you think people will, especially poorer people would access telephones, and also how would they access training on using all these apps and those technologies?

Richard: So just to paraphrase the question, so how would people who are from more disadvantaged parts of the community be able to access the new services that Jeremy has outlined today and second question please.

Question: Hi again Mr Hunt, it's Marsha, I have complex physical and mental health needs and I have just got this digital thing that I'm trialling for diabetes, it's really good because instead of pressing, you know having to take my sugars I just scan it and it is really, really good. However it is still trial, it is not available yet on the NHS, yet I'm doing it all the time and it is actually monitored, I'm really conscious of it where I was always forgetting to do it and thanks for all the good work you are doing by the way.

Jeremy: Thank you very much. Let me just do those two and maybe I couple do a couple more after that Richard. But first of all, one thing to be absolutely clear, and this is of course our great USP is that all these services are available, and will be available completely free of charge to all NHS patients. So that is why it is so exciting, because lots of other countries are doing aspects of the things that you have seen here but I'm not aware of any other country that is offering them universally to an entire population of 50 million people. But of course there is another reason why it will help all NHS users, which is that get this right and it can actually save a lot of costs, so the 6% of people who use the 111 app rather than speaking to the call handler save the NHS money, that is more resources for more doctors and nurses and that is where the benefit is.

Marsha I'm really pleased that your diabetes device is helping you. I think we have a failure in our information, which means that we don't commission as smartly as we

might. Because I'm sure that, I don't know the exact device, but if we gave all diabetics in the NHS devices like that it would probably save the NHS a lot of money because they will stay healthier for longer and in the end, as you know what we're trying to avoid with diabetes is amputations of which we have shockingly high levels. But we don't collect as CCGs enough lifetime information to be able to actually prove financially that's the case. And that is what we are in the process of doing, so that we can start to invest. And I think that this is the underlying purpose of the Five Year Forward View, to start to be much better at investing in prevention rather than cure, which is what this is about.

Richard: I'm afraid we do have to bring it to a close there and finish on time. Can I very much thank the Secretary of State for Health, Jeremy Hunt.

Jeremy: Thank you very much.

Richard: So, last few seconds, this has been the biggest Expo ever, more than 5,000 visitors, we've had more than 200 hours of content, 3,700 personal contributions on Glisser. We have heard from Ethel a member of staff from the NHS, from the first day of the institution, and we've seen world innovation for the future.

Please give us your feedback, that we're going to send you a link. Above all please go and inspire your colleagues, cascade out the information you are going to get, which is online for you to collect, and do something differently when you return to work.

Thank you very much indeed for coming to Expo 2017, we look forward to seeing you next year.

Thank you.