

Paper Ref: NIB 0403 – 004

**BOARD PAPER – National Information Board Leadership Meeting**

**Title:** Work stream 1.2: Enable me to make the right health and care choices: providing citizens with access to an accredited set of NHS and social care 'apps'

**Purpose of paper:**

- To outline the objectives and plans of work stream

**Actions required by the Leadership Group:**

- To note the report
- To ratify the plans set out in this paper

## CONTEXT AND OBJECTIVES

The high level objective of work stream 1.2 is to provide citizens with access to a set of NHS and care digital applications which have been *endorsed* by the NHS to enable them to make the right health and care choices.

The premises of the work stream – which will need to be tested as part of our work – are that endorsement can encourage health and care professionals to recommend the use of safe and effective digital applications and give greater confidence to patients and citizens to select and use them. There is also a premise that endorsement, considered as part of a broader adoption model for digital, can contribute to the development of a dynamic and sustainable app market in the UK.

The work stream is overseeing the commitments in the framework on page 24:

- The NIB will set up a task and finish group with clinical and civil society leaders on the regulation, accreditation and kitemarking of technology and data enabled services, including apps, digital services and associated mobile devices. This is in order to support innovation, and consumer and professional confidence, including enabling GPs to be able to prescribe them. It will publish proposals by June 2015 and kitemaking of apps will begin by the end of 2015. Kitemarked services will be able to use the NHS brand and to be accessible through NHS Choices.
- The NIB will support the development, diffusion and adoption of low-cost high-efficacy apps with a particular priority on mental health services, for example for cognitive behavioural therapy. The Department of Health (DH), NHS England, Academic Health Science Networks (AHSNs), the HSCIC and PHE, in partnership with the Behavioural Insights Team and Nesta, will start by launching a dedicated apps innovation prize process in mental health, drawing on behavioural insights and rapid trial methods. The intention will be to develop a series of easy-to-use, personalised cognitive behavioural therapy (CBT) applications, tracking impacts on employment and other outcomes as well as mental health, with trials beginning in 2015.

The following questions will be considered:

1. What is the added value, for users, professionals and developers, of an NHS endorsement process for digital health applications?
2. What is the range of applications being considered and how should they be categorised (for example by type, functionality, user need or risk)?
3. Should priority be given to certain types of applications or areas of need and if so, on what basis?
4. Is there a need for different levels of endorsement and if so, what would differentiate the levels, and would the costs involved justify the added value?
5. Are there population groups, settings or disease or conditions where endorsement would add particular value, to users and/or to the NHS and the social care system?
6. What is the most efficient process of endorsement from the point of view of a developer?
7. What is the commercial model for endorsement (e.g. who will pay for the process or aspects of it)?

8. Should the NHS brand be incorporated into the incentive for endorsement? Would it contribute to take-up? If the NHS brand is used, how can we ensure that social care usage is enabled? How can we licence the use of the brand?
9. What will be the implications for professional practice of citizens using a set of NHS endorsed digital applications to make the right health and care choices?
10. What emerging capabilities (driven by the NIB work streams or other initiatives within health and care, such as interoperability and user authentication), need to be accommodated in the endorsement process and future capabilities of applications?

## WORK PLAN

The activities undertaken in the period leading to the end of April 2015, in line with Government Digital Services terminology, will be deemed a 'discovery phase'.

There are four strands of work to this discovery phase, which will run broadly in parallel:

- **Programme office**
- **User requirement discovery using pilot applications 'segments'**: this strand of work will use actual examples of applications available in the market or currently in development to engage directly with users, the health and social care system and developers to understand their needs from an endorsement model.
- **A series of targeted structured reviews** to inform the development of a straw man model for health and care application endorsement. This will include:
  - a review of the literature into health applications
  - research into the current state of the UK health application market to understand the breadth and shape of the current offer (by condition) and to support a segmentation exercise of the market (by type of application)
  - a review of the existing regulatory framework applicable to digital applications including guidelines, existing models of endorsement, and regulation
  - a technical review to identify the technical requirements which an application endorsement model will need to consider
  - a specific review to explore possible models for assessing the clinical effectiveness and safety of digital applications taking into account the 'tech time' challenge.
- **An 'endorsement model' development** strand which will progressively articulate the finding of the structured reviews and the pilots into an emerging set of hypotheses and options which will be tested through the pilots. This strand will explore what is meant by endorsement, how it adds value, and progressively clarify the potential status of an endorsement process.

The deliverables from the discovery phase (leading to end of April 2015) are currently expected to include:

- **Publication of the structured reviews** when completed, including a literature review of the evidence for the use of health applications and a market report on the UK digital applications market activity
- **A straw man for an NHS endorsement model** to be tested in the next phase of the work stream (deemed the 'alpha phase')
- **A proposed set of 'Pathfinder' market segments** in which to test the straw man during the alpha phase. The pathfinders segments will be representative of the various types of apps available and the way they add value
- **A roadmap for the alpha phase of the work stream**
- **An understanding of the resources required** to continue to undertake the work stream activities into 2015/16 and identification of funds available in the system to support this work.

The pilot approach is designed to allow engagement with a range of 'stakeholders' in the endorsement process using practical examples – the range of stakeholders expected to be engaged on each pilot is:

- citizens, patients, carers, and service users
- clinicians and other care professionals
- service providers and commissioners
- the developers of the applications themselves

In addition to the pilot work, work stream 1.2 is taking advantage of the 'experiment' undertaken on NHS Choices to accelerate access to Improving Access to Psychological Therapies (IAPT) compliant mental health and wellbeing digital services. The initiative is an opportunity to access the full range of stakeholders associated with endorsement within the specific segment of mental health applications.

An advisory group structure will be put in place to engage with key national organisations and industry.

## **GOVERNANCE**

A programme board, drawn from National Information Board (NIB) members, including independent members and the clinical reference group, is being established to oversee the delivery of work stream 1.2. Members will include representatives of the following:

- NHS England
- Medicines and Healthcare products Regulatory Agency
- Care Quality Commission

- NHS Business Services Authority
- Health and Social Care Information Centre
- Clinical Reference Group
- Independent NIB member

The programme board will be chaired by Duncan Selbie, Chief Executive of Public Health England and Andrew Dillon, Chief Executive of the National Institute for Health and Care Excellence.

The work stream will be led by Alexia Tonnell, Director of Evidence Resources at the National Institute for Health and Care Excellence and Diarmaid Crean, Deputy Director, Digital at Public Health England.

## **HIGH LEVEL CHALLENGES AND RISKS**

Concern about the safety, clinical effectiveness and cost effectiveness of apps from the clinical and commissioner community must be addressed to enable professionals to be confident in recommending them. A dedicated review is planned to understand opportunities for assessing effectiveness. Ensure clinical practice in using apps is supported by risk appropriate professional guidance and regulation with medical devices being the highest priority. Ensure the endorsement model itself helps generate effectiveness information.

Confidence about the ability to develop an approach that will work given the scale and rapid pace of development of the 'digital applications' market will be addressed through segmenting the market and assessing the needs for endorsement to suit different types of applications. The pilot approach is also designed to support a focused approach to developing the model.

A register of detailed project risks is being managed by the work stream programme office.

## **DECISIONS REQUIRED OF THE LEADERSHIP GROUP**

Work stream 1.2 requests the leadership group make the following decisions:

- 1. To ratify the plans set out in this paper**