Local health and social care organisations across England have been tasked by UK Government to collaboratively design “place-based plans” to ensure the sustainability of health and social care services in their area. Our objective was to find out the ambitions of the 44 “footprint” areas (Figure 1) regarding the increased use of technology and to establish the importance of medical technologies in transforming the NHS into the future.

Methods

A review of the proposed use of technology in each of the 44 Sustainability and Transformation Partnerships (STPs) was undertaken. Data was collected on the key priorities for digital transformation, the types of technology included in the plans and the provider sectors highlighted as candidates for technological advancement. Mention of local digital roadmaps, which are 65 separate area plans for digital transformation in the NHS, were also noted.

Results

Local digital roadmaps were included in 39 (89%) STPs, however, only five STPs referenced the “Personalised Health and Care 2020” framework which outlines the Government’s commitments to data and technology transformation. Additionally, as of yet, the Accelerated Access Review has not been drafted into any of the STPs.

Telehealth and remote monitoring, particularly for the management of chronic conditions, were among the most popular areas selected for advancement and over half of the STPs (61%) included plans to integrate mobile applications into care delivery. Only one STP proposed collaboration with NHS Digital.

The Five Year Forward View (FYFV) and Carter report have also been incorporated into 43 (98%) and 38 (86%) STPs respectively.

Digitalisation has been recognised as a way to improve and expand the healthcare remit to meet the growing demands and expectations of the NHS (Figure 2). However, the means through which they aim to achieve this varies between each STP. 40 (91%) STPs looked to improve transparency and data sharing through telehealth in primary care, 33 (75%) in social care and 28 (64%) in secondary care.

There was little variation between the regions (North, Midlands and East, London and South), highlighting that STPs across England have similar priority areas in their healthcare roadmaps, though STPs in London focused on digital technologies more so than other regions, partially due to the higher healthcare demands in the region, which digital technologies hope to reduce.

Conclusion

STPs provide an important opportunity for improving health and care services across England, forming a vital part of the NHS 2020 vision to improve healthcare services. Although the scope of STPs is broad, the ambition for increasing the use of technology was limited, with many STPs focusing on technological advancements solely as a means of improving care planning and coordination. Despite this, a recurring theme throughout the plans was that sharing patient data between provider sectors has the potential to offer both time and cost savings across the NHS.

STPs have been set up to meet the needs of their local populations. This unfortunately leads back towards a postcode lottery healthcare system. As a result, both the FYFV and Carter report have been incorporated into the majority of STPs, which aim to reduce regional variation and increase collaboration, improving efficiency and avoiding unwarranted costs.

Future challenges in delivering technological transformation include unifying local digital roadmaps within a single footprint area, and collaboration across STPs to reduce variations in quality of care. Whether or not these ambitions can be delivered is yet to be seen. The focus of the process so far has been on planning, but the real challenge lies in turning the plans into reality.

References:
1. 44 STP Footprints Documents
4. The King’s Fund - Sustainability and transformation plans (STPs) explained. Available at [https://www.kingsfund.org.uk/topics/integrated-care/sustainability-transformation-plans-explained](https://www.kingsfund.org.uk/topics/integrated-care/sustainability-transformation-plans-explained) [Accessed: 18 October 2017]