This presents a huge opportunity to overcome some of the silos that still exist and make use of the opportunities of new technologies. Participants highlighted the importance of pricing to value.

“If there is one opportunity to get excited about it is the control and ability to shape some of the funding flows as the ICS levels.”

- Malte Gerhold, Chief Integrated Care Officer, Birdie

The pandemic forced quick adoption of solutions out of necessity - solutions which oftentimes aren’t strategic in the long-term. It is essential to holistically and deeply understand patients’ and clinicians’ needs, to design robust solutions which can be integrated into existing workflows. Strategic solutions must be the foundation of every change.

“Trusts must work towards purposeful user-centered design.”

- Katherine Church, Chief Digital Officer, Surrey Heartlands ICS

The ICS model has provided an opportunity for change, and there is a lot of talk of alternative models, but this isn’t yet being translated into practical actions. There is also a need to force a discontinuity in old behaviours.

“We’re hearing a lot of talk about alternative models but we’re not seeing them truly emerge.”

- Robert Foote, ICS Digital Transformation Programme Lead, Midlands Partnership NHS Foundation Trust

Malcolm Whitehouse, CIO, NHS Greater Manchester Shared Services, described change as being driven as a “coalition of the willing” - institutions could save costs by collaborating, so why do we not see more collaboration? There is a need for consistency in how interoperability is approached. A potentially key action could be to compare and contrast digital delivery models in different institutions to find models that work.

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One benefit of the existing system is that the NHS is served by a small number of vendors all defined by standards set centrally by NHSE/I. However, there are a few areas where standards are missing, such as structured care records, and these are areas where ICS’ can and potentially should take a strategic lead.

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