#ThinkBigActNow with Lisa Hollins

Aired Monday 14 June 2021

Douglas Hamandishe (00:05):

Hi Richard, you good?

Richard Wyatt-Haines (00:08):

Very well Douglas. How about you? All the better for seeing you actually, this is good. This is a really important day; up and running. We're think big act now, really looking forward to this.

Douglas Hamandishe (00:21):

Absolutely. We have a fantastic series lined up where we are going to be interviewing or having discussions, conversations with great, innovative people within the NHS and private sector that are going to be sharing great stories about how they bring an innovation to help mitigate, help reduce this backlog that's facing the NHS in around the COVID pandemic. So, um, so, so looking forward to actually having these conversations.

Richard Wyatt-Haines (00:48):

Yeah. And I think it's that whole point about just making tangible what's possible. What's feasible. Um, and I think all the speakers we've got coming up over the series are people who are just doing it on the ground, making it happen day in, day out. And I think it's that practical reality, not the, not the theory, the practical reality that I think will stand out for everybody.

Douglas Hamandishe (01:12):

Absolutely. There's going to be energy. There's going to be passion. There's going to be no in that shot. These are people who are doers, who are actually doing things now. So it was inspired every bodies to take a look at what that actually have and what they can do at the coalface to bring about change. It's not about technical high level, um, transformations, but what can you distill that down to tangible, real things to bring that difference? Yeah. So

Richard Wyatt-Haines (01:39):

We've got, well, we've got conversations all through this week. Haven't we got the program going at the same time out there live really short stuff. Every session is what, 20 minutes with a Q&A afterwards that we want everybody contributing to, to pose the questions. So, um, yeah, today's the first one we're up and running with, uh, Lisa Hollins from NHS ex, um, who better to have on our very first one. They've done so much ex uh, during COVID just to pick up ideas, big ideas, many of them test boundaries and just make them happen. Uh, and I think, I don't think we'd start with

anyone better than Lisa. So really looking forward to getting her onboard and talking to them.

Douglas Hamandishe (02:25):

Excellent. Me too. I'm super, super excited. And also for anyone tuning in to engage, the Q&A sessions are there for you to ask questions. These people are accessible to you. So that's something that we're bringing in and it's unique to the think big act now because you have access to these great innovative people, and they're closer to share a few of their own journeys. Yeah.

Richard Wyatt-Haines (02:49):

So should we go meet Lisa?

Douglas Hamandishe (02:51):

Let's go. Can we

Richard Wyatt-Haines (02:53):

Introduce please? Uh, Lisa Hollins from NHS ex, um, who's brought so many innovations into practice over the last 12 months in particular because of COVID, Lisa. Hello and welcome. Absolutely delighted to have you here.

Lisa Hollins (03:09):

Yeah. Thank you. Um, um, it's a really real pleasure to be here. Thank you for inviting me. Um, I'm the director of innovation at NSX and my job is to look at new products or new innovative areas that can really help NHS care. And as you know, I've been in the NHS now, this is my 29th year, mostly delivering, uh, services within the NHS. And about 18 months ago, I came to NHSX because I wanted to make sure that the NHS benefited from all the different types of technology that was out there and really support people across the country to make some the changes that I'd seen locally within my own hospital chest, but I've seen, um, some phenomenal case studies across the country. And I thought we could, uh, work really closely with organizations to share good practice and also where possible, um, really, um, uh, support people to implement new technologies.

Lisa Hollins (04:02):

And there's such, um, a large amount of, of great technology out there. I think our biggest, um, um, first step within that journey has been, just to share the knowledge of, of what's out there, what people are doing. And this is the question that people ask me often, what things can help what's out there and who's implemented these new technologies, just so they can get a sense of where they are useful and where they can implement them within their own services. So there's a lot out there to, to help them support people. And my job is to really, to, to identify those new new products and, and see how they can support, um, an HS service.

Richard Wyatt-Haines (04:41):

What sort of things have excited you in the last year? What are the ones, what are the ones you call it? That's quite something. Yeah,

Lisa Hollins (04:48):

There's, there's a lot that's, uh, that we're all seeing every day. And I think goodness, that's solved such a knotty problem for the NHS. Um, so I think there's cohorts of big changes. So we've seen a real rise of digital platforms. So platforms that hold videos and video content, which, which you're very familiar with, um, platforms, um, that enabled patients and clinicians, uh, to connect, uh, we're seeing platforms that work across regions that work across, um, uh, clinical networks work across the whole organization that any digital, um, pathway can, can attach to. And they are really important because I think some of the traditional ways that we've seen and within the NHS of, um, of coming to an outpatient appointment or waiting three months or six months, your next outpatient appointment, what we actually need to do is to, is to offer patients more choice.

Lisa Hollins (05:41):

Um, we thought within all of those, uh, those different pathways and, and more choice in ways that they can connect to their, their conditions. And then together that's been combined, um, with, um, uh, very small consumer grade devices within people's homes. The best example of this we can see is pulse oximeters have been really, um, uh, so instrumental during COVID to identify where patients are deteriorating and enable people to be at home and to be confident, um, that they are well. So, um, we've had a huge range of people supported with, with virtual wards, um, and pulse oximetry at home. And again, you can put your details into a digital platform and the clinicians can review you. So, from my own experience, I had KV David over January, uh, and the one thing that gave me lots of confidence was that I knew my, um, my oxygen saturation was, was fine throughout Latin.

Lisa Hollins (06:37):

It just stopped a lot of worry and concern. So some of the routine follow-ups, um, that were we're used to within heart failure or respiratory conditions, we can now start having those at home. So that's a real change, uh, in, in practice. They also support, uh, they also, sorry. They also support, um, um, people being discharged earlier from hospital, because they often, when, when you're just recovering Douglas will know this cause he's, he's, uh, a coalition by background. And just when you're, you're almost better than that, uh, that often, uh, that clinicians are just waiting for, um, one or two results, if that can be done at home with your app, with it's your temperature and that we're waiting for people's temperature to continue to go down or all of the other areas, we can make sure people are discharged, um, to their, uh, be in the comfort of their own homes rather than waiting and waiting in hospitals to be discharged. You mentioned

Douglas Hamandishe (07:33):

Something that was a buzzword for me, the recovery NHS is trying to recover out of the pandemic as a system, as itself. And we try to encourage innovation. Do you have any words for debugging what we mean by innovation? If you're humble like me on the ward, you know, I've got a great idea. You know, what, what, what message could you give to people at the front end coalface in terms of innovation, and to keep that momentum going in terms of how can they drive through that change

Lisa Hollins (08:06):

The things I would recommend to people we have, we have captured some of those, um, ideas that people have and the, um, uh, the initiatives that people have implemented in our digital playbooks. So they're all present on the NHS X website. Um, um, so if people Google digital playbooks or NSX, they, those, those will come up. Um, and these are a collection, um, uh, we've grouped them by specialty. So for cardiac services, respiratory services, ophthalmology, dermatology, and musculoskeletal we've grouped all of the innovations, um, together that, that, uh, health systems and organizations have, have put in place. So that's a really good way of, uh, within three clicks, you can find out what people are doing across the country.

Richard Wyatt-Haines (08:51):

Firstly, thank you for mentioning the playbooks. We're proud to be on one of those on our side or a few of them at the last site, but coming back the way you pitch the stuff about the platforms and the simple device is, and then the answer to Douglas, what struck me was a common theme is empowerment. It's that if I just picked up on that, or do you think that is a recurrent theme that's really come out during this program?

Lisa Hollins (09:16):

Yeah, I think that's true. And I think over the pandemic, they, we've had to be more flexible about how, how do we, we have big problems, how can we solve those quickly? Um, and what we know in the NHS, there are, um, considerations around technical architecture and governance that we, that we need to, to undertake. Uh, and we need to really fully understand those, um, make sure the areas such as data governance is all in place. And we've also, um, uh, provided some more information to simplify, um, uh, data governance as well, which has been a real stumbling block block for people. And that was another request going out as a pandemic and on the NHS ex website, there's more information around, um, how we can simplify some of those areas around data governance. And that's, that's important, uh, because, because when I've worked with people in interest, there are often many barriers, um, for people to, to implement change and we've got to really start tackling some of those. So the ideas that people have on, uh, on the front line we can make sure well are implemented. So, um, so we'll be working really closely with national regulators and you counter got guardian, um, uh, Nicola, a great, great appointment, and, uh, we'll be working very closely with her, the national information commissioner, um, to do all of that work around reducing barriers and, and, um, how setting in place really

a culture within the NHS where ideas can be taken up an active part as quickly as possible.

Douglas Hamandishe (10:45):

And that's, that's the perp, um, in terms of the whole health economy, as we, as, as any histories looking to leverage support from monetary services, community-based services, is there an innovation innovation that's taking place that's encouraging other sectors that have been marginalized in the whole health panacea?

Lisa Hollins (11:04):

Um, what we've found is that when we're looking at virtual, uh, virtual care and, and video consultations, that's in the organizations that have done, I've done, um, amazing work, our community trusts, um, are, uh, the, the, the changes to GP practices, I think have been quite, um, uh, phenomenal. One of the things around, around, uh, around digital platforms is that it gives you the opportunity to work across the whole health care economy with your colleagues. So if you set up a platform, um, uh, you can work on that if you're in a community trust, um, you can have people looking in from the, uh, the, the local hospital, um, and we're getting better about considering social care now, um, as one of the big areas of, uh, of, um, partnership for the so, um, so it provides, uh, more of a freedom of, of access to, uh, to, uh, supervising patients remotely.

Lisa Hollins (12:02):

And that's, that's a really good thing because it links in the multidisciplinary team. I think it's worth saying that the pandemic highlighted a whole range of issues and barriers that our colleagues in social care had had experienced. And there's a lot of work done at the start of the pandemic around making sure that, that, um, uh, that care homes were connected to, um, to, uh, uh, uh, arrange of healthcare expertise to make sure rather than sending patients from, uh, from the care home to hospital where possible, where it was clinically safe, that we, we, we, uh, made sure that, um, video consultations were available. Um, there were a whole range of devices, so there's lots of, uh, of new work, um, in social care around care homes. And that was highlighted as, as part of that, the pandemic, and that will continue. Um, there's, there's new products out there, which are being tested in, in care homes, um, and staff are being supported with a whole range of initiatives.

Douglas Hamandishe (13:02):

Excellent, excellent. Um, I, I really liked that, that whole approach of bringing in social care, um, you know, um, the prescription based models, social prescription, or all of those, um, uh, measures. Well, because we do know that access to data will help, um, tackle the backlog and capture that data at different places where the patient may be is so, so vital. So are there any that stand out that can help really bring, you know, get us back to a manageable backlog, we choose that log and get us back into a situation whereby people are receiving care in the right time frame.

Lisa Hollins (13:38):

Yeah, yeah, no, absolutely. There's lots of things that, um, that some are in place, uh, place or in train already in some ways we're just starting off. So one of the important things, um, and it just follows on from what you were saying around connecting people and making sure information is connected is that the shared care records initiative. So, it's really important for, uh, if you're a GP in a practice to know, um, when the patient's had hospital care, what has happened to the patients in the hospital? What, what medications have been prescribed, what diagnostics have been completed in a timely way. And, um, if you have a shared care record, are you able to do that. Um, and in a similar way, um, if you're in a hospital it's really good to know what's been described in primary care, this, this, um, helps them reduce a lot of duplication of diagnostics, uh, but also, um, the whole issue of making sure that people are on the right medication, um, uh, and medic, and the range of medication is, is considered, um, is absolutely critical as you will know, within your practice of lists so that they are really important.

Lisa Hollins (14:43):

And I think the first thing we need to do is make sure that people know of what else is happening to their patients when they're, when treating them. So, um, shared care records, uh, lives in a large part of the country, um, and where S were accelerated during the pandemic, um, and the roadmap, um, to shared care records across the countries is now being accelerated. And the next step within that is making sure that people have access from, um, swamp social. Can we stop working as a, as a whole health and social care team, and many parts of the country are looking to that in detail and in, and engaging in social care, we're looking at the surgical pathway because there's a lot of, um, work we can do that, that the digital platforms that I talked about previously, um, that really worked for, for, um, patients on long-term petitions and COVID patients also help patients surgical patients.

Lisa Hollins (15:37):

So we would like to see over the next 12 months that people can, um, can have the preoperative assessment online. They don't need to go into, uh, uh, to, uh, to a hospital, um, to do that. And those platforms will support that, but there can also be a few patients, um, following their surgery, um, we know there is a shortage of physiotherapists that can review patients after, um, after they've had the surgery. And this is a really great way of making sure you have, you have, uh, access to advice and guidance, um, as part of your prehabilitation before you go for surgery and, and rehabilitation after you go for surgery. So there's lots of, um, lots of, um, uh, great, um, work that's coming up, um, within that area. And then new devices, um, for ENT that has been trialed at UCH and mid and south Essex hospitals, and that we're really interested in. And so there's a whole package of, of elective care, um, uh, products that we're, we're really interested. And, um, we are working with a number of organizations to support them, to test out new pathways, um, which will be truly digital pathways,

Richard Wyatt-Haines (16:50):

Brilliant. Um, I'm conscious of time, um, and keeping us focused on think big act. Now, if you were back in your hospital tomorrow, you know, you've, you've got years of experience, what would you, what would you do? What would, what would be the one or two things you'd just focus on to make things happen now as it were? What, what would they be?

Lisa Hollins (17:14):

Yeah. So the, why would advise people is find out what's happening, um, around the country, and we've made it really easy for people just log onto the website and find that find out and pick areas that you think would be suitable for your organization and the issues that you come across every day and you're trying to solve. So, so find out what's happening, get together with your clinical colleagues, just to say, these are good ideas. How can we implement these and then ask for the support of your, the leadership at your organization to, to implement those. So do, um, that's, that's the things that we would recommend in organizations. Um, and if you're still struggling, then get in touch. I mean, we're here to, to help,

Richard Wyatt-Haines (17:53):

Uh, Lisa I'd echo that because actually our relationship started by us just mainly mailing you. And you've seen me in, so let's talk about it. She means everybody listening, she means it, and she makes it happen. It's very, very simple. It's true. She's not making it up. It's there to grab it. It's wonderful. Um, it really is. Um, they're, they're really here to support you. So, um, thank you.

Douglas Hamandishe (18:20):

Innovation. We know innovation, we introduce these new capabilities. And one of the, um, blockers that we have sometimes in innovation is particularly if it's coming from a critical perspective, new way of working, am I making myself redundant? Is there anything that you can say about innovation and how it opens up opportunities for different ways of working and even new industries that can sprout out through this think big act now philosophy?

Lisa Hollins (18:51):

Sure. Yeah. No, absolutely. And, um, I think that there's so much demand for health care isn't there. We often feel one of the difficulties of our jobs. Sometimes we scratching the surface and we noticed this much, much more demand, but we also know that a lot of our jobs is perhaps doing some repetitive activities that we could do much more quickly, much more easily. So I think our collective goal should be to try and automate some of those areas that we don't need to do, um, and concentrate on the areas that we do need to do. And, and that, that, um, face-to-face clinical time that, that patients, um, love, um, so much offer a wealth of opportunities, um, for patients and, um, and really try and, um, uh, work through our, our waiting lists as, as much as possible to, to, to offer, uh, offer timely care for patients.

Lisa Hollins (19:42):

So, um, over the next five years, what I would like to see is a service where, um, we offer a range of, uh, access opportunities to patients. Some of those will be messaging. Some of those will be face-to-face appointments. Some of those will be cared for at home. Um, but the pathways themselves change quite phenomenally, um, for, for patients. Um, and there's a new paradigm where patients know there'll be offered, uh, a range of opportunities to get involved in their conditions. Um, and I'd also like to think that we'd make, we will make it easier for clinicians to speak to each other, to communicate, to find that data that they need to log on to that, that computer easier, um, to make all of that easier for, uh, for conditions. So they can spend their time doing the worthwhile, um, direct care that they want to do, and patients can connect to them easily. So that's what I'd like, like to see. Thank you very much, Lisa.

Richard Wyatt-Haines (20:39):

Thank you, Lisa. Anything that was, thank you so much. I'm grateful for your time. Everyone get in touch and take advantage of the playbooks and all the other things you've listed today for us. Um, but most importantly, thank you for being our very first guest. Um, we're on the way. Yeah.

Lisa Hollins (21:04):

Thank you. And good to meet you. Thanks Richard.