

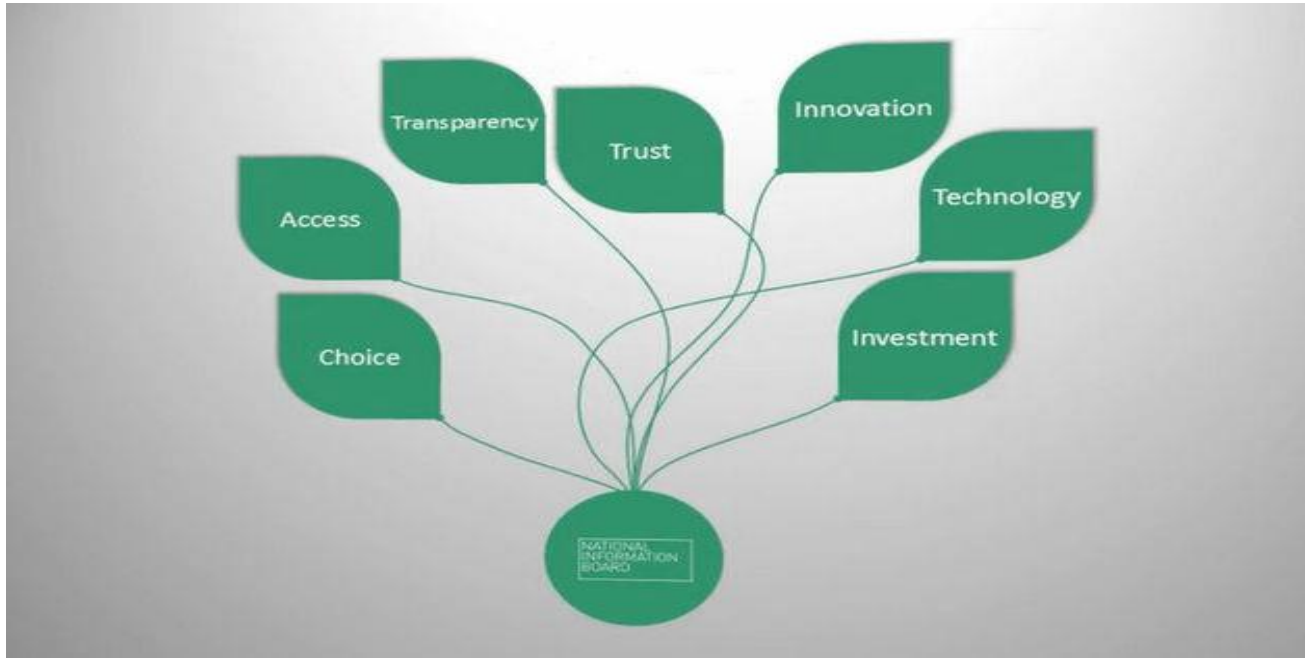
Personalised Health and Care 2020

Using Data and Technology to Transform Outcomes for Patients and Citizens

Assessing digital applications and services

“The time is now!”

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HM Government

NHS

Personalised Health and Care 2020

Using Data and Technology to Transform
Outcomes for Patients and Citizens

A Framework for Action

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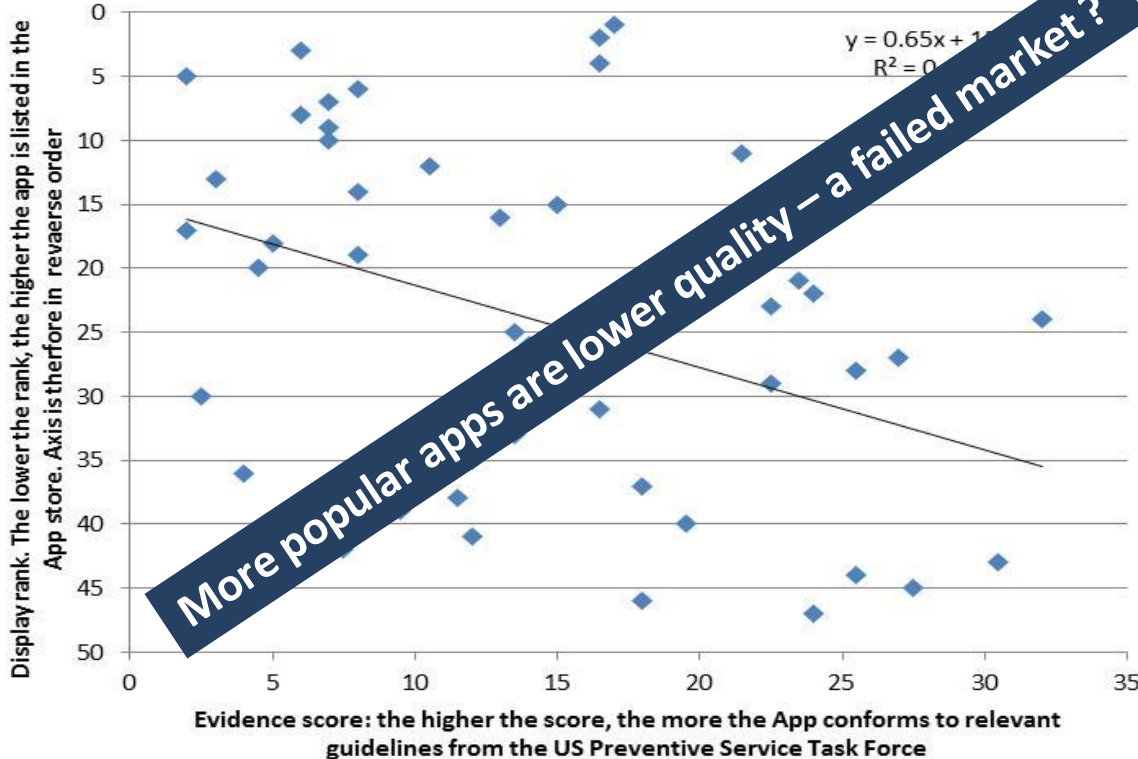
HM Government



- iv. 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.

What is the rationale for assessing apps?

Display rank vs. evidence score



- Health application market is not working
- Wisdom of the crowd is not an effective filter
- Organisations making high quality apps need a USP
- Must support revenue generation
- Should lead to NHS recommendation and promotion

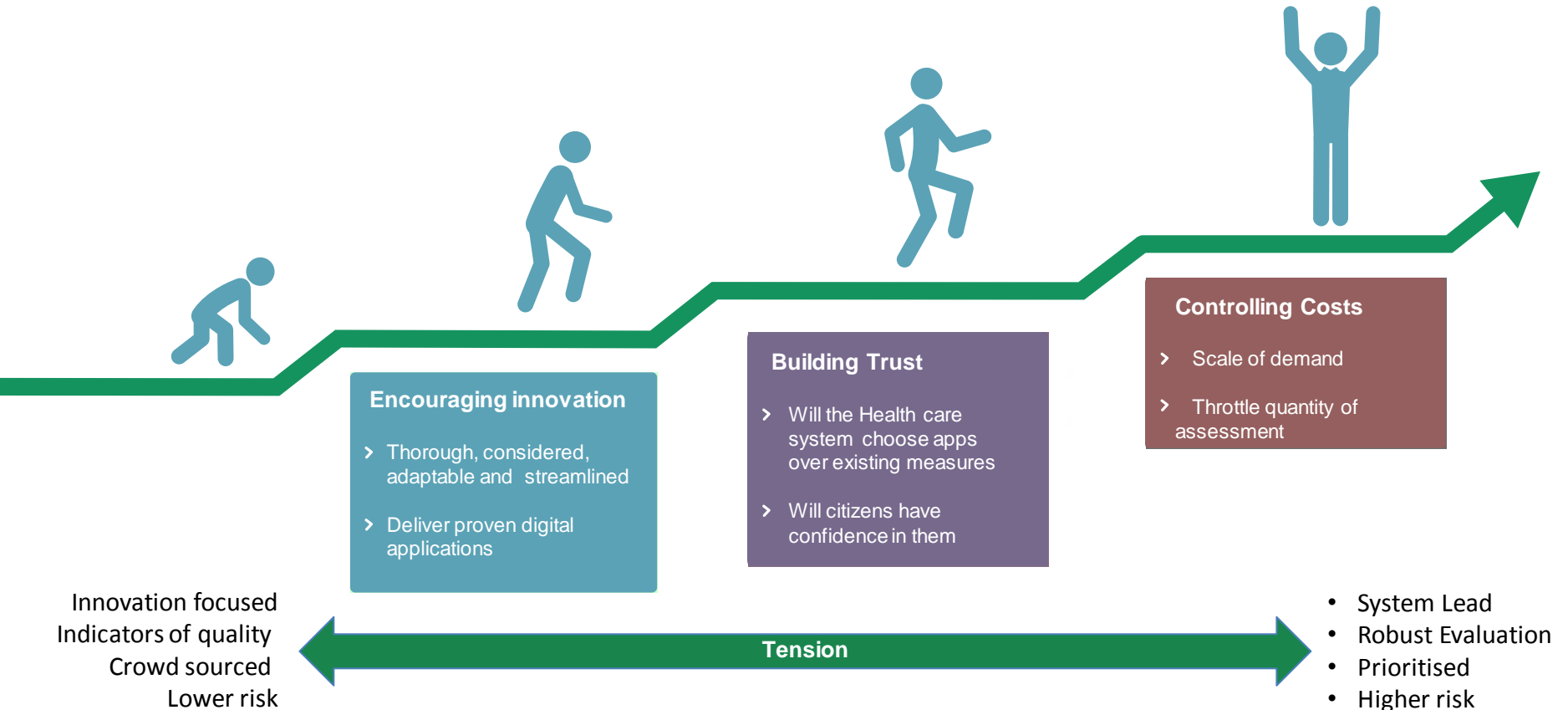
- Apps can often provide benefit to people's health
- The health and care system would benefit from using these apps
- The health and care system does not trust apps

Methods to assess/improve health app quality today

Methods	Advantages	Disadvantages	Examples
Wisdom of the crowd	Simple user ranking	Hard for users to assess quality; click factory bias	Current app stores MyHealthApps
Targeted Crowdsourcing	Informed wider public groups	Still subjective	FoldIT
Users apply quality criteria	Explicit	Requires widespread dissemination; can everyone apply them ?	RCP checklist
Classic peer reviewed article	Rigorous (?)	Slow, resource intensive, doesn't fit App model	Numerous PubMed articles
Physician peer review	Timely Dynamic	Not as rigorous Scalable ?	iMedicalApps, MedicalAppJournal
Developer self-certification	Dynamic	Requires developers to understand & comply; checklist must fit apps	HON Code ? RCP checklist
Developer support	Resource light	Technical knowledge needed Multitude of developers	BSI PAS 277
CE marking, external regulation	Credible	Slow, expensive, apps don't fit national model	NHS App Store, FDA, MHRA

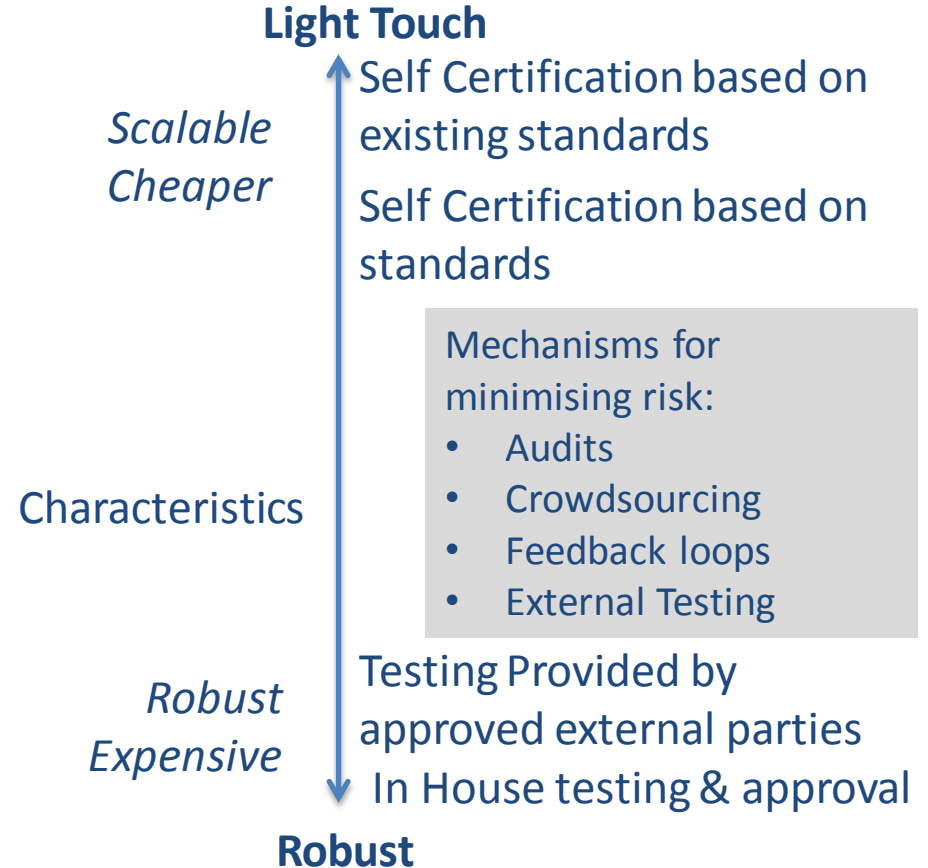
Considerable challenges in creating a viable model

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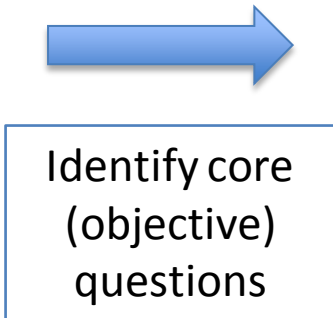
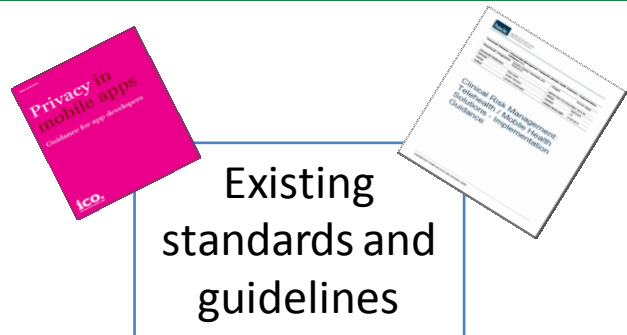


Design Principles

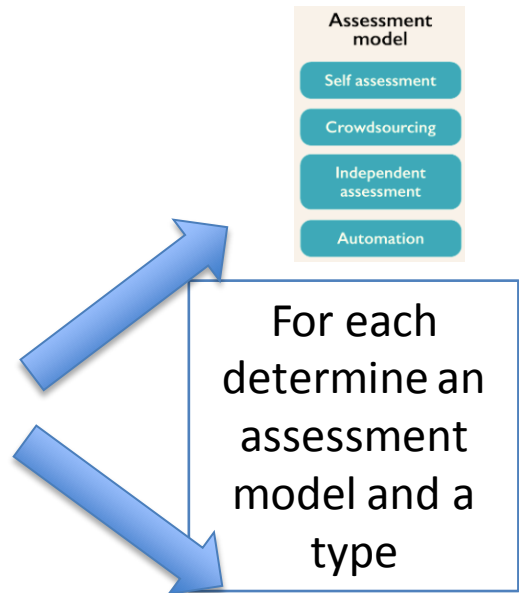
- Proportionate to the risk involved
- No reinvention – use existing measures of quality if possible
- Reasonably Fast
- Simple and reliable - not costly or a barrier to innovation
- Sufficiently robust to engender confidence
- Limited to apps that claim a beneficial health outcome
- Scalable



The creation of the endorsement model



Ref	Question
1_0_1	Does the app have an accessible, genuinely useful privacy policy?
1_0_2	Does it display what data will be collected or accessed before it is collected or accessed?
1_0_3	Does the app explicitly bring any changes to the privacy policy to the attention of the user?
1_0_4	Does the app ask for consent explicitly before collecting, using or passing on any information?
1_0_5	Is the developer able to process 'subject access requests' (ref)?
1_0_6	Are passwords appropriately salted and hashed?
1_0_7	Are encrypted connections used for transmission of sensitive data?
1_0_8	If data is transmitted outside of the European Economic Area, is it appropriately safeguarded? i.e. under a 'safe harbour' agreement.



Question type

- Setting the Bar
- Scoring
- Transparency
- Administration

Phased assessment approach



Self-assessed quality

- Open data
- Security & Privacy
- Technical standards
- User centred
- Application risk type (e.g. medical device)
- Proxy of Impact



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Crowd sourcing

- Establish demand
- Build trust



Impact assessment

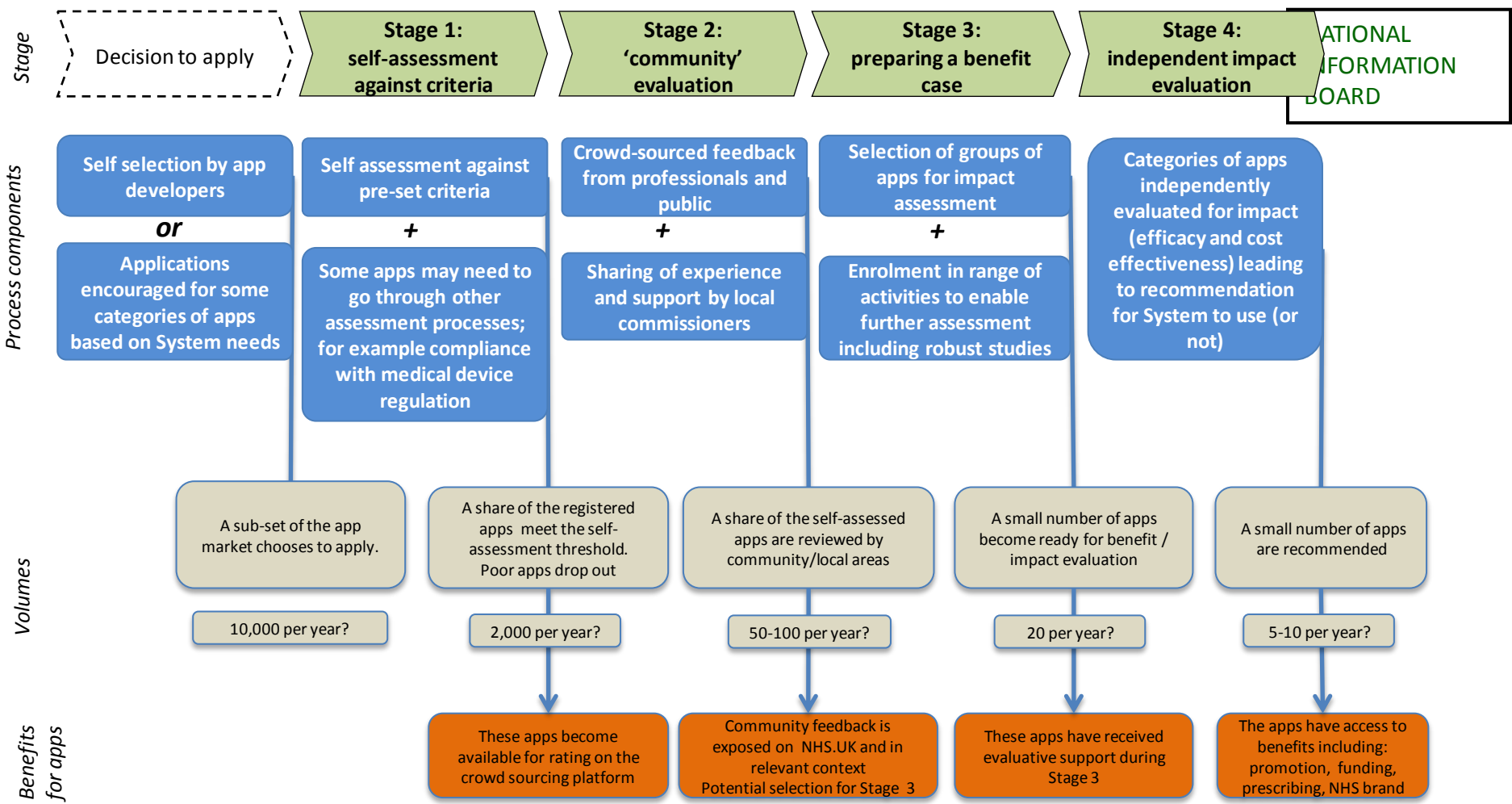
- Efficacy/Effectiveness
- Robust Studies (RCT)
- New Models (AB/Iterative)



Independent evidence evaluation

- Subject matter expert
- Cost effective
- Recommended





The experiment: working in pilot domains

- Smoking cessation
- Obesity / Diabetes
- Mental health
- Post operation rehabilitation
- Early years support (red book)
- End of life



A early demo being developed...

Get my App endorsed

Build confidence in your App with health professionals by using this self assessed NHS endorsement process. When health professionals know that an App is safe and trustworthy they are more likely to recommend it to patients, and patients are more likely to use it.

[Learn more](#)

Step 1 - Is self assessment right for your App?

Use this check to see if self assessment is right for your App and to find out what you need to do to get your App ready for the self assessment process.

[Start here](#)

Step 2 - Self assessment

If endorsement is right for your App you have to go through a self assessment of the key attributes of your App.

If you've already started this process and saved your progress you can go straight to self assessment.

[Self assessment](#)

Step 3 - Submit for endorsement

After completing your self assessment you can submit the assessment for review and endorsement. To find out about the benefits of endorsement click learn more.

[Learn more](#)

[The demo](#)

- Publish Roadmap (Jun 2015)
 - ❑ Proposals for an application assessment framework
 - ❑ Digital (early) prototype of the self-assessment stage
- Consult on proposals (Summer 2015)
- User acceptance research (from August 2015)
 - ❑ Citizens
 - ❑ Clinical Groups
 - ❑ System roles (e.g. payers)
- Announce early plans to pilot a small number of apps through the model and assessment process (Sept 2015)
- Iteratively build the online self assessment process, establish methodologies for launch in 2016

