Ellen Bencard, Walk in the Cloud Host

Ellen Bencard leads Accenture’s marketing campaigns in the UK while also managing to nourish her journalistic roots as an established blogger on the arts, travel and fine dining. Her corporate work usually finds her behind the scenes, coaching her team to bring together big ideas, insightful commentators, exciting events and innovative channels in ways that inspire prospective clients. But this isn’t the first time she’s stepped into the limelight to show off her training as a reporter, writer and presenter. She’s anchored a web-based YouTube series for BT called Top Tips for CIOs and was Northwestern University’s on-site media spokesperson at the Royal Wedding of Prince Harry and fellow alumna Meghan Markle. Born and educated in the American Midwest, Ellen’s lived in the UK since 1999 and is a proud dual citizen.

Ashish Goel, Accenture, Senior Managing Director, CAL-UK Health (Diamond) and Lead - Industry Sector - Health, Europe

Ashish is Accenture’s European healthcare industry lead and a member of the Global Leadership Council. He is deeply passionate about enabling equitable healthcare access, experience, and outcomes with the power of digital and data. Ashish helps Accenture clients make sense of the opportunities to address unmet health and care demands and to improve the lives of citizens and healthcare professionals using the latest technologies.
Introduction: Walk in the Cloud

Ellen: Most of us might not love change but the reality is we deal with it every day. But what happens when that change is so big it sparks a big transformation of everything it touches, that’s the topic stretching across all of our episodes in this series of Walk in the Cloud.

Ellen: I’m Ellen Bencard, your host and today we are taking about healthcare and IT. And boy, has there been an industry that has seen more change than healthcare in the past few years and so that’s an excellent thing to delve into – and today I’m walking with Ashish Goel, who leads the part of Accenture focused on healthcare in Europe. Ashish, we all see the issues on the news everyday – waiting lists, labour shortages, salary disputes, strikes and aging population.

Workforce crisis as you’ve talked about, clinical staff as well as non-clinical staff, there are just not enough people we would like to have and its largely to do with the 3rd one which is linked to demographic changes in the country which is driving shifting of the burden of care more and more towards our beloved universal care system – and the last point, which is actually in some way good news but also brings in additional pressures is scientific advantage. How can technology help in any way? First and foremost, the single biggest challenge among all this is workforce. There is a massive capacity gap between demand and supply, and technology has got this unique proposition to help in right from prevention, personalisation, performance and people. For instance, giving our health and care professionals the information they need the most at the point they need – for instance, helping our most vulnerable in the society with the access to healthcare in the comfort in their homes or where they can easily get too. Helping NHS drive superior efficiency and productivity out of the resources they have got.

Ashish: Good Morning Ellen.

First of all, thanks for having me on this conversation it’s a pleasure – our health system is actually going through a significant transformational event – disruptive transformational event. Four big factors that are playing into it, we’ve just come out of a massive pandemic no one has seen before – there is a backlog aftereffect that NHS is dealing with.

Ellen: So, you talk about four changes – which is more than anybody needs on the revolution front. But let’s dig a little bit more into those technology changes. Because we’ve been technology and healthcare for a long time. But what are some of the changes in technology right now that are really turbo charging this potential in healthcare?
**Ashish:** So, let me talk to you about three things – First and foremost, is the digitisation of frontline building and reinventing a core of enterprise, NHS through digitisation of patient records, medical records, because what it fundamentally does is it allows access to information from anywhere by anyone who is eligible to access that information. So, for instance, you can walk into a hospital 20 miles from your home and the clinician you see should be able to actually find your health history and should be able to give you the treatment that you deserve, or you require and that’s fundamentally enabled today through advancement in the chronic patient records and the cloud infrastructure that makes it hugely scalable. Number two, in that context – If you think of additional therapeutics and the variables and the devices, the ability to create virtual worlds and essentially creating new care pathways through innovative solutions, so that we can reduce the burden on the psychical infrastructure and by giving the patients choice and control of their journeys through their treatments. And number three is ability to create higher efficiency from the resources infrastructure we have and through automation, AI, and essentially in simple words creating an infinitely scalable digital workforce to do back office simple tasks that we can actually take away from our frontline workers so that they can focus more on the patients.

**Ellen:** So, Ashish can you paint a little bit more detail to the picture of what life on the frontline might be like for doctors and nurses - with more of this technology in their hands.

**Ashish:** Three big benefits they can draw from the technology in their hand. One, is the access to information. Access to information to our clinician, our frontline workers at the point of treatment at the point of care so that they can spend more quality time with the patients. Number two is advancement in technology, specifically around AI, is creating potential for technology to actually assess a lot of information spread in different sources and come up with deductive analysis that our clinicians can then actually look at and take a call on what should be the treatment as against - and again that saves time, that actually if anything improves quality of decision making, because they are really looking at the consolidated suggestive information from a variety of sources, which they would actually struggle to access otherwise. And the third one is around their skills. The challenge I talked about is a constant change around new treatments, new drugs, new devices, new policies with the advancement in immersive technologies. What we’re seeing happening in the space of metaverse and virtual reality and augmented reality. It is not possible to get the training, the skill uplift etc., in the hands of clinicians where they are, and actually help them in reducing the time they have to actually step away from the frontline in order to constantly update their skill sets.
Ellen: So, we are actually on track to what we’ve all seen on Star Trek with training on the holodeck and a tricorder to help the doctor get to his diagnosis quickly!

Ashish: Well, I would love to get to that point, but yeah absolutely actually so for example you talked about HoloLens, etc., we are already piloting technology - this kind of technology for training nurses in the hospitals and the teaching hospitals, etc., so it’s happening today. We’ve got to be careful and not get ahead of ourselves, so it is still, as I said, more around skill development and assisted clinical decision making, rather than actually leaving the control to the robots as we get treatments.

Ellen: And let me bring up a challenge there - switching the focus from the medical staff to the patients. How do we make sure these services are inclusive when we already have people who are digitally excluded? You know, I think about a lot of older people who are interacting with the NHS far more than average and digital isn’t their native place. How do we make sure technology works for them?

Ashish: Yeah, so actually let me split it into two parts. First and foremost, is access to the services. So, when we talk about digital, it is not in view of the current infrastructure - it is to augment the current infrastructure. So, imagine a situation where someone living remotely or having accessibility issues and therefore unable to actually get to a primary care centre, being able to actually access the healthcare intervention remotely using the technology if they are comfortable in doing so as against being mandated to do it only that way, so that’s part one. Part two - we’ve got to be thinking about every single member of the population and how they are going to be actually accessing and experiencing the health service they need. It’s a delicate balance ensuring that needs of all parts of the population are met through this augmented capability, which actually adds onto the current capabilities that physical infrastructure is able to produce.

Ellen: All of this means more patient data in the cloud. What do we do about security? How do we keep people safe and private?

Ashish: I would start by saying, cloud actually brings more resilience and security. When you compare it with a situation where legacy infrastructure, locally stored, sit in different data centres locally in the premises, hospital premises, potentially not updated from time to time and kept up to date with what security threats exist out there and it’s a fast-moving environment. Cloud infrastructure actually brings that that comfort and confidence - there are examples from the industry.
For example, in the summer of 2021, the Irish health system got hacked. Parts of the system that kept working were the ones that were leveraging cloud, while the local infrastructure actually got compromised. So, the cloud actually when done properly, brings more security, rather less. But there is another aspect to the information security and that is super critical, and that’s about trust. So, I would say NHS has to do it in a way that the public have confidence in how their data will be handled, how it will be accessed, who will have access to it and how their data will be used to improve the care.

**Ellen:** Ashish we’re coming to the end of our walk. But I want to ask you to think beyond the UK. We all love our NHS and we all love sometimes criticising our NHS but, this is a topic that expands far beyond the UK, and everybody is having challenges in healthcare. So, can you say just a little bit from your perspective outside of the UK on how what we’re talking about today can affect everybody.

**Ashish:** Ellen, well said. I must say, NHS remains one of the most efficient health systems at the scale, the complexity, the diversity we operate in UK is one of the most efficient systems in the world. The challenges we talked about are actually common across most universal healthcare systems - whether you look at countries across Europe or Australia or Canada - no different. And technology really creates that avenue for our health systems to transform itself and create what should be a modern health system look like.

**Ellen:** Ashish, thank you. I think you’ve given us a lot to think about and a lot of optimism at a time when sometimes we feel a bit gloomy about this, but there does seem to be a better future ahead so thank you for joining us on our walk today.

**Ashish:** Thanks Ellen, it was a pleasure.

**Ellen:** And to all of our listeners thank you for joining us in this new series. If you’ve enjoyed us, please share, like, subscribe wherever you get your favourite podcasts. If you’re just discovering us, please do browse through our older episodes. There’s all sorts of good stuff there that still relevant-and if you have any suggestions of what you’d like to hear on future episodes do drop me a note at ellen.bencard@accenture.com - until next time!

**Outro:** Walk in the Cloud.

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