



World leader in Assurance, Insight and
Access for Digital Health Technology

TRUSTED DIGITAL HEALTH IN SOCIAL CARE SUPPORTING CITIZENS ACROSS THE SYSTEM



Liz Ashall-Payne

Founder ORCHA

DELIVERING SAFE DIGITAL HEALTH

A STORY TO START



THREE DIFFERENT PEOPLE IN YOUR COMMUNITY. ONE SHARED NEED.



Months for mental health support



Trying to stay independent at home



Navigating school and life with ADHD

Need starts today

Weeks or months can pass

Formal support begins

SUPPORT EVERY DAY IN BETWEEN

THE DIGITAL OPPORTUNITY

**6.6
billion**

People across the world
have a smart phone

That's more people than
own a toothbrush



5m

People download a Digital Health Tool every day.

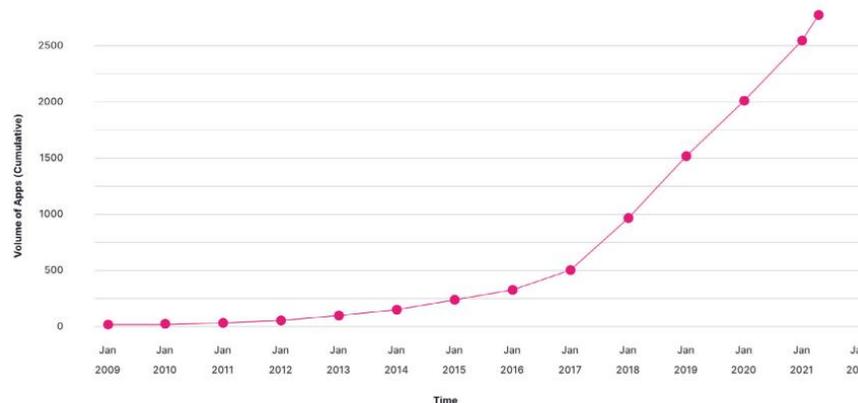
65 %

of people aged 65 years + wan to use Digital Health

93%

of Health and Care professionals believe digital
technologies can help.

Growth of Mental Health Apps on iOS & Android Stores



Top countries for health app downloads:



Research: Leaders recognise that Digital is critical to solving the crisis

Digital drives demand and capacity

Demand Drivers

- Self care and self management approach to healthcare
- Enabling access while waiting
- Support between appointments
- Preventing crisis

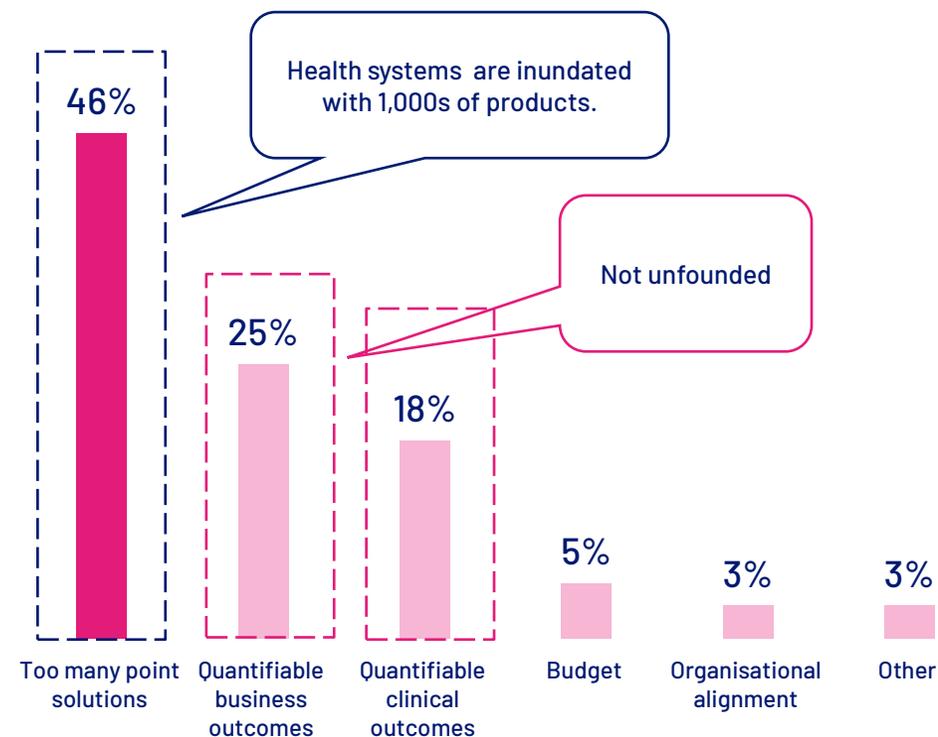
Capacity Drivers

- Automation
- Admin support
- Decision support



...but there are barriers

Despite the opportunities in digital, persistent challenges and concerns about data privacy, clinical evidence, interoperability and compliance with regulations exist as a main barrier to healthcare systems



Barriers to a Successful Digital Strategy

THE DIGITAL PROBLEM

Only

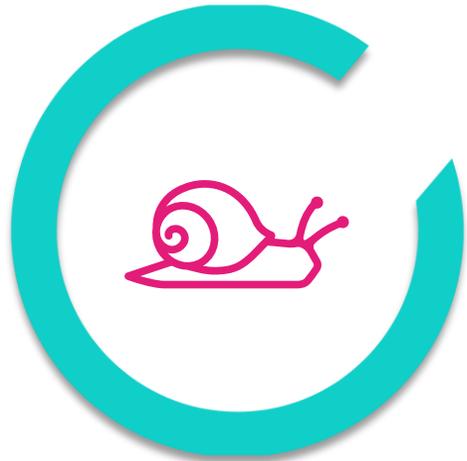
20%

of the 365,000 digital technologies **meet quality thresholds***

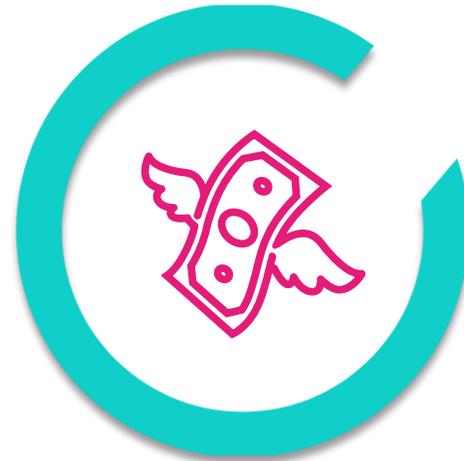


How do people - or healthcare systems - know which are safe and effective?

THE IMPACT



**Slow
adoption**



**Missed
opportunities**



**Unsafe digital
tools being
used**

THE MOMENT THAT TRIGGERED ORCHA

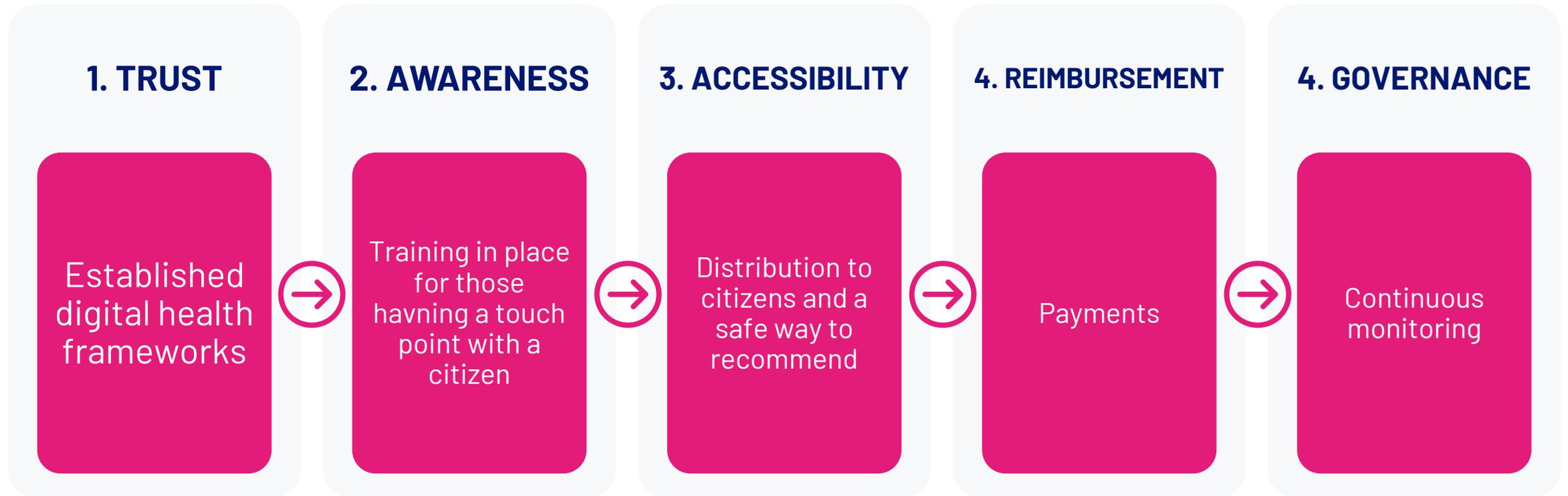
Which technologies should we recommend?

There was **no system to tell us which technologies were safe**

- ✘ No trusted evaluation.
- ✘ No consistent standards.
- ✘ No way to recommend with confidence.

WHAT GOOD LOOKS LIKE

DIGITAL WORKS WHEN IT IS: TRUSTED, CHECKED, INTRODUCED AT THE RIGHT TIME, PART OF CARE PATHWAYS



CURRENT SITUATION IN THE NHS- FRAGMENTATION



Have set the standard:
DTAC



Look at
clinical evidence



Medical Device
UKCA

THE SAFETY REALITY

Many digital technologies are not ready for clinical use...



Clinical Safety



Evidence of Effectiveness



Data Protection and Privacy



Regulatory Compliance

Frameworks do exist



But adoption sits with individual organisations

EVERYONE WANTS PROOF -

A MARK OF QUALITY



Barriers and Facilitators to the Adoption of Mobile Health Among Care and Health Professionals From the United Kingdom: Discrete Choice Experiment

Leigh S, **Ashall-Payne L**, Andrews T.

July 6, 2020



JMIR MHEALTH AND UHEALTH Leigh et al

Original Paper

Barriers and Facilitators to the Adoption of Mobile Health Among Health Care Professionals From the United Kingdom: Discrete Choice Experiment

Simon Leigh, BSc, MSc; Liz Ashall-Payne, BSc, MA; Tim Andrews, BA
The Organisation for the Review of Care and Health Applications, University, United Kingdom

Corresponding Author:
Simon Leigh, BSc, MSc
The Organisation for the Review of Care and Health Applications
Sci-Tech Daresbury, Vauxhall House, Kewwick Lane
Daresbury, W44 4AD
United Kingdom
Phone: 44 07903955592
Email: simon.leigh@orchanhs.ac.uk

Abstract

Background: Despite the increasing availability of mobile health services, clinical engagement remains minimal.

Objective: This study aims to identify and weight barriers to and drivers of health app use among health care professionals (HCPs) from the United Kingdom.

Methods: A discrete choice experiment was conducted with 222 HCPs using a web-based survey between March 2019 and June 2019. Participants were recruited to take part via social media and asked to choose their preferred option of 2 hypothetical health apps to prescribe to a hypothetical patient or to prescribe neither. Choices were characterized by differing levels of patient age, cost, published evidence bases, whether they had a National Health Service (NHS) stamp of approval, personal familiarity with the technology, and whether they were recommended by a fellow HCP. The results were analyzed using a mixed logit model, with subgroup analysis to account for heterogeneity.

Results: We received 230 responses, a total of 96.5% (n=222/230) of respondents understood the survey task and passed the test of rationality. The median age was between 36 and 45 years, and 62.6% (n=139/222) of the health care providers responding to the survey had previously recommended the use of health apps to patients. Health apps were most likely to be prescribed to patients if they had an NHS stamp of approval or if they were recommended by another HCP (both P<.001). Published studies detailing clinical effectiveness were important (P<.001), but it would take five published studies to have the same impact on prescribing behavior as an NHS stamp of approval and two studies to be as convincing as having used the technology personally. Increasing patient age and costs resulted in significant reductions in digital health prescribing (P<.001), some more so than among allied health professionals. Willingness-to-pay for health apps increased by £124.61 (US \$151.14) if an NHS stamp of approval was present and by £29.20 (US \$35.42) for each published study. Overall, 8.1% (n=18/222) of respondents were reluctant to use health apps, always choosing the I would prescribe neither option, particularly among older HCPs, nurses, and those who do not use health apps personally. Subgroup analyses revealed significant differences in preferences among HCPs of differing ages and clinical backgrounds.

Conclusions: An NHS stamp of approval, published studies, and recommendations from fellow HCPs are significant facilitators of digital prescribing, whereas increasing costs and patient age are significant barriers to engagement. These findings suggest that demonstrating assurances of health apps and supporting both the dissemination and peer-to-peer recommendation of evidence-based technologies are critical if the NHS is to achieve its long-term digital transformation ambitions.

JMIR Mhealth Uhealt 2020;8(7):e17704 doi: [10.2196/17704](https://doi.org/10.2196/17704)

KEYWORDS
digital health; mHealth; discrete-choice; preferences; mobile phone

<https://doi.org/10.2196/17704> JMIR Mhealth Uhealt 2020 | vol. 8 | iss. 7 | e17704 | p. 1
(page number not for citation purposes)

DO USER RATINGS HELP HCP KNOW WHICH ARE SAFE?

User ratings and download numbers on the App Stores are NOT good measures of a health app's quality and that patients need help in knowing more about digital health and by creating trusted lists of good apps.

OPEN ACCESS PEER-REVIEWED
RESEARCH ARTICLE

Don't judge a book or health app by its cover: User ratings and downloads are not linked to quality

Maciej Hyzy, Raymond Bond, Maurice Mulvenna, Lu Bai, Anna-Lena Frey, Jorge Martinez Carracedo, Robert Daly, Simon Leigh

Published: March 4, 2024 • <https://doi.org/10.1371/journal.pone.0298977>

Article	Authors	Metrics	Comments	Media Coverage	Peer Review
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Abstract

Introduction

Materials and methods

Results

Discussion

Conclusion

Supporting information

Acknowledgments

Abstract

Objective

To analyse the relationship between health app quality with user ratings and the number of downloads of corresponding health apps.

Materials and methods

Utilising a dataset of 881 Android-based health apps, assessed via the 30-item Health App Quality Questionnaire (HAQQ) by the Organisation for the Review of Care and Health Applications (ORCHA) as well as user ratings and downloads, we explored whether subjective user-level indicators of quality (user ratings and



THE ORCHA MODEL



Independent digital health assurance

We evaluate technologies across areas including:

- Clinical safety
- Evidence of outcomes
- Data privacy and security
- Regulatory compliance
- Accessibility and usability

Each product receives:

Assessment & Rating



Health Systems can **quickly identify trusted technologies**



WHY ASSURANCE MATTERS

Without coordinated Assurance...

Every organisation evaluates technologies individually

Which leads to...

-  Duplicated effort
-  Slow procurement
-  Inconsistent safety
-  Increased organisational risk

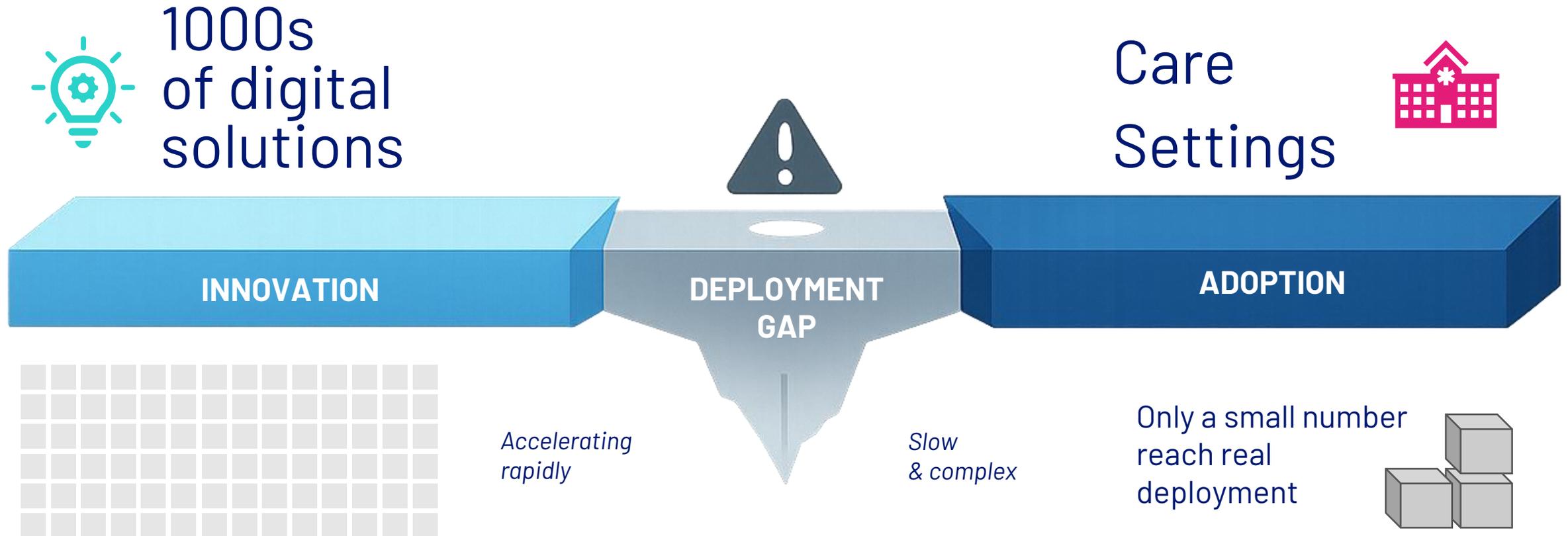
With Independent Assurance...

-  Shared independent evaluation

Meaning health systems can:

-  Adopt innovation faster
-  Adopt more safely

THE DEPLOYMENT GAP



ORCHA DISTRIBUTION



Trust alone isn't enough; the next challenge is **deployment**.

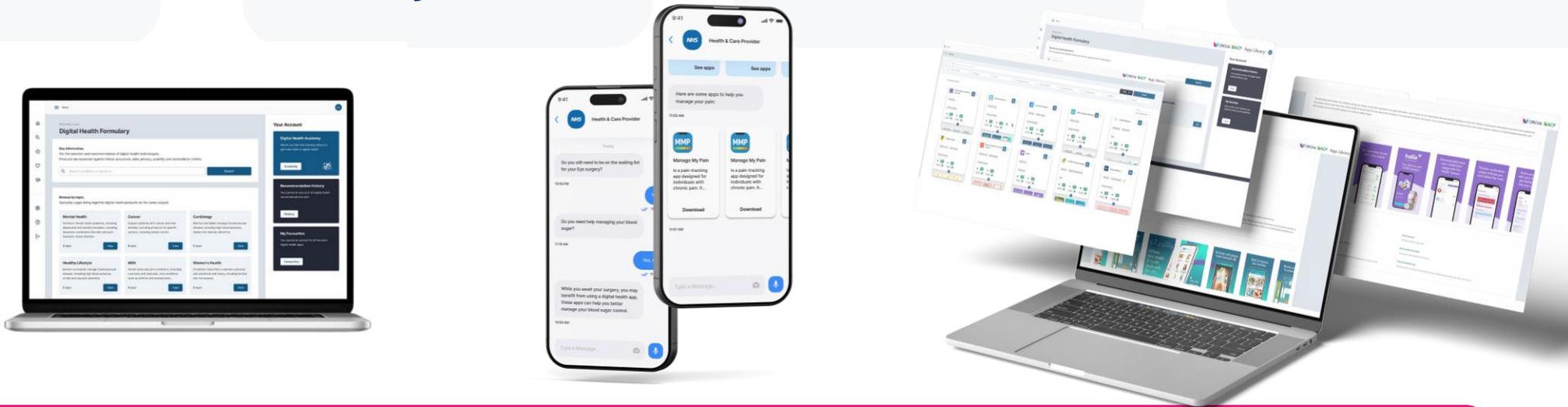
ORCHA supports distribution through:

**Citizen facing
Libraries**

**Integration clinical
pathways**
(SMS, platforms,
integrations)

**Recommendation
platforms**

**Personal access
portals**



This ensures validated technologies actually reach patients

CASE STUDY: STAFFORDSHIRE NHS AND COUNTY COUNCIL



Scaling Prevention Through Trusted Digital Health

The challenge: Rising demand for prevention and wellbeing support meant traditional services alone could not meet need without increasing pressure on frontline teams

The solution: A single, NHS and Council-endorsed **digital health platform**, giving residents and staff access to clinically assured apps aligned to local priorities

The impact:

30,000+
Library Visits

400+
downloads of NHS
Weight Loss Plan
demonstrating
behaviour change at
scale

58%
engagement
driven by social
media
campaigns



“

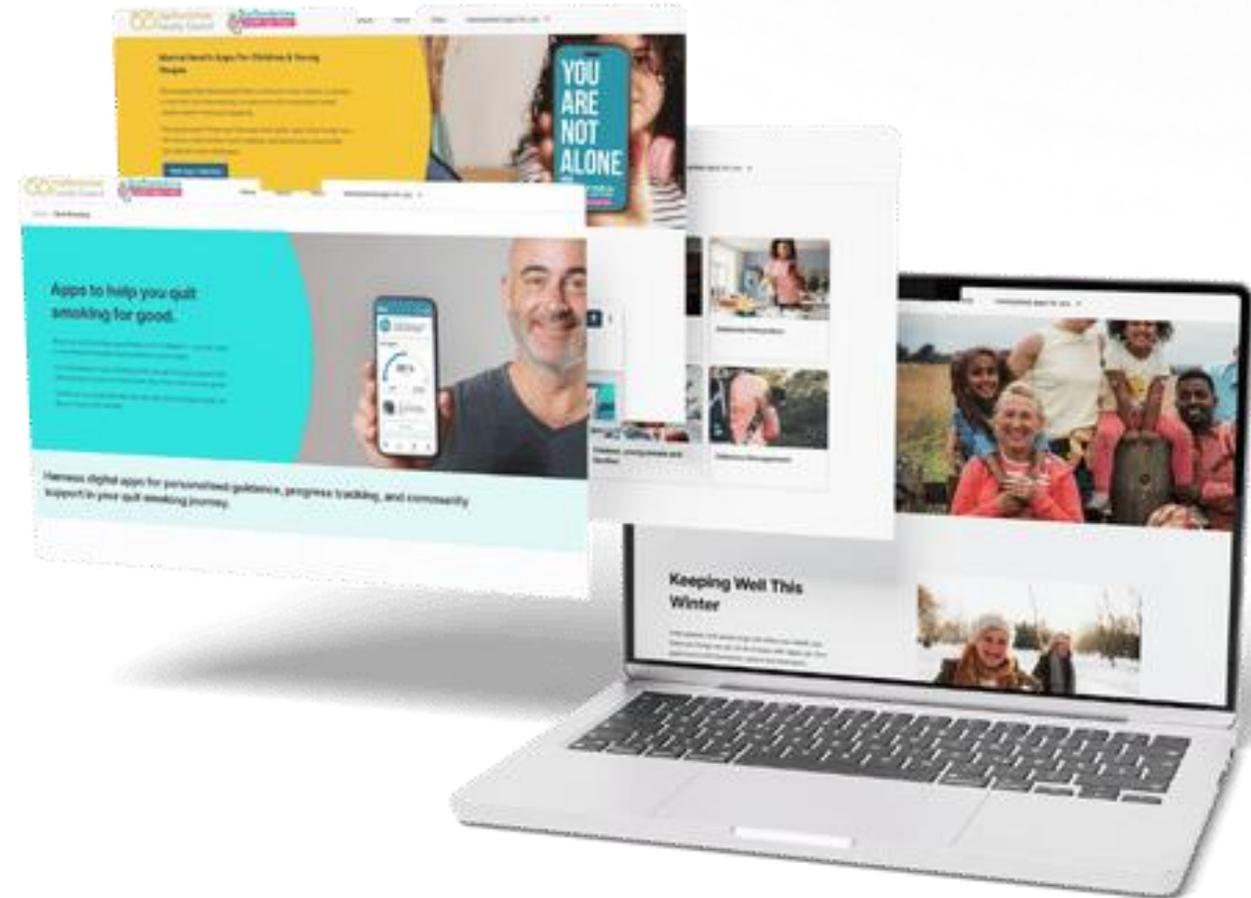
Our five-year partnership with ORCHA reflects Staffordshire County Council's commitment to using trusted digital apps to promote healthy living and support the mental health of children and young people.

Lucy Gratton, Commissioning Officer for Public Health & Prevention

”

WHAT CHANGED

- ✓ **Increased staff confidence** recommending digital tools
- ✓ **Improved** resident digital health literacy
- ✓ **Prevention** delivered at scale
- ✓ **No additional workforce** demand



CLOSING THOUGHTS

The future of care is:

Care + Trusted Digital Support + considered distribution = impact

...

**Innovation only matters
when it reaches
people safely.**

The challenge for
system leaders is *not* to
create more technology...

It is to create **trusted
systems that allow
innovation to be deployed
safely at scale.**

THANK YOU

ORCHAHEALTH.COM

+44(0)01925 606542

HELLO@ORCHAHEALTH.COM

DARESBURY, UK

VANGUARD HOUSE, SCI-TECH DARES BURY,
KECKWICK LANE, DARES BURY
WA4 4FS



@ORCHA



@ORCHA

CONTACT ME DIRECT:

Liz.ashall-payne@orchahealth.com