

Press release: Compensation rule abolished allowing victims to reapply

- victims previously denied awards can reapply for compensation as of today
- part of wider review of Criminal Injuries Compensation Scheme already underway

From today (13 June 2019) more victims of violent crime will be able to apply for compensation as new legislation comes into force abolishing the longstanding 'same-roof' rule.

It will mean that anyone previously denied compensation under the rule, or put off from coming forward because of it, will be able to make fresh applications.

The so-called 'same roof' rule, blocked victims of violent crime from receiving compensation if the attacker was a family member they were living with at the time of the incident.

It was amended in 1979 to not prevent future victims accessing compensation, but as common with many changes to the law this was not made retrospective. This has led to some victims of crimes which occurred before the law change missing out on compensation.

Ministers vowed to remove the rule as part of the government's Victims Strategy launched last year, recognising the rule's unfair impact and to allow greater access to compensation.

Victims will now have 2 years to apply to the Criminal Injuries Compensation Authority (CICA), with a dedicated team set up to provide extra support with the claim process – including a named contact to ensure applicants do not have to repeat their traumatic experiences to multiple people.

Victims Minister Edward Argar said:

The 'same-roof' rule was unfair and we recognise the impact this had on victims whose applications were refused simply because they lived with their attacker.

Whilst no amount of compensation can make up for the immense suffering caused by such appalling crimes, by abolishing the rule we are widening access to much needed support and continue to review the entire scheme so it better supports victims.

"Improving support for victims is at the very heart of this government's work, and through our Victims Strategy we are determined to improve their experience at every stage of the

justice system.

The Criminal Injuries Compensation Scheme awards taxpayer-funded payments to victims injured as a result of violent crime, paying out over £150 million to victims in 2017/18.

Victims applying or reapplying for compensation will have to meet the Scheme's other eligibility criteria to be made an award.

An ongoing review of the Scheme, looking at a range of issues raised by victims, including eligibility rules, the definition of 'violent crime', and the type of injuries that are covered, will report back later this year.

Gabrielle Shaw, NAPAC's CEO, said:

We are delighted that the 'same roof' rule has been scrapped. Given that most child abuse happens within the family and children are likely to have had no choice but to live under the same roof as their abuser, this rule was rightly viewed as deeply unfair and punitive.

It is impossible to measure the damage done by childhood abuse, but for many survivors the impacts affect their health, their adult relationships and their earning potential throughout their lives.

President of the Law Society of England and Wales Christina Blacklaws said:

This change is a welcome correction to a historical anomaly that was causing significant injustice. We are very pleased the government has made this change, as a result of which more victims of historical child abuse will be able to claim recompense for the traumas they suffered.

Notes to editors

How to apply

You can:

Same roof rule

- The so-called 'same roof rule' was part of the original (non-statutory) compensation scheme introduced in 1964
- The rule was changed in October 1979, but the changes were not made retrospective.
- The pre-1979 same roof rule applies to adults and children. Under the rule applicants are not entitled to compensation if they were living with their assailant as members of the same family at the time of the incident.

- The reasons for the rule were, broadly, difficulties with evidence in such cases, and a wish to ensure that offenders did not benefit from compensation paid to the victim who they were living with.
- The rule applies to all victims of abuse inflicted by a family member living under the same roof; this includes physical as well as sexual abuse.
- The Scheme was amended in 1979 to apply only to adults who continued to live with their attacker. Under the current 2012 Scheme, applicants can still be refused compensation if at the time of the incident they were adults living with the assailant as members of the same family unless they are no longer living together and are unlikely to do so again. This rule of the Scheme (para 20) is being considered as part of the review of the Criminal Injuries Compensation Scheme.
- In July 2018 the Court of Appeal decided that the 'same-roof' rule had unfairly denied a claimant who was abused by her stepfather the right to compensation. The government chose to not appeal this judgment, and confirmed that the rule would be removed as part of the Victims Strategy published in September.
- The legal instrument comes into effect today and will remove the pre-1979 rule from the 2012 Criminal Injuries Compensation Scheme
- New and past applicants refused an award under the pre-1979 rule will still need to meet all the remaining eligibility criteria within the 2012 Scheme.

Review

The review will examine whether the Scheme remains fit for purpose, reflects the changing nature of violent crime and effectively supports victims in their recovery.

It will consider:

- The scope of the Scheme, including the definition of violent crime for the purposes of compensation for injury, and the type of injuries that are covered by the Scheme.
- The eligibility rules including, among other things, concerns about time limits for making applications, unspent convictions, and consent in sexual offences cases.
- The requirements of the Scheme in relation to decision-making, including issues such as the level of evidence required for compensation claims, and the timeframes for accepting or rejecting awards.
- The value and composition of awards available through the Scheme, including the balance struck between serious and less serious physical and mental injuries.
- The impact of the Scheme on particular groups, including victims of child sexual abuse and victims of terrorism.
- Opportunities to simplify the Scheme.
- The affordability and financial sustainability of the Scheme.

The review's [Terms of Reference](#).

The [Victims Strategy](#), published in September 2018, sets out a series of

measures and commitments across government to overhaul the support available to victims of crime.

[Press release: UK supermarkets sign government pledge to help halve food waste](#)

More than 100 of the biggest players in food, including all of the UK's major supermarkets, have signed a pledge to take ground-breaking action to [drive down food waste following a call to action from the government](#).

Big-hitters from the world of food and sustainability including Aldi, Asda, Caffé Nero, Co-op, Costa, FDF, Lidl, Sainsbury's, Starbucks, Tesco, M&S, Morrisons, Nestlé, Ocado, UKHospitality, Unilever, World Wildlife Fund for Nature and Waitrose [have signed a pledge](#) committing to help halve food waste by 2030 and raise public awareness of the issue through a week of action.

[Currently in the UK an estimated 10.2 million tonnes of food and drink](#) are wasted annually after leaving the farm gate, worth around £20 billion. [It is estimated that UK householders spend £15 billion every year](#) on food that could have been eaten but ends up being thrown away, equating to £500 a year for the average household.

Today's announcement comes after [the government's Food Surplus and Waste Champion Ben Elliot](#) urged organisations to '[Step up to the Plate](#)' at a [landmark symposium last month](#). The event brought together around 300 key players from various parts of the food industry for a day of targeted discussion and action.

Environment Secretary Michael Gove said:

I am delighted to see so many UK food businesses commit to game-changing action to cut food waste, and I hope that others follow suit.

The UK is showing real leadership in this area, but each year millions of tonnes of food is wasted.

I want to thank our Food Surplus and Waste Champion for inspiring business to step up to the plate. Together we will end the environmental and economic scandal that is food waste.

Food Surplus and Waste Champion Ben Elliot said:

We are pleased to see these retailers committing to change. To those retailers yet to sign the pledge – why not? You have a responsibility to step up and do your bit.

We will be highlighting those who participate and those who do not. The food waste crisis can only be solved by collective action.

Stefano Agostini, Chief Executive Officer, Nestlé UK & Ireland, said:

Food waste is a critical issue, from an environmental and social perspective and one where we all have a role to play.

It is crucially important that we work together to help reduce food waste across our own operations, our supply chains and also support consumers to reduce food waste in the home.

Judith Batchelar OBE, Director of Sainsbury's Brand, said:

Food waste is one of the biggest challenges currently facing today's society and an intrinsic part of our combined response to tackle greenhouse gas emissions and climate change. At Sainsbury's it continues to be an urgent and important priority for us to tackle.

By working collaboratively with others, from suppliers through to fellow retailers, we can work to eliminate surplus waste within every part of the supply chain process and achieve the impact that we all want to see.

Dave Lewis, Chair of Champions 12.3 and Group CEO Tesco, said:

Today's announcement that over 100 UK food companies have signed up to the Step up to the Plate pledge is welcome news. The next step is for all signatories to publicly report their food waste data in line with Champions 12.3 best practice.

This will be crucial for identifying hotspots that require collective action; holding individual companies to account for the commitments they have made and for the UK delivering on Sustainable Development Goal 12.3.

Earlier this year [the government launched a £15 million game-changing scheme](#) to tackle food waste, building on its landmark [Resources and Waste Strategy](#) which sets out how the government will introduce annual reporting of food surplus and waste by food businesses.

Environment Secretary Michael Gove has invited organisations to [apply for the](#)

[second round of more than £6 million funding](#) under the government's game-changing scheme to slash food waste. We would like to see larger food businesses report their food waste transparently on an annual basis in line with UN Sustainable Development Goal 12.3. We will consult later this year on mandatory reporting for larger businesses.

The government is committed to supporting the [UN's Sustainable Development Goal 12.3 to help halve food waste by 2030, report on progress and prioritise action](#).

- Food waste in the UK totals 10.2 million tonnes per year, of which 1.8 million tonnes comes from food manufacture, 1 million from the hospitality sector, and 260,000 from retail, with the remainder from households.
- Wrap estimate that there is the potential to redistribute a further 190,000 tonnes of surplus food from the retail and food manufacturing sectors. Some of the surplus is difficult to make use of, costly in that it would need to be reworked or repackaged, and some surplus would not be edible. It is estimated that around 100,000 tonnes is both accessible and edible with the remaining being more difficult to redistribute.
- Anyone can sign up to the 'Step up to the Plate pledge' through sending a signed copy of the pledge to <http://www.wrap.org.uk/stepuptotheplate>.

[The pledge asks attendees to reduce food waste by:](#)

- setting an ambitious target to help halve food waste by 2030 in line with UN Sustainable Development Goal 12.3, report on progress and prioritise action. As a food business, adopting the WRAP and IGD [Food Waste Reduction Roadmap](#) to have half of all 250 of the UK's largest food businesses measuring, reporting and acting on food waste by 2019.
- embracing a week of action in November 2019 to highlight the changes we can all make.
- using their voice and profile to empower and encourage citizens, including the younger generation
- changing their habits as an individual to be Food Value Champion at work and at home, buying only what they need and eating what they buy.

The list of organisations that have signed the 'Step up to the Plate' pledge at the date of publication of this press notice are:

- Aberdeen Ltd.
- Aldi
- Alliance for Sustainability and Leadership in Education
- Allied Bakeries
- Apetito
- Approved Food
- Approved Food Limited
- Asda
- Bakkavor Group
- Barfoots
- Baxter Storey

- Berry Gardens
- Bidfood
- Boots
- Bread and Butter Thing
- Bread and Honey
- British Frozen Food Federation
- Café Nero
- Central England Coop
- ChicP
- Chilled Food Association
- Company Shop
- Compass Group
- Cooke Genie
- Costa
- Cranswick
- Dale Farm
- Daylesford Organic
- Denhay Farms LTD
- Department for the Environment, Food & Rural Affairs (Defra)
- Direct Produce Supplies Ltd.
- Earth Changers
- East End Foods
- Eden Project
- Ellen MacArthur Foundation
- Environment Agency
- Felix Project
- Flawsome
- Food and Drink Federation
- Food Bytes
- Foodchain Technologies Limited
- Fortnum & Mason
- Fresh Produce Consortium
- Gather and Gather
- Gen Mills
- General Mills
- Greencore
- G's Fresh Limited
- Harper Adams University
- Heckfield Place
- Hilton Food Group
- His Church
- Hummingbird Technologies
- Industry Council for Packaging & the Environment
- Institute of Grocery Distribution
- Intercontinental Hotels Group
- It's Fresh
- Karma
- Karmalicious LTD
- KP Snacks
- Lidl
- London Restaurant Festival

- Marks and Spencer
- Morrisons
- National Farmers Union
- Neighbourly
- Nestlé
- Nibsetc
- Ocado
- Old Oak Primary School
- Olio
- Plan Zheroes
- Plot Kitchen
- Rubies In The Rubble
- Sainsbury's
- Samworth Brothers
- Selfridges
- Smart Store Cooking
- Starbucks
- Sustainable Restaurant Association
- Tesco
- The Packaging Federation
- The Real Junk Food Project
- Toast Ale
- Too Good To Go
- UK Hospitality
- Unilever UK and Ireland
- Victoria and Albert Museum
- Waitrose
- Waste Food Solutions
- Wasteless
- Winnow
- World Resources International
- World Wide Fund for Nature
- WRAP

[Speech: Mandate renewal's effects on peace and stability in Mali](#)

Thank you, Mr President. Let me begin by thanking the SRSB Annadif for his very clear and objective briefing. And I'd also like to welcome Foreign Minister Dramé to the Council and we look forward to hearing from you in a few minutes' time.

Mr President, let me begin by joining others in offering my sincere condolences on behalf of the United Kingdom for the tragic deaths of those killed as a result of the massacre in Mopti region just a few days ago. I

very much agree with the Russian Ambassador when he said that the perpetrators must be brought to justice. This horrific attack highlights just how important it is for the international community and the Government of Mali to step up our collective efforts to help achieve long-term peace and stability in the country.

MINUSMA's mandate renewal offers an opportunity to make progress towards that goal. And I'd like to highlight three brief points in that regard.

First, this mandate renewal should be used to help drive forward implementation of the Agreement on Peace and Reconciliation. And this was very much a focus of the Security Council's visit to Mali just a few months ago. While I very much welcome the fact that we have seen some progress since that visit – particularly, the SRSG mentioned the draft law establishing the northern development zones and you also talked about the progress on training and the reintegration of opposition fighters – we regret that overall, the pace of implementation has slowed down in recent months in part due to political developments. We must not lose sight of the fact that there is still a lot of work to do. The United Kingdom supports the call made by France just now that those that impede implementation of the peace agreement should be subject to sanctions by this Council.

This mandate renewal offers the chance to inject new momentum into the process through the use of ambitious benchmarks to be met by the Government of Mali and signatory armed groups. From the United Kingdom's perspective, these benchmarks should include advancement on constitutional reform and decentralisation, security sector reform, the economic development of northern Mali and, as the SRSG mentioned and the Ambassador from South Africa mentioned, the meaningful participation of women in the peace process.

Second, I agree with all previous speakers that we have an opportunity now with the mandate renewal to tackle the instability in central Mali that has caused so many tragic deaths in recent months. Specifically, there is a need for both MINUSMA and the Malian Government to do more in the centre to restore State authority and protect civilians. MINUSMA has a unique role to play in the centre in using its good offices to reduce inter-community tensions – tensions that this most recent attack shows are currently all too high. On the part of the Government, there is a need for a truly comprehensive political strategy to deal with the situation in the centre in order to ensure that its efforts are effective. And from our perspective, a comprehensive solution should include the disarming of all armed actors, the restoration of peaceful relations between communities, and also the revision of the integrated security plan for the regions of the centre.

Third, Mr President, we recognise very much the challenging circumstances in which MINUSMA is operating and the UK unequivocally condemns recent attacks against MINUSMA personnel on the ground. To perform its mandate effectively in such circumstances, MINUSMA will need to further adapt to become a more flexible, agile and robust force, as recommended in the Secretary-General's most recent report. The UK commends the actions taken by the Mission leadership, including the Force Commander, to do this already, and we welcome the increase in tempo of operations in recent months.

Mr President, in conclusion, I think we should all recognise that MINUSMA is cannot be a permanent solution but a means to an end in Mali – a means to achieve sustainable peace in Mali. We welcome the steps that have been taken so far by the Government, other Malian parties and MINUSMA to foster stability in Mali, but we can see from the fact that large parts of the peace agreement remain unimplemented and that security in the centre is quickly deteriorating that more needs to be done. This mandate renewal can catalyse progress towards a more sustainable peace across Mali.

Thank you.

[Speech: The role of mediation in conflict prevention](#)

Thank you Mr. President. Let me also thank our briefers today.

The UK held an open debate during our own presidency of the Security Council in August on mediation. And we're very glad to see you taking the debate further, Mr President because we believe the mediation can and does work. We believe that properly deployed and executed mediation can help parties to resolve disputes before they are allowed to spiral into darker and more entrenched cycles of violence.

We also believe, as this Council recognized in its January 2018 Presidential Statement, that mediation has to be one element of a comprehensive conflict prevention strategy. Now, Ban Ki-moon talked about the importance of conflict prevention, of dealing with issues before they get out of control. And I know that some Members of the Security Council are concerned by any expansion of the Security Council's agenda. Of course, if we don't find ways of effective conflict prevention in countries not yet on our agenda where we have concerns, then we make it more likely that they will actually come onto the agenda. Then we have to find some way of collectively resolving this dilemma. But, at a time when the concepts of conflict prevention can prompt different responses from Security Council Members, I believe that this question on the importance of mediation is something which unites us all around which we all can find consensus. And actually, I thought that the Chinese Ambassador's intervention underlines that very point.

And let me also salute the hard work of UN Special Envoys and Special Representatives of the Secretary-General who are on the frontlines of complex negotiations in situations such as Libya and Yemen. And again, I find myself agreeing with Ban Ki-moon on the importance of standing behind our mediator when the going gets tough. Our recent press statement on Yemen, amongst other points, the Security Council reiterated its unequivocal support for the SRSR and we need to stand behind the people we send out there, even when things are difficult.

I also want to salute, as my French and Chinese colleagues have done, the role that regional and subregional organizations play. They are well placed to assume mediation roles as the African Union did during the peace talks in the Central African Republic, for example. And let me take this opportunity also to express our strong support for ongoing AU-led mediation efforts to resolve the current crisis in Sudan and their calls for a civilian led transitional authority. And it was good that the Security Council issued a statement last night standing behind African Union efforts condemning violence and calling for talks to resolve the situation.

Mr President, it is critical that the United Nations therefore retains an agile mediation capacity. The DPPA Mediation Standby Team is an important part of this prevention toolkit with a wide range of preventative diplomacy capacities and expertise including on the design and management of dialogue processes, constitution making, gender and inclusion issues, natural resources, power sharing, and security arrangements. The United Kingdom has been one of the largest donors to the DPPA multi-year appeal to support these activities.

The United Kingdom believes strongly, though, that further progress is essential on the matter of women's participation.

Mr President, women continue to build peace when formal processes fail. They lobby for peace processes to begin when parties refuse to talk and implement peace agreements long after the international donors have walked away. For this and other reasons, the United Kingdom in 2018 committed \$1.6 million to increasing women's participation in peace processes. Now the Secretary-General talked about FemWise and I'd also like to highlight the development of the Commonwealth Women Mediators Network which I believe will play an increasingly important role over coming years. More broadly, of course, peace processes including, and involving, women fully are more likely to be inclusive, therefore, of all groups and of the grassroots and therefore more likely in turn to succeed. So this is about success, Mr President.

Mr President, your concept note for today's meeting states that this Council's "reactive" approach to crises means that action is often taken only once political and security situations have already deteriorated. Now, regrettably, it is difficult to disagree with that assessment, but I'm grateful we have an opportunity today to pause and consider. Let me give an example of a country level issue and a thematic issue where I think we could be thinking about these issues.

At the country level, the deteriorating humanitarian situation in the northwest and southwest regions of Cameroon is an example of a developing crisis which has implications for fragile regional stability and wider international peace and security. But, where there may be scope to prevent further deterioration through quick action by the United Nations and regional and subregional bodies – including in particular of course the African Union and ECCAS – to encourage and support efforts to establish a credible political dialogue, the United Kingdom is open to working together with all parties, all organisations, to try and find solutions.

And on a thematic issue, may I also note Mary Robinson's words on behalf of The Elders on climate change. And I agree very much that this is an increasingly concerning driver of instability. That's why the United Kingdom called the first Security Council debate on the impacts of climate change on peace and security in 2007. It's why we authored the groundbreaking resolution on the Lake Chad Basin and its root causes, which include climate change. And let me take the opportunity to inform colleagues that the United Kingdom has today announced that we will reduce our emissions to net zero by 2050 and will enshrine that in our law.

Mr President, when this Council embraced the concept of sustaining peace and Resolution 2282 of 2016, it recognized the shared responsibility of all three pillars of the United Nations to act – to prevent the outbreak, escalation, continuation, and recurrence of conflict. As Members of the Security Council, we too have a shared responsibility to act, to come together on the basis of these commitments, to continue to strengthen our approaches and, with the support of others, the rest of the United Nations system in the area of conflict prevention and mediation. Mary Robinson shared some wise quotes from Kofi Annan. Let me end with his words that we need to keep hope alive and strive to do better.

Thank you, Mr President.

[Speech: Embracing AI and technology to improve patient outcomes](#)

I know that my boss Matt Hancock and the brilliant Matthew Gould, CEO at NHSX, have already spoken this week about our immediate plans for NHS healthtech.

So I get the very best slot – looking a bit further forward at the future of the NHS.

All of us here will know someone living with cancer, heart disease, diabetes or an equally debilitating – and too often preventable – illness.

Diabetes costs the UK economy £23.7 billion, cardiovascular disease costs £29.1 billion, cancer £18.3 billion, mental illness £94 billion.

Of course, those statistics cannot possibly convey the scale of suffering – often hidden suffering – they represent.

As the NHS turns 71, we should be incredibly proud of its achievements: an extraordinarily dedicated workforce, delivering world-leading care. And, of course, underpinned by some of the most forward-thinking medical researchers and innovators in the world.

But, as the percentage of our population living with chronic and complex illness rises inexorably, we must also face the fact that, while NHS care will save your life, it will also consume your life if you have a long-term condition.

It was never designed to deal with the huge growth of chronic disease which now represents well over 80% of all healthcare spend.

The present healthcare system is still too much a sickcare system. Largely bricks and mortar where people who are sick or acutely ill come to be seen and treated by medically trained people.

This made sense when a stroke or a heart attack or an HIV diagnosis was a death sentence in most cases but, while tremendous progress on diagnosis and treatments has changed that prognosis, care delivery structures have struggled to keep pace with quite how differently patients experience healthcare today.

At the moment, if someone doesn't feel well, they may see their GP, have a few preliminary tests and follow-up appointments. If that doesn't solve the problem then they will be referred to a hospital specialist, have a few more tests or scans, have those results looked at, and then receive the necessary treatment.

Even if the condition is relatively straightforward to diagnose this can take a long time. And navigating that process – when you're sick – can be a confusing, frustrating, anxious experience. The longer it takes, the sicker you get.

If you have a rarer or hard to treat disease like me, that process can stretch to years. In my case, it took me 30 years to get a diagnosis and a few more until my condition could be considered well-managed.

During that time – when I was undiagnosed, misdiagnosed and unmanaged – I was not only pretty miserable a lot of time, but I was costing the NHS a fortune in inappropriate tests, repeated trips to A&E, my GP and a merry-go-round of specialists.

The parts of the NHS that have begun to change this are those that have shifted their perspective to design their systems from the perspective of the patient.

Tower Hamlets is one of the most deprived parts of London, where the social determinants of ill health – unemployment, poor housing, debt, isolation – are all around.

For 2 decades, Bromley by Bow Health Centre has been pioneering a uniquely holistic, and tech-enabled combination of integrated medical care and social prescribing. From rolling out tele-care, video consultations and self-care, like the diabetic care packages enabling patients to self-manage their condition, to digitally referring patients for debt advice, language courses or art therapy.

This shift in focus, from just treating the presenting illness to actually helping the patient understand the drivers that impact their chronic condition better, means they can play a more active role in managing it.

The seamless integration of healthtech into day-to-day practice at the health centre means precious time is saved during appointments, patients are far more effectively monitored and managed and doctors have more capacity to be human.

This means getting involved in health rather than just sickness, supporting and coaching patients in relation to their sleeping, eating, smoking, drinking and exercise as well as all aspects of managing their condition properly, such as adherence to medication.

The aim is to proactively keep them well, rather than react when they become ill.

It's also not just about telling them what to do (most people who smoke know that it's bad for their health). It's truly engaging them, providing them with both the information and the smart tools so they can closely monitor themselves.

They can have devices that will constantly measure the likes of their heart rate, blood pressure, breathing, weight or activity levels. Indeed, many of us already do. I daily monitor my heart rate and blood pressure using apps in order to titrate my medication – this is my normal. Just as it is for diabetics, kidney patients and many more patients with chronic conditions. In the future, though, this will become normal for healthy patients.

We're essentially talking about a 24-hour connection between the patient and those monitoring them. Patients have to live with their condition 24/7 and their care should reflect that.

One study which is thinking about healthcare in this way is the Technology Integrated Health Management (TIHM) Testbed for Dementia.

This uses a network of internet-enabled devices installed in a person's home, in combination with artificially intelligent systems (AIS), to enable clinicians to remotely monitor patients' health round the clock. This is helping to improve support for people with dementia – and their carers – so they can remain more independent within their own homes.

The vision I'm sketching is one where, for instance, a GP uses their tablet ultrasound to make a movie of a patient's beating heart – companies like Ultromics are demonstrating solution like this. When irregularities are flagged, the GP shares this immediately with a cardiologist to diagnose the patient and set up a care plan there and then.

There's no need to make an appointment in weeks or months – the issue can be dealt with in real-time. This is what we have become accustomed to when booking flights, doing our finances or shopping online.

As a patient 'in the system' I can tell you nothing is more frustrating than

the tempo of appointments – to stay on a specialist’s list you accept a distant appointment 6 or 12 months in advance, when you may or may not be unwell. Happily it’s an eminently solvable problem.

Companies like DrDoctor and others have already helped hugely but we will go further to deliver the NHS Long Term Plan commitments for digital-first primary care and redesigning outpatient care and, of course, the embedding of AI for diagnostics. Starting with the 5 new centres of excellence for digital pathology and imaging, which are working to cut down manual reporting to free up more staff time for direct patient care in the NHS and find new ways to speed up diagnosis of diseases to improve the outcomes for patients.

We know it can be done though. East London, for example, established e-clinics to improve management of chronic kidney disease and reduce end-stage renal disease.

The new service supports timely provision of advice from the hospital specialist to the GP, to enable better management of the patient either in the community or with more specialist care where needed.

A single pathway from primary to secondary care, with rapid access to specialist advice provided by consultant-led e-clinics have transformed the way the outpatient service is delivered.

Since the e-clinic began in December 2015, 50% of referrals are managed without the need for a hospital appointment. The average waiting time for a renal clinic appointment has fallen to 5 days, from 64 days in 2015.

We know patients will still need specialists with expert knowledge, but the patient and specialist don’t need to be in the same space at the same time. A network of connected care means several experts can look at the case simultaneously. This would enable the early diagnosis of health issues by constant monitoring before they become more serious.

Not only will this help the patient, reducing long waits for diagnoses, but it will also free up time for clinicians, ensuring they can spend their time caring for patients quickly rather than waiting on admin or logistics.

Even the sickest patients can benefit.

In a US trial, 766 cancer patients at Memorial Sloan Kettering Cancer Center in New York, tested an app reporting in real time their symptoms and side effects while undergoing chemo.

The app allowed doctors and nurses to monitor a patient’s recovery and follow up with additional treatment options. If a patient’s side effects were severe or worsening, nurses received an email alert so they could call the patient to follow up, or make sure a doctor reached out to the patient later.

In Basch’s study, patients with metastatic cancers who were undergoing chemotherapy and used the tool routinely during the study, lived an average of 5 months longer than patients who did not use the tool. They experienced a better quality of life and had fewer visits to emergency rooms and fewer

hospitalisations.

By introducing a simple electronic tool, we remove that barrier through systematic, proactive collections and communications of patients' symptom data. This improves relationships between patients and clinicians because it eases communication and enables focus on those problems that really matter during encounters. These findings are now being confirmed in a larger clinical trial.

This will be normal practice within 10 years. The idea of maintaining people's wellbeing rather than reacting to an episode makes sense. It will be hard changing a system that is hard-wired to be more reactive, but that's how it will be in the future.

The NHS is engaged in one of the largest digital health and social care transformation programmes in the world, with investment of more than half a billion pounds a year nationally and a significant additional spend locally within hospitals, mental health services, primary care networks and across populations.

We all know the challenges this presents.

First, we need to get the basic infrastructure right so the data that feeds AIS is in the right format and is appropriately protecting.

This is why NHSX is so focused on open standards, as set out in our [tech vision](#) last year.

Second, we need to make sure that the staff (healthcare professionals, managers, commissioners) have the skills that they need to feel confident using or procuring emerging technologies.

This is why we are so committed to working with Health Education England to work on implementing the recommendations of the [Topol Review](#), supporting the NHS Digital Academy which is delivering great things for CIOs across the system, and why we're so pleased that our [interim people plan](#) is out. People are at the heart of the NHS and technology must not change that.

Third, we need to work to encourage uptake. The average time it takes for new technologies to percolate through the NHS is 17 years. With the pace of technological development now, this is not viable.

We need to make sure that once a technology has been proven to deliver benefits to patients or the system, we help it save and improve lives as quickly as possible while still protecting patient safety.

This is why NHSX is coming together and working with the Accelerated Access Collaborative to make that pathway from ideation through to implementation at scale far more streamlined.

A major step to making this change has been to set up NHSX, a new joint team working to accelerate the digitisation of health and care.

NHSX is committed to creating an environment for innovation to flourish, with products for citizens and staff built by the market wherever possible and a focus on supporting the system to set standards and raise capability, both in skills and technology.

To deliver this vision, NHS organisations have to buy the technology they actually need, not just what the market wants to sell them.

NHSX has 3 delivery priorities, which are focused on how we can make things better for patients and staff as soon as possible.

These are:

1. cutting the amount of time that clinicians spend inputting and accessing data in NHS systems
2. making it easier for patients to access key NHS services on their smartphone
3. ensuring essential diagnostic information can be accessed safely and reliably, from wherever a patient is in the NHS

However, it is not just about improving systems and making more cutting-edge tech available. To be able to make the NHS work seamlessly in the digital age, we have to think about the ways we use data.

This is another priority for NHSX – to create a data-driven ecosystem. Not only allowing patients to have better access to their own data, but ensuring relevant clinical, genomic, phenotypic, behavioural and environmental data from a range of sources can be circulated between patients, clinicians and care systems.

In such a closed-loop system, actionable advice could be given to people before problems become significant and demand for services could be predicted in advance. Proactive not reactive.

That's not to say that data isn't already being used in highly innovative ways within the NHS and other healthcare organisations around the country. I'm sure countless examples have been spoken about already at this event.

Early results from our 'state of the data-driven ecosystem' survey show that:

- 51% of those developing AIS solutions are building them for people with long-term conditions
- 72% are developing for clinicians
- and while 58% are developing with the purpose of improving quality of life, and improving the experience of care, 76% are developing with the intention of improving system efficiency

Just last week I was speaking to the extraordinary researchers at the Institute of Cancer Research about the potential for AI to improve the speed and accuracy of drug discovery.

As part of their work they have created a database that uses AI to discover the cancer treatments of the future. Their system called canSAR is the

biggest disease database of its kind anywhere in the world, with almost 5 million experimental results.

It is freely available to help researchers worldwide and is already driving dramatic advances in drug discovery to identifying 46 potentially “druggable” cancer proteins that had previously been overlooked.

We have a responsibility to capitalise on these opportunities and ensure we do not miss our chance to save lives and money, but we must do this in the right way within a standardised, ethically and socially acceptable framework.

The fair and ethical use of health data by researchers and commercial partners can deliver better patient outcomes, improve safety, and contribute to a thriving economy. However, while we promote the latest data-driven scientific advances in healthcare, we must always ensure that patient data is respected and properly protected – and the people it is linked to.

Getting these foundations right matters hugely, 62% of those who have completed our survey thus far are using personal data to develop their AIS solutions and 49% got access to this data from NHS acute hospital trusts, yet only 38% believe that the trust is the data controller and nearly 30% of respondents don’t know what type of commercial arrangement they have in place – highlighting how much confusion exists in the system.

To ensure the ethical and fair use of health data by researchers and commercial partners, last December we published 5 guiding principles for the use of NHS data, along with plans to establish a national centre of expertise that will provide NHS organisations with high-quality commercial and legal expertise.

We have since road-tested and developed these principles and plans for the centre in partnership with a wide range of stakeholders from across NHS organisations, academic research, medical research charities and the life sciences industry.

We plan to publish an update and next steps on this work shortly, ahead of a full policy framework for data-sharing partnerships later this year.

I am delighted that we are able to work with real experts in this space, such as Natalie Banner from Understanding Patient Data, leading on phenomenally important participatory research designed to ensure that the ecosystem we are creating keeps society in the loop by making use of research methods that keep people regularly engaged throughout the design process.

I am excited to talk to her about how we, in the centre, can learn from her expertise – and that of others – to ensure that we maintain public and clinician trust as we move towards this data-driven future.

Because I know that, like me, each and every one of you here today believes that data can save more lives and wants to play your part in ensuring it does.