

The digital interface is ready to see us all now....

COVID-19 has overwhelmed healthcare systems which will be felt for many, many years to come. 'We' (the patients, healthcare staff, students, policy makers, funders, researchers, leaders, managers, politicians) have witnessed the brutal reality of early intervention with disease prevention and control, stratification, and personalised medicine for people with COVID-19. Whilst this has been highly appropriate during the initial stages of the COVID-19 pandemic, the lessons learned, and unlearned, can be readily applied to noncommunicable diseases and conditions such as diabetes, cardiovascular disease, and acute and persistent pain states.

A renewed focus on the prevention, spread and early care of people with pain states such as musculoskeletal or neuropathic pain is one of our collective challenges during this transitioning period following the initial stages of COVID-19 cases. During the pandemic we have facilitated innovation and enhanced digital access across healthcare services to meet these challenges. The prevention and/or early care packages for people with painful conditions through digitised healthcare could lead to people having enhanced control of their symptoms (Bhattari and Philips, 2017; Solomon and Rudin, 2020).

This digital focus is not without its challenges. The 'new' digital (re)evolution has meant some patients, students and healthcare clinicians may now be at a disadvantage to effectively assess, manage and support those with painful conditions. This disadvantage may occur through examples such as incurred costs to access digital health platforms, digital illiteracy and confidence using digital platforms for some patient groups. 'We' need a continued, and in some areas an enhanced, collective emphasis to ensure access, training and ongoing support for all those that engage with these enhanced digital services. For example, the English Longitudinal Study of Ageing (ELSA) Covid-19 Sub study (June 2020) collected data on the impact of the pandemic on internet use among people aged 52 years and above in England. People aged 50-64 years (88%) and 65-74 years (75%) in England use the internet every day or almost every day. This is compared to under half (46%) of those aged over 75 years.

Others use it less often, but among those aged 75 years and above, more than two out of five (42%) do not use the internet because of reasons such as reduced accessibility and training support

The COVID-19 impact inquiry from the Health Foundation (2021) has provided excellent insights into the United Kingdom's recovery and collating information on how and what good health 'looks-like'. However, 'we' will require further steps forward in our understanding of how digital technology can positively shape access, equity and enhanced outcomes across different patient populations. A key point will be helping to facilitate interest in digital health in people with persistent pain, and helping those individuals to see the potential digital healthcare tools hold for managing persistent pain.

The highly anticipated and welcomed NHSx (2021) 'What Good Looks Like' Framework sets out a direction for digital health success in National Health Service (NHS) systems and organisations in England. How this translates to operational development and clinical transformation across diagnostics and therapy services, intertwined with our continual strive towards individualised care for those experiencing pain will be watched with great interest. Clearly, an inclusive, collaborative and 'joined-up' strategic planning and mobilisation of digital services across central, regional, and local sectors can achieve enhanced outcomes for all.

The role of research and development which translates to knowledge transformation and education initiatives for patients, healthcare staff, students and industry will be a fundamental part of the strive towards digital success. Higher education, healthcare and business sectors should now, more so than ever, enhance their partnership working to design, develop and evaluate digital healthcare to address the needs of patients experiencing pain. Furthermore, effective forward planning responding to emerging needs rather than just reacting to existing needs, can create greater flexibility and capacity for services such as musculoskeletal clinical services. Forward steps have commenced with funding streams such as the Digital Innovations for Musculoskeletal Health (NHSx, 2021). Further, enhanced stakeholder (patients, carers, and industry) engagement with higher education health and social care learning, 'real-world' digital data collection, synthesis and analysis can upskill future workforces and support the transformation of clinical services.

We should not be guarded; digital healthcare platforms are here to stay and we will see continued growth and development for healthcare services. Whilst they bring a distinct set of advantages to a person's healthcare experience, 'we' must continue to enhance partnership working across all stakeholders to ensure success now and in the future. Quality assurance and governance mechanisms will be integral parts to early stage and individualised digital healthcare. We will require careful consideration on how digitised health platforms should be facilitated and at what stage(s) of a person's healthcare journey. In addition, making evidence informed decisions of who should access these platforms to enhance our health outcomes is necessary. Consolidating, synthesising, and evaluating data outputs, what we have learnt, and unlearned, during the transitional stage of this health pandemic will support the digital success for the patients in our care.

Digital healthcare and technology have the potential to transform a person's understanding, control, assessment and management of their symptoms. A joined-up approach is clearly indicated to ensure strategic visions are met on the operational frontline. The pace of digital healthcare is increasing rapidly but we must not lose sight of who will be utilising this opportunity and whether it can live up to its potential of positively transforming healthcare. Stakeholders across healthcare, academia and industry sectors have a unique opportunity to work together to grow and develop these digital platforms to benefit us all.

References

1. Bhattarai, P. and Phillips, J.L., 2017. The role of digital health technologies in management of pain in older people: An integrative review. *Archives of gerontology and geriatrics*, 68, pp.14-24.
2. English Longitudinal Study of Ageing (ELSA). <https://www.elsa-project.ac.uk/covid-19>. Accessed 15th August 2021.
3. Fayaz A., Croft P., Langford R., Donaldson J., Jones G. (2016) Prevalence of chronic pain in the UK: a systematic review and meta-analysis of population studies. *BMJ Open*;6.
4. The Health Foundation (2021). COVID-19 Impact inquiry. <https://www.health.org.uk/what-we-do/a-healthier-uk-population/mobilising-action-for-healthy-lives/covid-19-impact-inquiry>. Accessed on 20th August 2021.
5. NHSx (2021). What Good Looks Like Framework. <https://www.nhsx.nhs.uk/digitise-connect-transform/what-good-looks-like/what-good-looks-like-publication/>. Accessed on 31st August 2021.
6. Solomon, D.H. and Rudin, R.S., 2020. Digital health tech-

nologies: opportunities and challenges in rheumatology. *Nature Reviews Rheumatology*, 16(9), pp.525-535.

Mr. Michael Mansfield. MSc BSc (Hons)

HCPC MCSP MMACP FHEA

Lecturer Musculoskeletal Physiotherapy

School of Sport, Exercise and Rehabilitation Sciences

College of Life and Environmental Sciences,

University of Birmingham

Edgbaston, Birmingham, B15 2TT, United Kingdom.

m.mansfield@bham.ac.uk

Prof. Cormac Ryan

Professor of Clinical Rehabilitation

School of Health and Life Sciences

Teesside University

Middlesbrough, TS1 3BA, United Kingdom

c.ryan@tees.ac.uk