Dear Norman,

Thank you for your letter of 27th February 2019 about wearable technologies. The Department of Health and Social Care works across Government and the health service to deliver the Prime Minister’s mission to “Use Data, Artificial Intelligence and Innovation to transform the prevention, early diagnosis and treatment of chronic diseases by 2030”. Last month the Department published the second iteration of the Code of Conduct for data-driven technology, to enable the development and adoption of safe, ethical and effective data-driven health and care technologies.

The Department recognises the potential for the use of wearable technology to reduce behaviours that lead to preventable conditions, and our work on this falls into two main categories, prevention and research.

Firstly, prevention sits at the heart of the National Health Service (NHS) long-term plan, but we need to upgrade how we deliver prevention in an era of internet-first and digital-first expectations. The government’s ambition is to use new approaches to explore how digital technology can be used to offer individuals precise and targeted health advice. https://www.gov.uk/government/news/health-secretary-launches-prevention-is-better-than-cure-vision

To this end, I have asked Public Health England (PHE) to bring together and coordinate a range of experts to build, evaluate and model predictive prevention at scale.

This work will aim to use appropriately safeguarded behavioural and health data from new and existing sources, including that available from wearable technologies, to change the conversation we are having with individuals about their health. It will aim
to more efficiently and effectively identify those at increased risk of adverse health outcomes and tailor advice and interventions to their individual requirements. These will then be delivered at the right time and in the right way for the individual to support sustained action and positive long-term health outcomes. This work will complement and strengthen existing public health programmes.

Secondly, on research, the Department of Health and Social Care funds research mainly through the National Institute for Health Research (NIHR). The usual practice of the NIHR and other research funders is not to ring-fence funds for expenditure on particular topics. The NIHR welcomes funding applications for research into any aspect of human health, including nutrition, diet and lifestyle and the impact that it can have on preventable conditions.

The NIHR’s funding for research includes support for research infrastructure in the NHS providing the expertise and facilities the NHS needs for first-class research. In 2017-18, the NIHR research infrastructure was supporting more than 15 projects involving wearable technology across wide variety of interventions. Examples include a project being supported by the NIHR Cambridge Biomedical Research Centre (BRC) undertaking an evaluation study to explore the sensitivity of a novel biosensor device (armband) for measuring physical activity in subjects with COPD and Asthma. The Sheffield BRC was undertaking a project to optimise wearable technology for remote diagnosis and monitoring of sleep disorders. Researchers at the NIHR Imperial Patient Safety Translational Research Centre and the NIHR Imperial BRC have been jointly working on a project to optimise the identification of acute deterioration and sepsis through wearable sensors and digital alerting systems.

I hope you find this response helpful.

Yours ever,

MATT HANCOCK