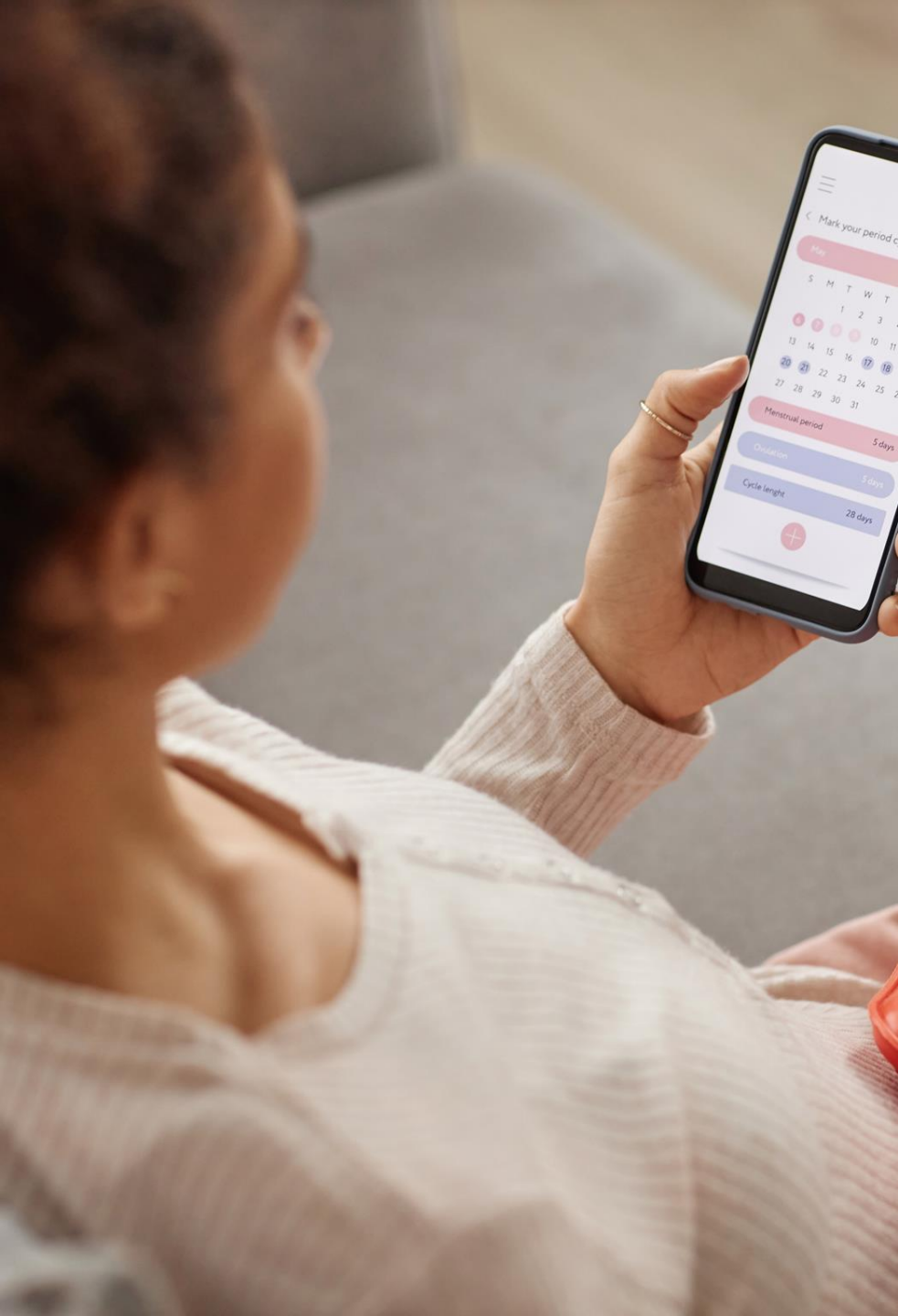


RIDING THE TSUNAMI: MAKING SENSE OF THE REAL HEALTH DATA IN OUR HANDS

LIZ ASHALL-PAYNE
FOUNDER

TOM MICKELWRIGHT
MEDICAL DIRECTOR



What do we mean?

- **The real data revolution isn't in hospitals—it's in our pockets.**
Today's “tsunami” of health data is generated not by clinicians, but by patients themselves through mobile apps and wearables.

- **We've built systems for EHRs—but are unprepared for consumer-generated data.**
Health systems still lack the frameworks, policies, and tools to safely and effectively integrate this rapidly growing source of information.

Step 1
Plan for the
Tsunami

THE DIGITAL OPPORTUNITY



6.6
billion



People across the world
have a smart phone

That's more people than
own a toothbrush

Top countries for health app downloads:



5m

People download a health app every day.

93%

of clinicians believe digital technologies can help.

65 %

of people aged 65 years and above want to engage with
Digital Health

The Scale and Nature of the Tsunami

- Over 350,000 health apps exist today—and counting. These span everything from fitness and sleep to mental health, chronic disease, and remote monitoring.
- Real-time, real-world insights are possible—but only if we're ready. Data from these tools could transform prevention, personalization, and population health strategies.



THE DIGITAL **PROBLEM**



Only

20%

of the 365,000 DHTs to choose from meet quality thresholds.

How do people or healthcare systems know which ones are safe and effective and therefore which to buy?

Step 2
***Build Trust and
Transparency***

Example Digital Health Assessment Frameworks

There are multiple digital health frameworks globally ,



The DTAC



ISO-82304-2



Mindex



DiGA



mHealth Belgium - Validation Pyramid



NORDIC Baseline Review



Developed by:
ACP ata

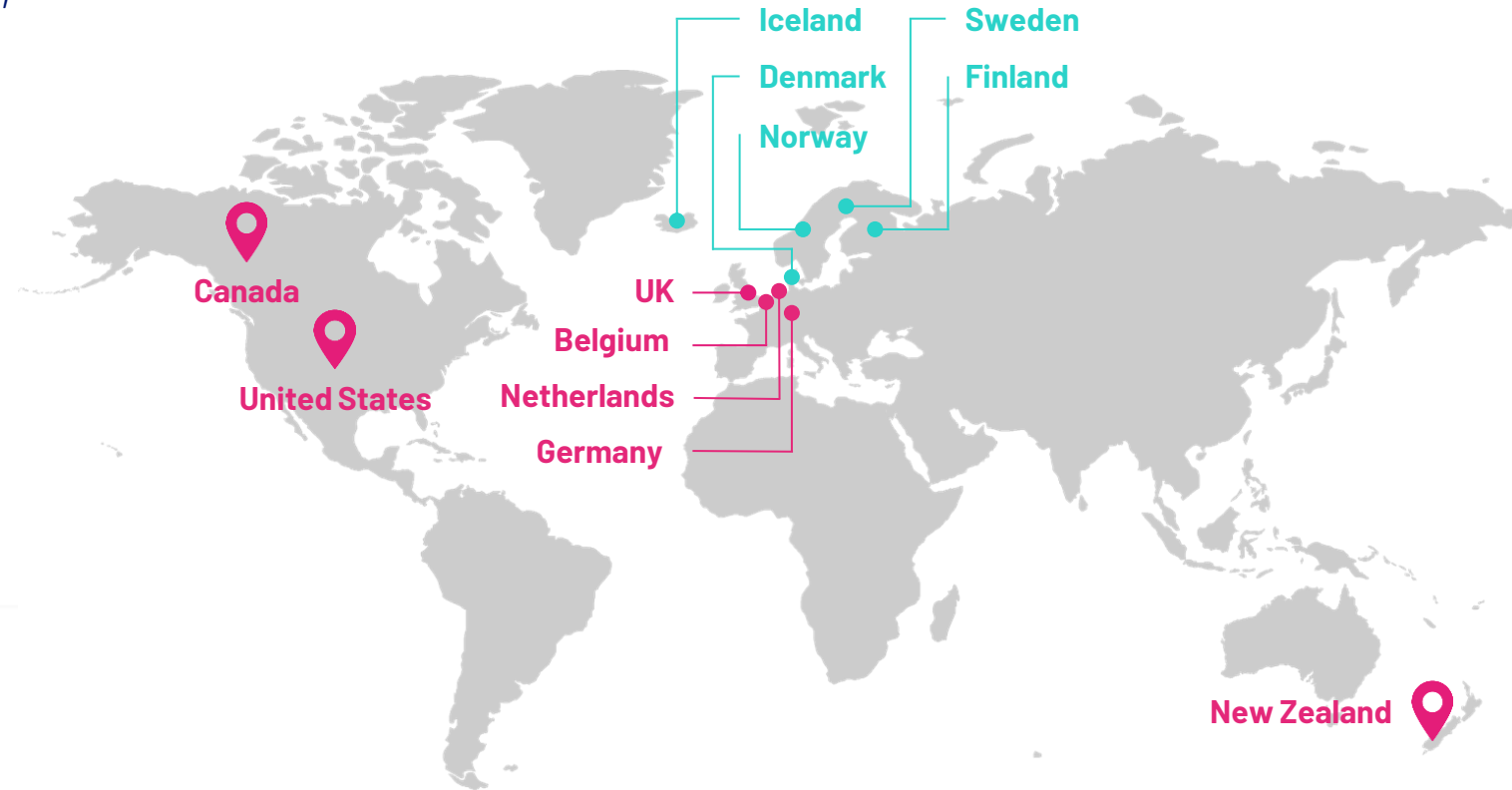
USA DHAF



Belgium



Canada



GLOBAL BASELINE REVIEW (OBR)



Data & Privacy

- GDPR HIPPA
- Privacy Policy
- Data Use
- Data Storage
- Existing Standards (ISO 27001)

Professional Assurance

- Medical Device Status and Conformity
- Evidence and Effectiveness
- NICE Evidence Standards Framework
- Clinical Involvement

Usability & Accessibility

- Apple HIG / Android App Quality
- WCAG 2.0 AA / WCAG 2.1 AA
- ISO 9241
- Bug Management



This Global Review has been adopted globally and has been used to assess 27,000 products and has been through 7 iterations.

Digital Technology Assessment Criteria (DTAC)

The Digital Technology Assessment Criteria (DTAC) is an assessment criterion for the commissioning of digital health technologies across the NHS and social care services.

The DTAC includes criteria covering:

- Clinical safety DCB0129
- Data protection DPIA
- Technical assurance including Pen testing Cyber Essentials Interoperability SOC2

For a digital health product to pass the DTAC, it must meet all requirements in each of the above areas.



NHS^x

Digital
Technology
Assessment
Criteria



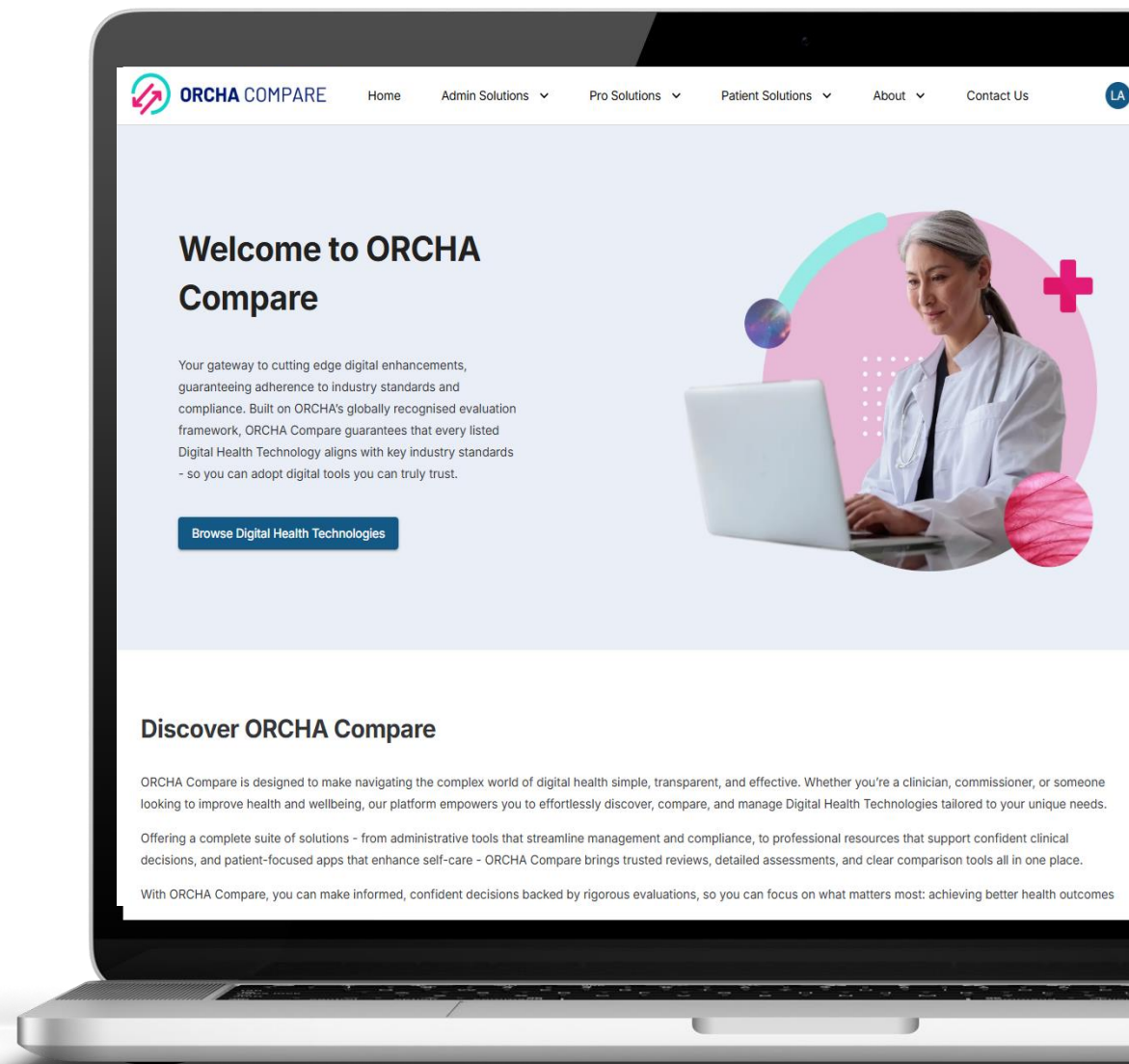
Risks Without Governance

- **Without oversight, there's chaos—not innovation.**
Many apps have poor evidence bases, lack clinical input, and pose real risks if used unregulated.
- **Trust and safety must be non-negotiable.**
Just as medicines are regulated, so too must digital tools be vetted for efficacy, privacy, and equity.



Introducing ORCHA ...

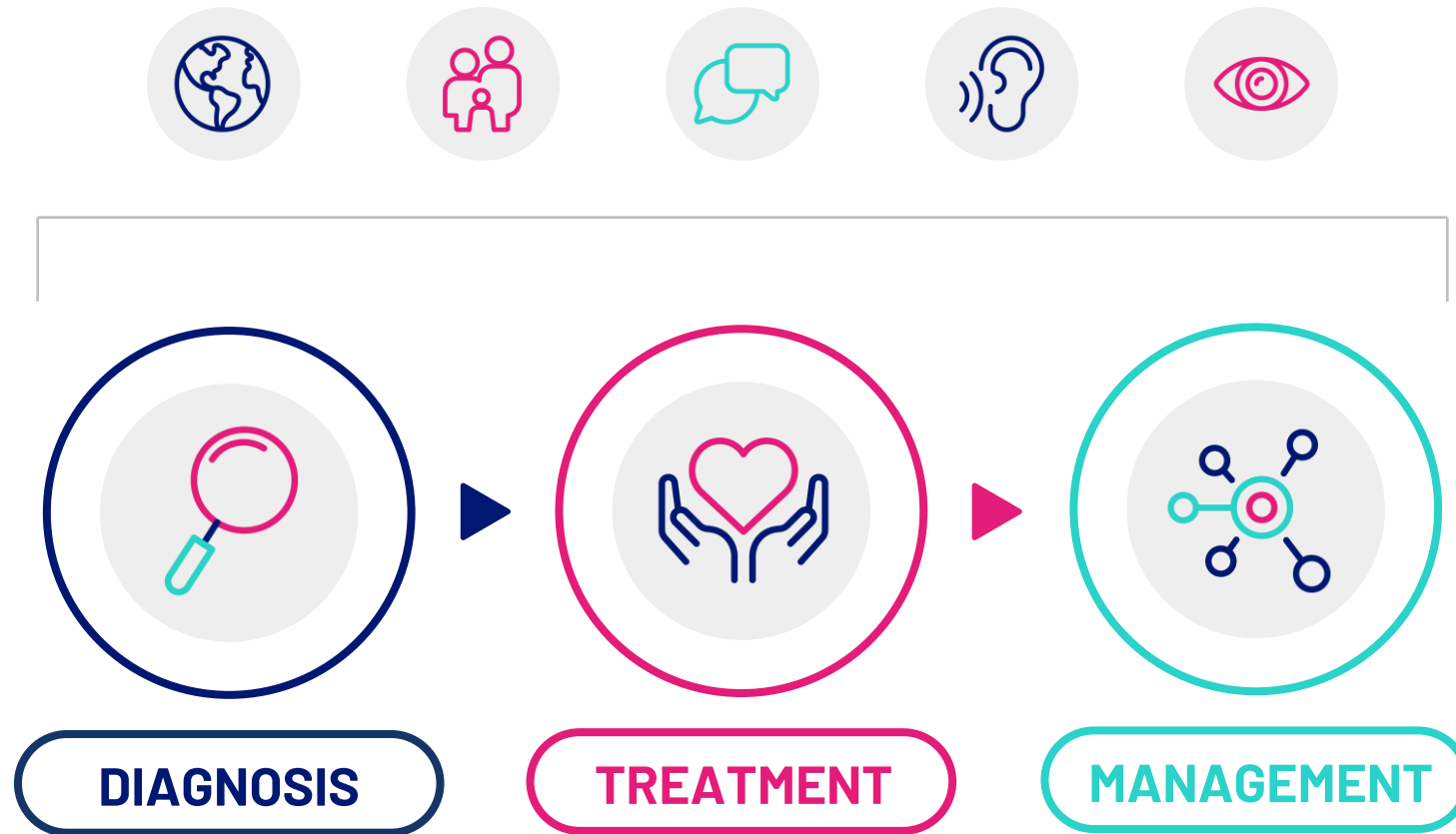
- **Compliance Made Easy**
Verify digital health products quickly and affordably with Compare's access to 2,600+ assessed apps and on-demand compliance checks.
- **Clear Market Insight**
Easily find and compare digital solutions using DHIP's comprehensive, up-to-date database tailored for NHS needs.
- **Faster Procurement**
Speed up decisions with side-by-side comparisons of compliance, functionality, usability, and cost—reducing duplication and boosting confidence.



Step 3

***Think Pathways not
products , and
engage your clinical
leaders***

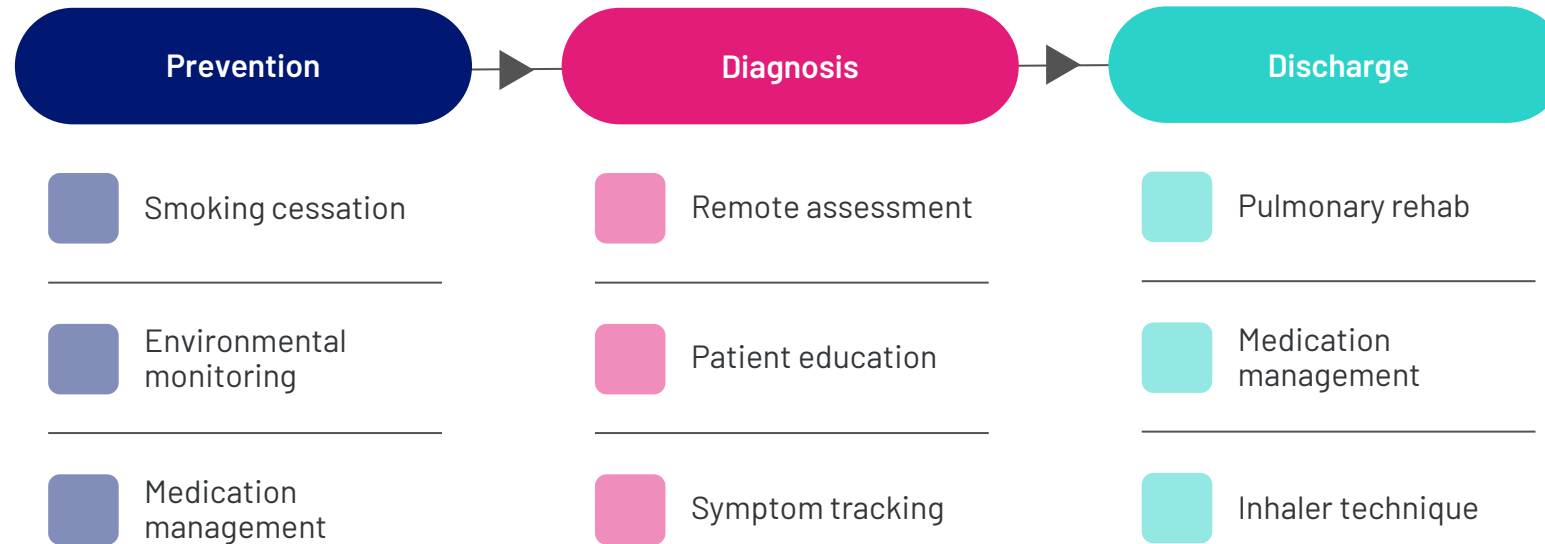
THE MYTH - THERE IS ONE BEST TECHNOLOGY



WHAT ARE THE OPPORTUNITIES?



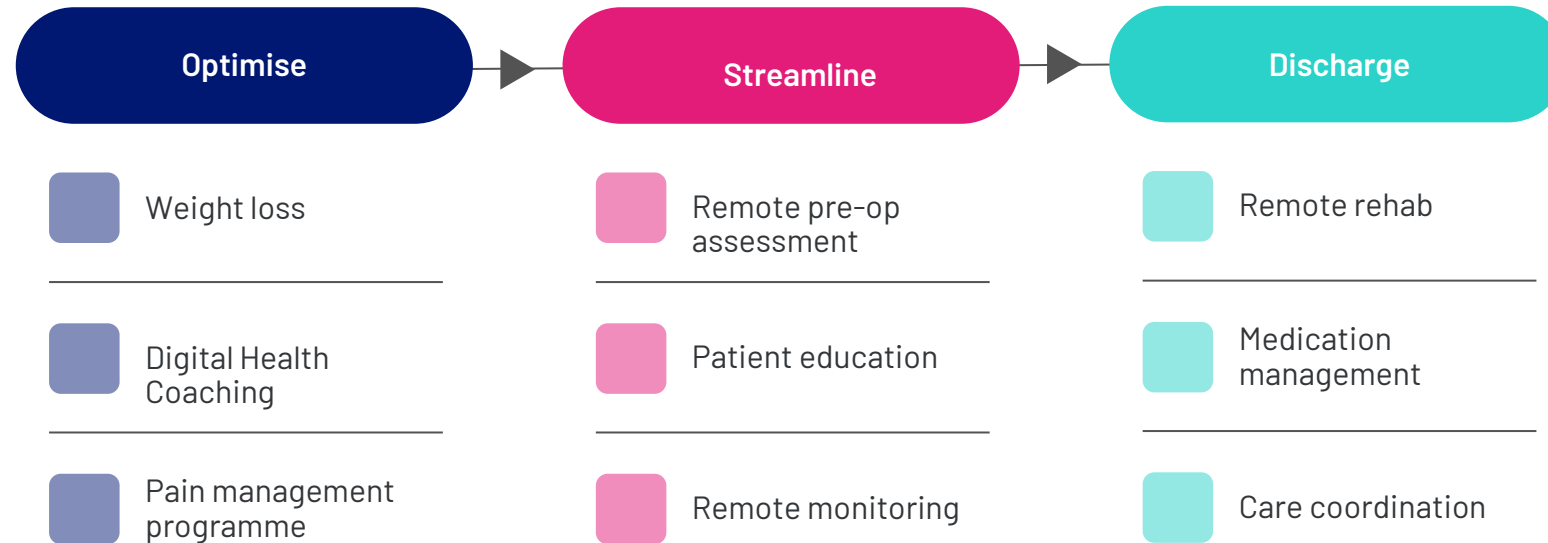
Take the example of a 58 year old male with COPD...



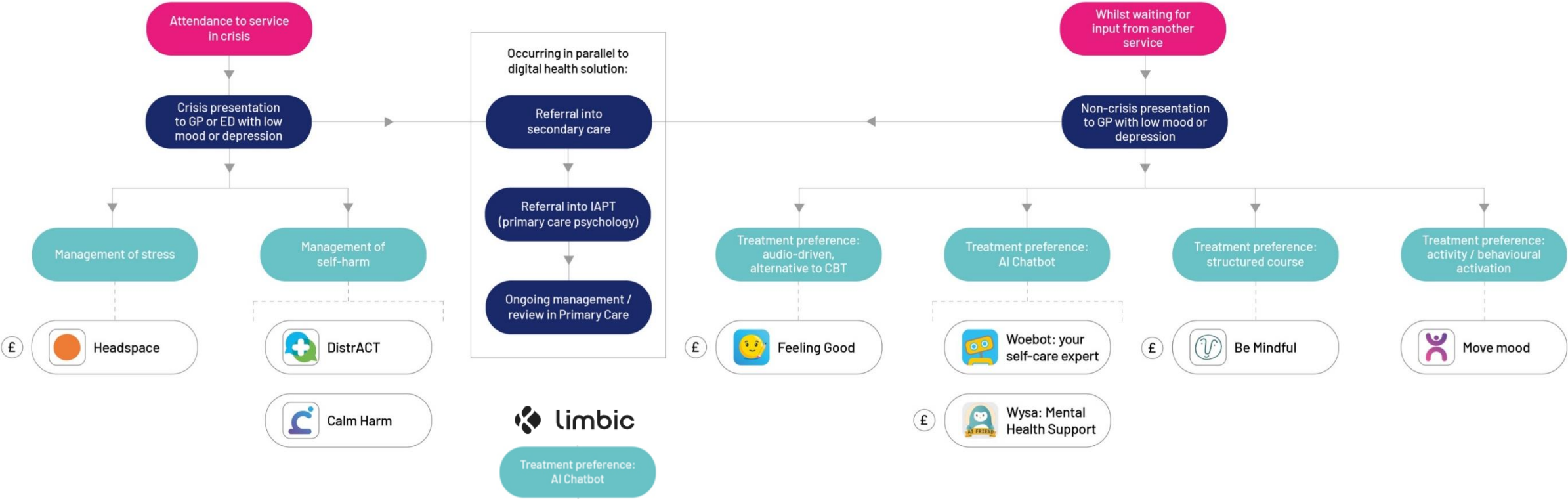
WHAT ARE THE OPPORTUNITIES?



Take the example of a 75 year old woman awaiting a hip replacement



Offering different solutions to meet different needs. Mental Health Example:



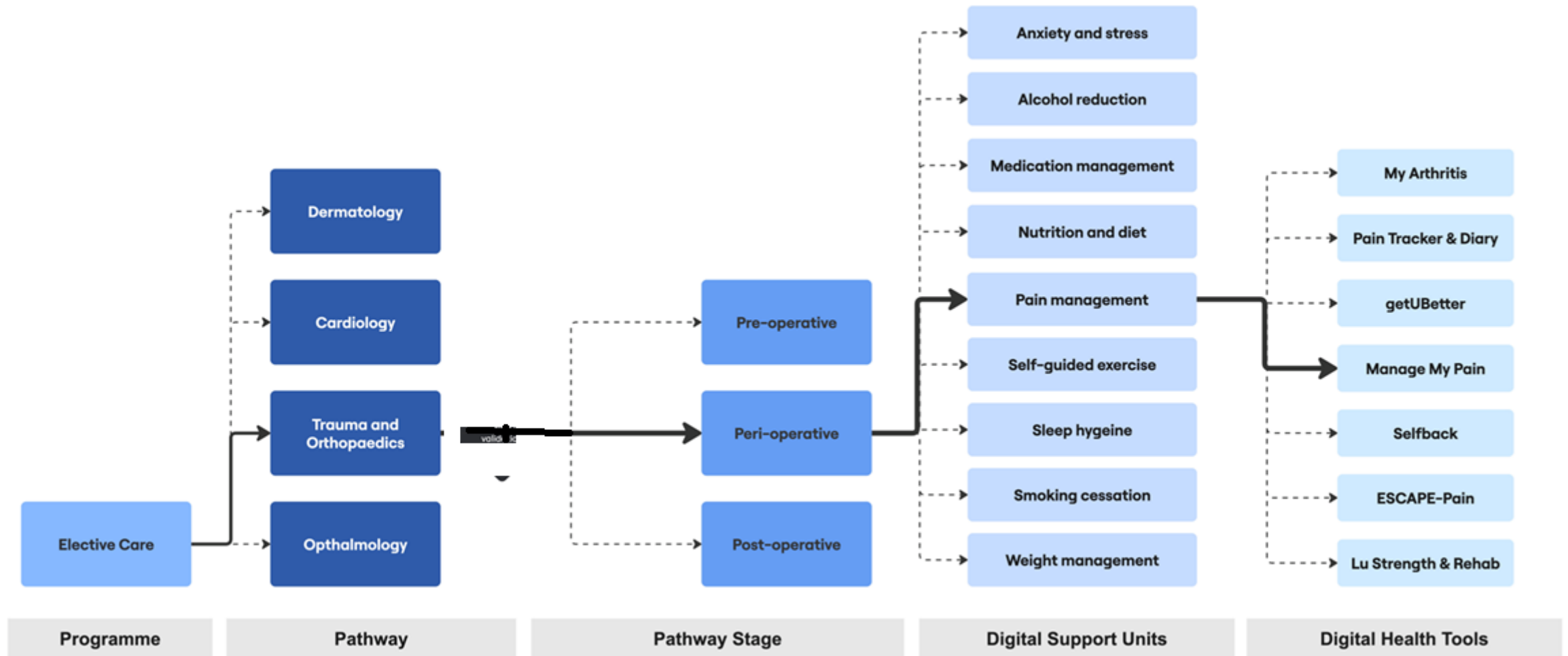
Key

- Blue circle: Care pathway
- Pink circle: Pain point
- Teal circle: Digital opportunities
- White circle: Recommended DHTs

Step 4

*Implement a System
that Operates
Independently of
Clinician Time*

Example Flow Elective Care Programme

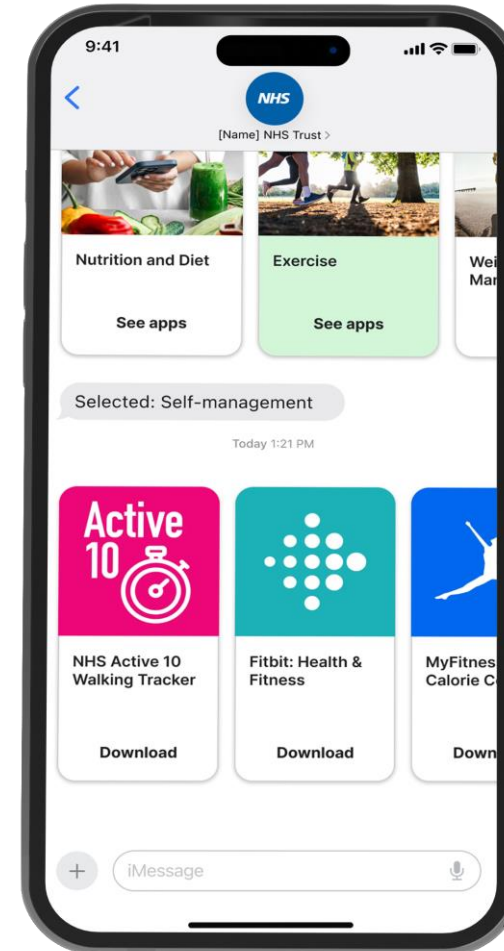
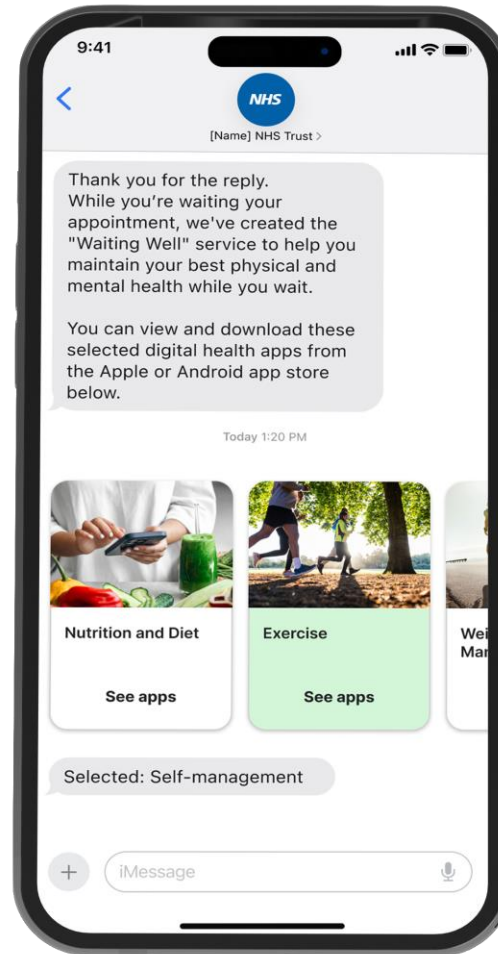
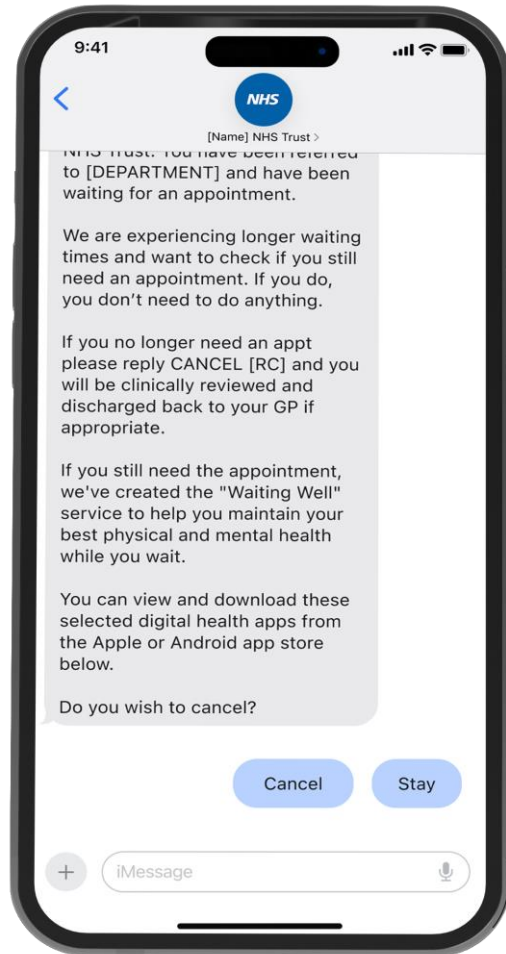
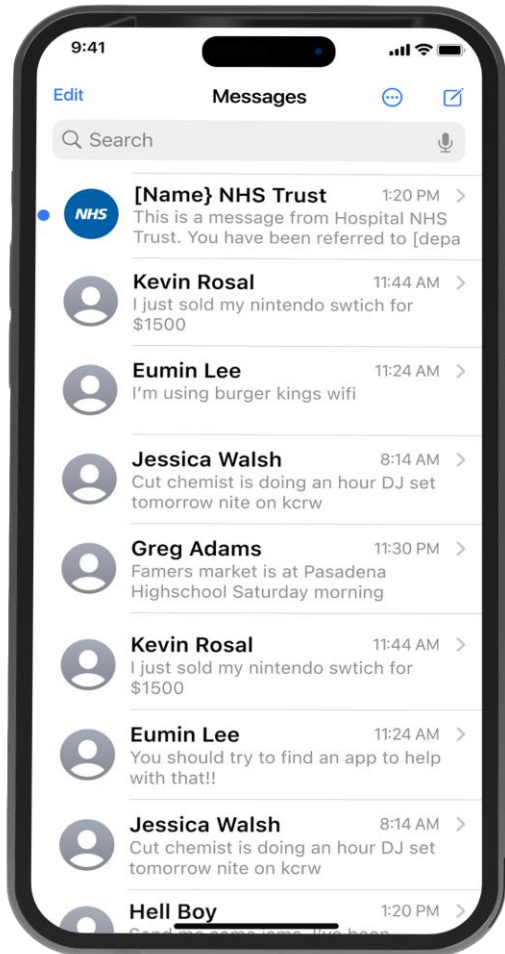


Introducing CareQ

All technologies are certified by ORCHA

All delivered without human interaction

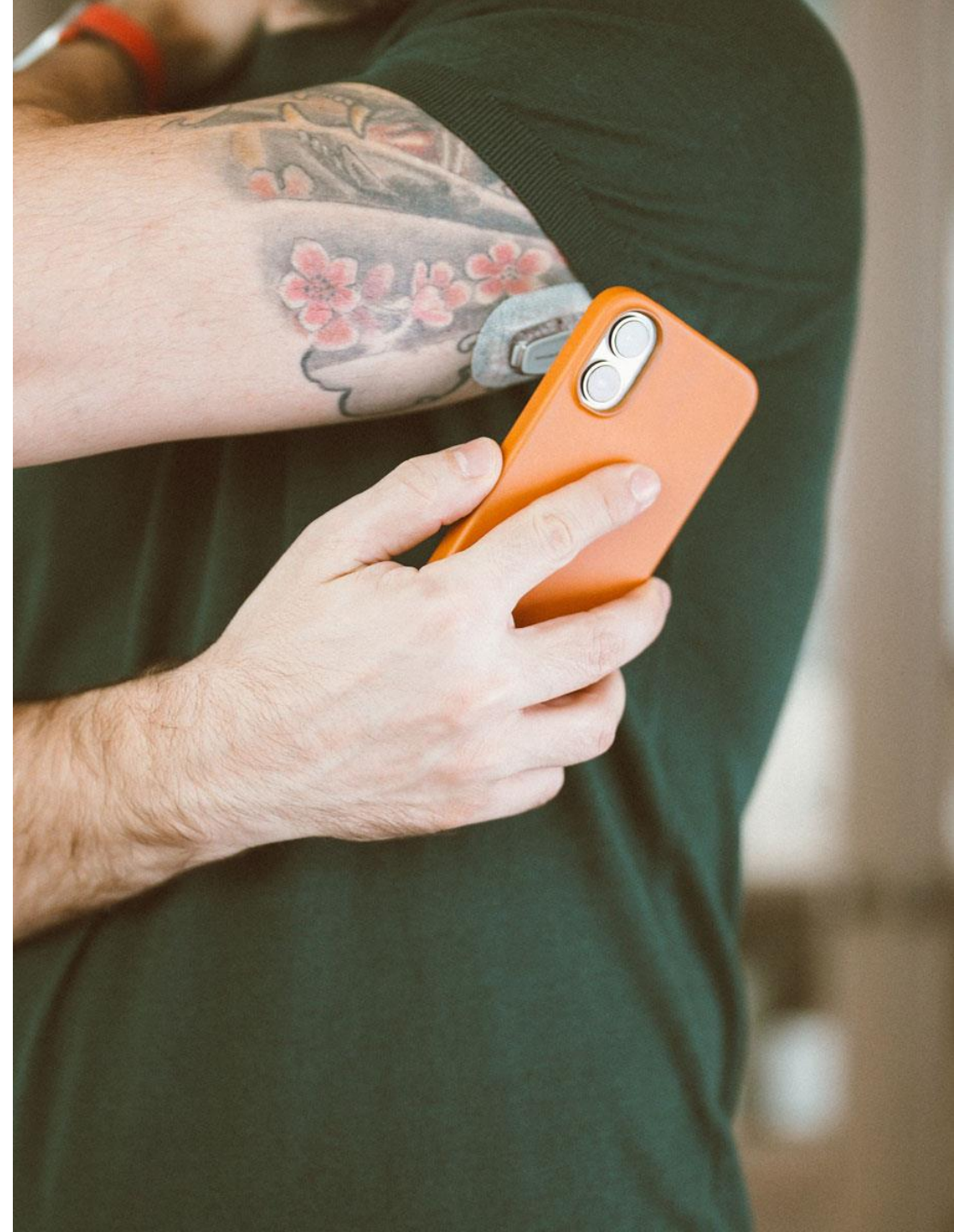
Patients receive automated digital technologies via SMS or RCS message



Delivering Tangible Results and Productivity Gains

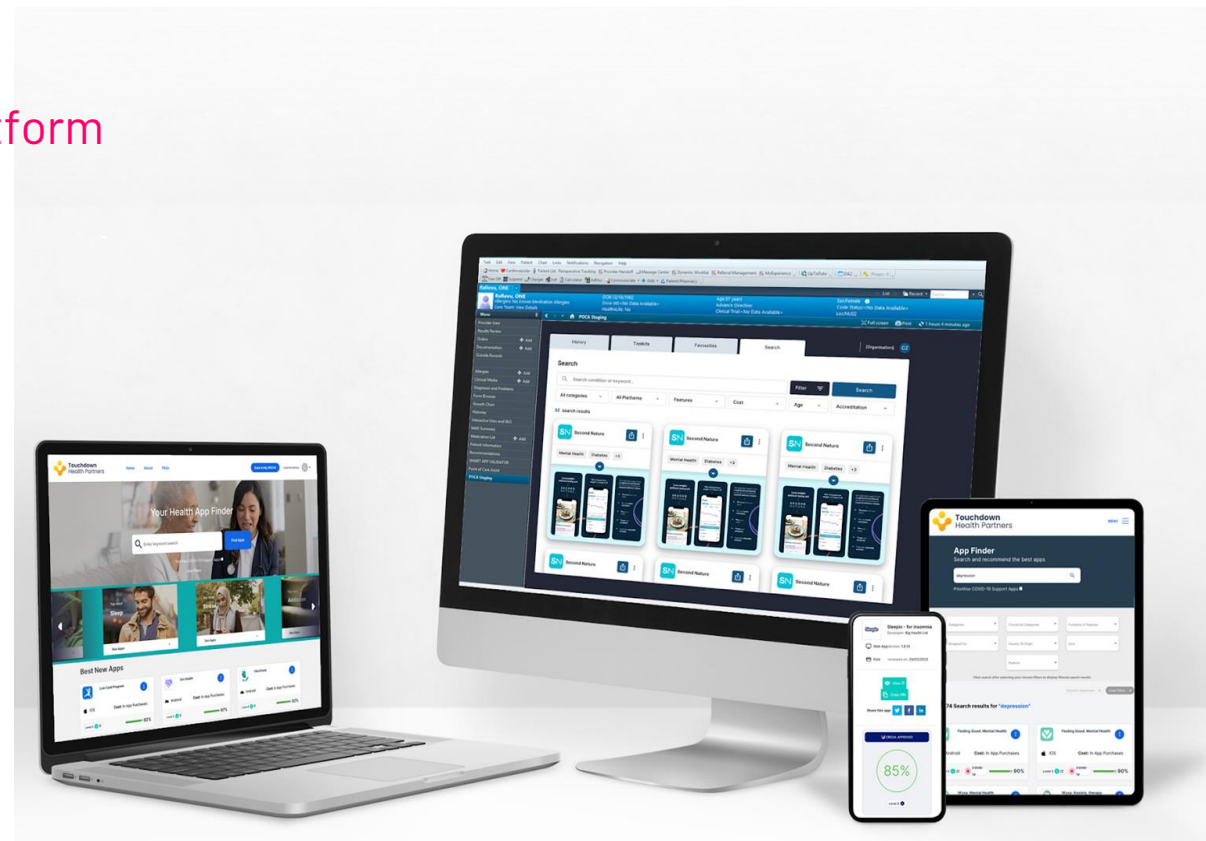
Early work suggests that around **30% of the waiting list population are benefiting from this initiative, leading to significant productivity improvements.**

By validating patient needs upfront, healthcare providers can more effectively allocate resources, streamline care delivery, and reduce inefficiencies within the system.



CareNav and CareQ

- End-to-end digital health app library and distribution platform
- Tailored for population health management and access
- Direct support for PCN DES requirements
- Patient empowerment through digital health
- Fully compliant, independently assessed technologies



Converting just **3% of frequent attenders in primary care** to digital self-management tools would avoid **2,164 appointments** per month per PCN, or 9% of GP Capacity

Lessons from Global Health Systems

- ◆ **Countries like Germany and Canada are starting to get it right.**

Reimbursement models (like DiGA)

Canada's connected system with a focus on Mental Health

Libraries of approved apps (like ORCHA's) offer blueprints for progress.

- **It's not about banning tools—it's about guiding users to safe, effective ones.**

What Health Leaders Must Do Now

- **Make sure Technologies are safe.** If we're serious about harnessing this tsunami of health data, we need to ensure we're using trusted, evidence-based technologies – not continuing to operate in the current digital wild west.
- **Integrate digital health into clinical pathways.**
Apps shouldn't sit on the sidelines—they should be part of care plans, just like medications or referrals.
- **Support clinicians in deploying digital.**
Equip healthcare professionals with the knowledge and systems to confidently recommend and deploy safe digital tools.
- **Co-design the future with clinical teams**
Personal digital health is here to stay—let's build systems that reflect how people really manage their health.

THANK YOU- QUESTIONS

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