future health index 2024

Better care for more people

Bridging gaps in healthcare

United Kingdom | 9th Edition

Contents

Research premise

This is the largest global survey of its kind, analysing the priorities and perspectives of healthcare leaders.

In 2024, the Future Health Index, now in its ninth edition, explores how healthcare leaders view their organisation's ability to deliver timely, high-quality care to everyone. The report focuses on the gaps that stand in the way, as well as examining ways of overcoming them.

This year, the Future Health Index is based on proprietary quantitative research conducted in 14 countries and supported by qualitative interviews in four of these countries: Singapore, South Africa, the United Kingdom, and the United States.

Throughout the report, comparisons are made with the global average, and also with Australia, Netherlands, Singapore and the US. Although each country has different health models, they all have strong health outcomes, highly qualified professionals and comparable standards to the UK.

Responses from almost

3,000

healthcare leaders

Across

14

countries

Better care for more people

Universal access to care is the cornerstone of our healthcare system, with the UK respected around the world for the standard of care it gives to patients. Every 24 hours, the NHS helps over a million people impacted by ill-health. Its roof is held up by an incredible workforce: the largest in the country, employing around one in every forty people.[1]

The magnitude of impact that our health system can have on the current and future health of our population is next to none. But our health services and critically the people behind them, are facing extraordinary pressures that are compounding. Lord Darzi's report[2] findings show the critical condition of our NHS, and it is undeniable that reform is needed with a melting pot of barriers and gaps to bridge if we are to progress care.

Yet, the future of health can be bright.

Already in pockets across the UK, we're seeing the potential of innovation in delivering better care for more people. From shorter waiting times, earlier diagnosis, closer access and improved outcomes for patients, to more time invested in colleagues and protecting our planet – embracing innovation opens the door to a future of possibilities, not pressures.

There has never been a better time to be optimistic about the future of health, given the speed and rate of change of technology. The vital signs are strong, and results of Philips Future Health Index Report already show that technology is on track to change the way care is delivered via the use of automation, virtual care and insights from health data including generative AI.

Fantastic innovations are widely available and continually developing, designed to help leaders unlock the full value of health technology. Of course, investing, utilising and embedding these innovations is not without its challenges. But one factor remains clear, we need to urgently rethink how and where care is delivered.

Our UK Future Health Index reflects this reality with the views of 200 health leaders on bridging three major gaps in healthcare today: staffing, insights and sustainability.

The findings show how leaders are already taking firm steps, exploring the role of technology and innovation in creating more resilient services.

Healthcare leaders are looking to automation to relieve pressure and elevate staff expertise, virtual care to empower teams and reduce emissions and highlight the issue of data integration and quality insights within their organisations.

As a leading partner in health transformation, Philips is calling for systemic change in the speed and scale of deploying innovation / technology at scale across the boundaries between primary and secondary care settings, to support our health systems' transformation. With unforeseen funding challenges, focus must also be on the optimisation of old systems using digital innovation to drive crucial operational productivity, environmental and financial gains, whilst shifting care closer to home. Only then can we unlock the NHS's true value.

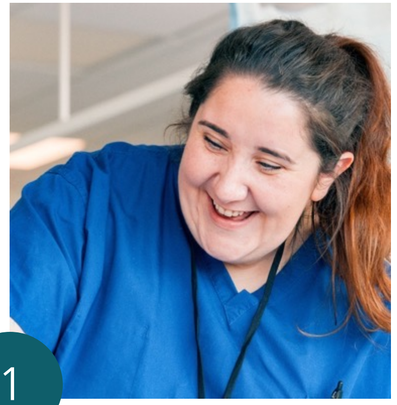
As you navigate these challenges within your own organisation, I hope you take inspiration from the path of those leaders set out in this report. To quote Sir Keir Starmer: "the NHS is broken, not beaten".

"We're seeing the potential of innovation in delivering better care for more people. Focus must be on optimisation using digital innovation to drive operational productivity and financial gains, whilst shifting care closer to home. Only then can we unlock the NHS's true value."

Mark Leftwich
Managing Director, Philips UK and Ireland

Executive summary

The 2024 Future Health Index examines three gaps that stand in the way of delivering better care for more people. For each of these gaps, it outlines actions that healthcare leaders are taking to overcome them and highlights their benefits for both healthcare professionals and patients.



1

Bridging the staffing gap

With high levels of burnout, healthcare leaders are looking to virtual care and automation to ease the burden of staff shortages on healthcare workers and patients.

2

Bridging the insights gap

While meaningful insights offer huge benefits for patient care, challenges around transforming disparate data into such insights remains top of mind.

3

Bridging the sustainability gap

Acutely aware of the link between reducing environmental impact and financial stability, leadership teams in health systems are turning to more sustainable and cost-saving initiatives.

1

Bridging the staffing gap

UK staff face some of the highest levels of burnout

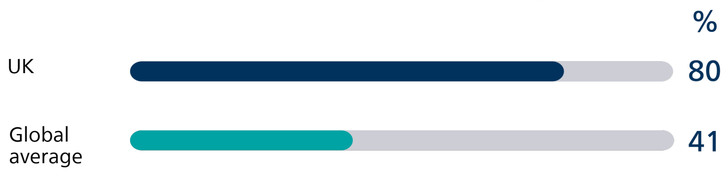
Renewed focus on staff wellbeing, training and retention is crucial to protect the workforce and care delivery

The future of the UK health system, including the NHS, rests on its ability to tackle unprecedented staff shortages. These were exacerbated by the COVID-19 pandemic and the growing and ageing population means that without action, staff shortages could rise to 360,000 by 2037.[3]

These pressures are taking their toll on the health and wellbeing of overburdened staff. Most healthcare leaders report low morale (83%) and increased incidence of burnout, stress and mental health issues (80%) amongst staff. UK leaders, alongside those in the US, reported the highest levels of low morale and burnout out of all countries included in the study, whereas globally only 33% and 41% of leaders said the same, respectively.

The significant impact of staff shortages on patient care also remains, with 97% of leaders seeing increased waits and delays at their organisations. This is considerably higher than the global average (77%). More than nine in ten (92%) say increased waiting lists for appointments and treatment are an issue. The recently elected Labour government's election manifesto included a commitment to tackle elective waiting lists by paying healthcare professionals to work evenings and weekends and by leaning on the private sector.[4] But this approach will take time. Solutions that also support staff wellbeing are critical for longevity.

Healthcare leaders reporting increased incidence of burnout, stress and mental health issues among their staff as a result of workforce shortages



Leaders also report a lack of time for training (73%) and an increased likelihood of staff leaving (83%), with the latter figure markedly higher than in countries with aspirational healthcare systems, such as Singapore (45%) and the Netherlands (45%). This points to an urgent need to prioritise training and staff retention to protect both the UK healthcare workforce and the quality of care delivery.

Preserving the future of healthcare with long-term solutions

Short term fixes aren't the answer: 83% of healthcare leaders say that staffing agencies are affecting continuity of care at their organisations. If the government is to deliver its promise of two million more scans and appointments every year, a positive long-term solution is needed. The NHS Long Term Plan's goal to increase medical school, GP and adult nurse training places by 2031 could help.[5]

However, a renewed focus on supporting staff with flexible working and less reliance on agencies could help staff wellbeing in the interim and improve patients' experience.

> "If you're running on a team that is only 75% present, that can lead to longer surgery days, longer waiting times … staff unhappiness as well. They feel they are doing two or three peoples' jobs … but only being paid for one."
>
> **National Patient Liaison Manager, large organisation, UK**

Leaders are turning to automation to relieve the burden on staff

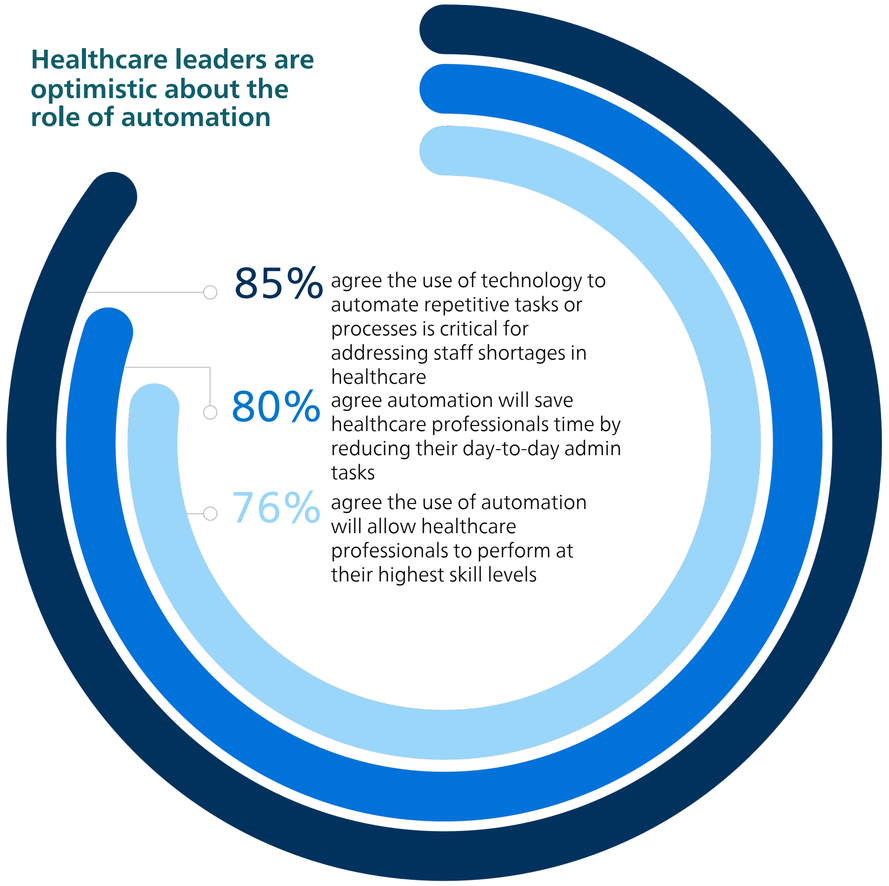
However, staff scepticism poses threat to adoption

Healthcare leaders acknowledge that automation is critical for saving time and improving productivity, reducing pressures on an overstretched workforce. However, only around half are currently using it to improve appointment scheduling (55%), patient check-ins (53%) as well as clinical documentation/note-taking (48%) and clinical data entry (43%).

One of the barriers leaders need to overcome is staff cautiousness about automation. The majority of UK healthcare leaders (58%) say that staff are sceptical about the use of automation in healthcare. This could be due to a range of factors including a consensus amongst staff that existing systems need to be overhauled before new technologies can be implemented.

Looking forward, over the next three years healthcare leaders see the biggest opportunity areas for automation in medication management (38%) and workflow prioritisation (37%).

Healthcare leaders are optimistic about the role of automation



Spotlight

New technologies deliver improved staff and patient experience at Royal Cornwall Hospital

The Royal Cornwall Hospitals NHS Trust (RCHT) has worked in partnership with several organisations to open a new 21st century scanning suite at its Royal Cornwall Hospital site in Truro.[6] This bespoke facility was designed and created with patients and the workforce in mind. It includes two state-of-the-art MRI scanners, fitted with an innovative ambient experience technology.

This enables patients to choose from special visual effects, music and films, designed to help them stay calm during their treatment and reduce the need for anaesthetic and rescans. Automated elements within the scanner also provide positive distraction to patients during their scan, giving information and guidance, as well as updates on the remaining duration.

The ambient experience technology, automation and attention to detail in the suite surroundings, developed in conjunction with RCHT's partners, are having a profound impact on the staff working in the department, as well as patients visiting for treatment. One patient noted, "I was dreading the scan, but it was so relaxing, and not a trauma at all."

Virtual care poised to future-proof the healthcare workforce

But the opportunity to reach underserved communities is yet to be realised in the UK

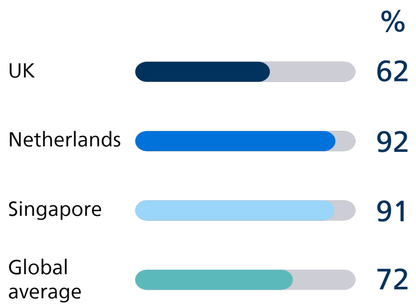
Along with automation, virtual care has the potential to ease the workforce crisis while improving access for patients.

Although 62% of UK healthcare leaders say clinicians at their organisations feel positive about virtual care, this response rate lags behind the optimism seen by their peers in the Netherlands (92%) and Singapore (91%), as well as the global average (72%). This lower rate could reflect the challenges of getting the basics right, alongside limitations in funding, showcasing a need for leaders to focus on optimising existing systems with new software.

Where they have seen virtual care technologies help to ease staffing pressures, leaders cite benefits such as more flexible work schedules for clinicians (62%), added capacity to serve patients (51%), improved collaboration between healthcare professionals in different locations (44%) and more career options due to remote working (37%). Ultimately, virtual care solutions are poised to help attract and retain staff, future-proofing the NHS workforce.

However, with just 30% of healthcare leaders saying virtual care has helped their organisations better reach underserved communities, (compared to 40% in the US), there is still some way to go for virtual care to be fully leveraged to address challenges beyond staff shortages.

Healthcare leaders who believe clinicians at their organisations feel positively towards virtual care



> "[With virtual support technology] the quality and standard [of scans] are the same. What is different is the speed at which we train, and the efficiency"
>
> **Clinical Services Manager, large hospital**[7]

Spotlight

Virtual support technology transforms ways of working for radiology staff at Imperial College NHS Trust

Imperial College NHS Trust faced challenges common to many healthcare organisations today: having high patient volumes and enough skilled radiographers across sites to meet demand, particularly for more complex ones such as cardiac MR.

The Trust conducted a 12-month pilot of virtual support technology across its St Mary's and Hammersmith sites to assess whether a remote training experience could be effective and scalable in reducing training and scan time, while increasing capabilities and capacity.[8]

The results of the study created value for radiographers and patients by:

- 100% increase in cardiac MR training capacity
- 91% increase in cardiac patients scanned in 5-8pm shift
- 50% more radiographers trained.

2

Bridging the insights gap

Embracing data presents significant opportunity to advance patient care

Leaders see the potential, but grapple with integration issues

The increasing adoption of automation and virtual care are part of a wider shift towards more data-driven care.

Leaders see the biggest opportunities for data-driven care in optimising treatment plans and care pathways (56%) and reducing hospital readmissions (39%). Over one-third (37%) cite the predictive capability of data-driven insights as a benefit when it comes to forecasting patient demand and reducing adverse patient events.

Navigating complex data is stalling progress and impacting patients

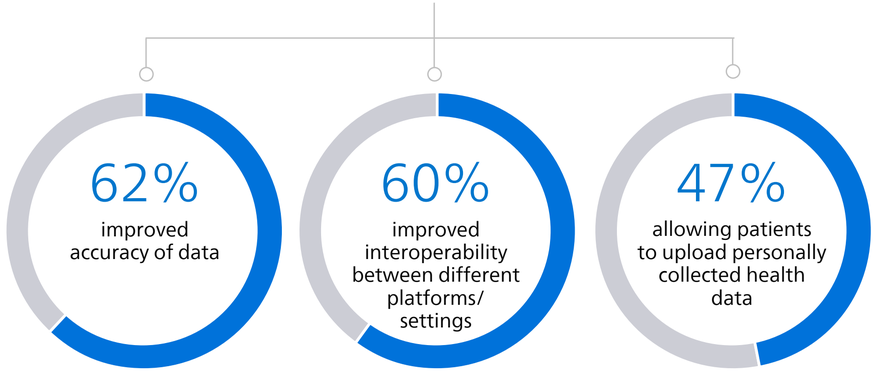
The sheer volume of data, complexity of information from diverse sources and varying data literacy pose significant analysis challenges in the NHS.[9] Almost all (94%) healthcare leaders say their organisations experience data integration challenges that impact their ability to provide timely, high-quality care.

More than half (56%) report that staff lose time accessing or integrating data, and the same amount say staff have to repeat tests and scans due to data inefficiencies. The result is less time to care for patients. Nearly four in 10 (38%) consider this a barrier to delivering preventive care and early intervention.

To enable further innovation and transformation in healthcare, leaders are prioritising improved data accuracy, interoperability and ensuring patients can use and upload their own data using wearables.

94%
of healthcare leaders experience data integration challenges that prevent their organisations providing timely, high-quality care

Changes healthcare leaders say are required for data to support improved care



Spotlight

Harnessing data to reduce waiting times and drive productivity at Leeds Teaching Hospitals

Clinical teams at Leeds Teaching Hospitals NHS Trust, one of the UK's busiest acute hospital trusts, came together to improve their cardiology service for patients and staff. Focused on success for the future, the team set out to address the challenges of increasing demand and patient waiting times.[10]

Drawing on data insights, the team identified improvements to patient flow, scheduling and equipment use in cardiology.

The partnership resulted in:

- First case on-time starts increased by 40%
- Reduced turnaround times and improved lab utilisation by 40%
- Case volumes/throughput increases of 20%, supporting reduced patient waits.

AI use accelerates despite concerns around data bias

Untapped opportunity for AI to enhance prevention and detection

Leaders recognise the power of AI to increase efficiency, improve staff experience and deliver better care. And, with the recently signed Collaboration Charter on AI between The Incubator for Artificial Intelligence and NHS England, the use of AI is set to accelerate, helping to improve staff experience and drive greater operational efficiency.[11]

Over the next three years, leaders plan to invest in AI for clinical decision support, notably in radiology (37%), remote patient monitoring (35%) and medication management (31%).

Looking at generative AI, despite rapid emergence into the public domain in recent years through tools like ChatGPT, one in five (20%) say they have no plans to invest in it. This reinforces the need to showcase the potential of AI as an augmented solution and build trust in its application to support care delivery.

Improving prevention and detection

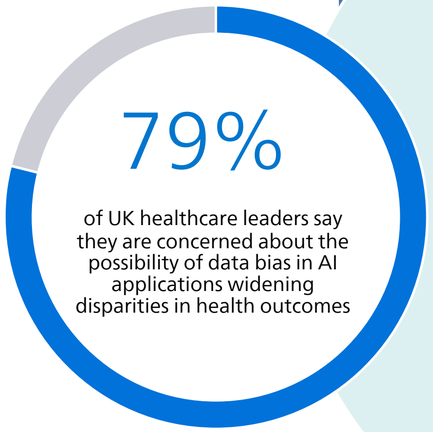
While leaders are embracing AI for clinical decision support in some areas, only 26% of leaders are planning to implement it in preventive care in the next three years – and only 27% see the possibilities for data-driven insights in detecting medical conditions.

This could be a missed opportunity to identify patients at risk of developing certain conditions.

Mitigating risks to realise the potential of AI

There are also concerns about the impact of data bias and a shared recognition that AI must be implemented responsibly to avoid unintended consequences.

To realise its potential without data bias, healthcare leaders would like AI to be more transparent and interpretable, to have continuous training and education, better bias detection and monitoring, and diverse and representative data collection. The new EU AI act, and the related creation of an AI Observatory by the European Medicines Agency[12], will address some of these strategies cited by leaders.



Strategies that could mitigate data bias in AI, according to healthcare leaders

65%	making AI more transparent and interpretable
59%	continuous training and education in AI
54%	bias detection and monitoring
50%	diverse and representative data collection
48%	policies for the ethical use of data and AI
42%	ensuring staff diversity in data and AI

More data is needed to narrow the health equity gap

Barriers to accessing relevant health data for all communities persist

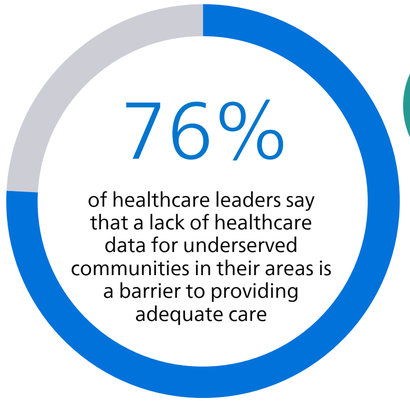
COVID-19 not only exposed the weakness of the UK health system, but also highlighted health inequalities, as certain communities faced greater difficulty accessing care. This adds to existing access challenges, due to resources becoming more stretched.

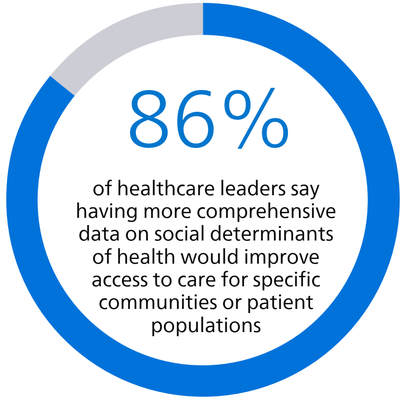
While National Healthcare Inequalities Improvement Programme is working to eradicate health inequalities through its five key priorities, individual NHS trusts are also taking their own actions, with an increased focus on care in the community.[13]

Using data-driven insights to monitor health equity can help reduce health disparities in certain areas and communities by identifying delays in care, addressing limited healthcare resources, and ensuring the fair allocation of treatments and procedures.

However, the data needed to generate those insights is often missing. Three out of four healthcare leaders (76%) acknowledge that there's a lack of healthcare data for underserved communities in their areas, which is impacting care. They also recognise that more comprehensive data on social determinants of health would improve access to care for specific communities or patient populations.

The NHS Federated Data platform could help to ease these problems. Its software will enable NHS organisations to bring together operational data from different systems in a single secure environment.[14] This comprehensive data view could help tackle inequalities in access to care by enabling targeted, more effective planning and use of resources around the needs of the local community.





Spotlight

Bringing high-quality care closer to home and reaching underserved communities

One way the NHS is looking to level-up the quality of healthcare provided across the nation is through its strategy of rolling-out Community Diagnostic Centres (CDCs).

As part of the national scheme, Wye Valley NHS Trust is building an £18 million diagnostic centre with state-of-the-art scanning and testing facilities.[15]

The new centre will offer patients a wide range of diagnostic tests, closer to their homes. As well as being more convenient, it will provide local people more choice around how and where they receive treatment.

By deploying data-driven technology within the Wye Valley Diagnostic Centre, the Trust will be able to diagnose cancer and other conditions earlier than it currently can.

Ultimately, the centre is expected to lead to improved experiences and better outcomes for patients in Herefordshire. It will also help to reduce waiting lists in the area.

3

Bridging the sustainability gap

Digitalisation strengthens environmental and financial sustainability

Leaders recognise that embracing green technology benefits their bottom line

With Net Zero targets in place, the NHS is a world-leading public health system when it comes to environmental sustainability.[16] It also encourages suppliers to meet sustainability ambitions with the introduction of Evergreen, a self-assessment and reporting tool for sharing sustainability information with the NHS.[17]

Leaders are looking at environmental sustainability as part of a bigger picture. For example, the NHS's contribution to reducing carbon emissions should be seen as an investment in prevention, and healthcare leaders recognise that effective solutions to financial and operational challenges include environmental considerations.

There's still work to be done

Healthcare leaders are implementing a range of sustainability strategies to reduce their environmental impact. For example, 73% of healthcare leaders are using virtual care technologies or remote monitoring to reduce emissions, or plan to do so in the next three years. Replacing physical visits with telemedicine appointments has the potential to decrease carbon emissions by 40-70 times.[18]

However, while most healthcare leaders recognise that effective solutions to financial and operational challenges include environmental considerations, nearly one in five (17%) still rarely or never consider environmental criteria within their sourcing or tendering processes. This is despite the implementation of green procurement practices, such as the Evergreen Sustainable Supplier Assessment.

> "It just takes conscious decision making; being aware that all we consume has an environmental impact, and that these small changes can reduce the financial cost of providing care."
>
> **Consultant, NHS Trust, UK[19]**

Spotlight

Durham and Darlington NHS Trust leads the way in reducing carbon footprint and costs in critical care

The County Durham and Darlington NHS Foundation Trust's 360-sustainability assessment showcases how critical care can reduce its environmental impact.[20]

Strategically chosen as a focus area, critical care is a high consumer of electricity and single-use items and is one of the most expensive types of care.

Collaborative efforts identified opportunities to reduce carbon footprint and material waste across patient care pathways and staff workflows. The Trust achieved over 95% compliance with NHS England net zero standard and implemented several initiatives, some of which include:

- Daily sustainability reminders
- Pharmaceutical reviews – ensuring drugs prescribed are still required and, if so, assessing if they can be given via the enteral rather than intravenous route to reduce waste
- Only opening equipment when needed to prevent unnecessary waste
- Ensuring PPE use is appropriate to each patient
- Actively de-medicalising patients as their health improves, reducing and removing monitoring when clinically indicated

Leaders look to strategic investments to improve patient care

Funding challenges call for leaders to embrace more flexible financing

The UK falls behind other countries in its capital investment, with substantially fewer key physical resources, including CT and MRI scanners and hospital beds.[21]

Nearly all leaders (92%) report fiscal challenges that currently affect their organisations' ability to provide timely, high-quality care to their patients. Three-quarters of healthcare leaders (77%) say financial strains have left them facing delayed, limited, or no investment in medical equipment and technological solutions, further compounding delays in care.

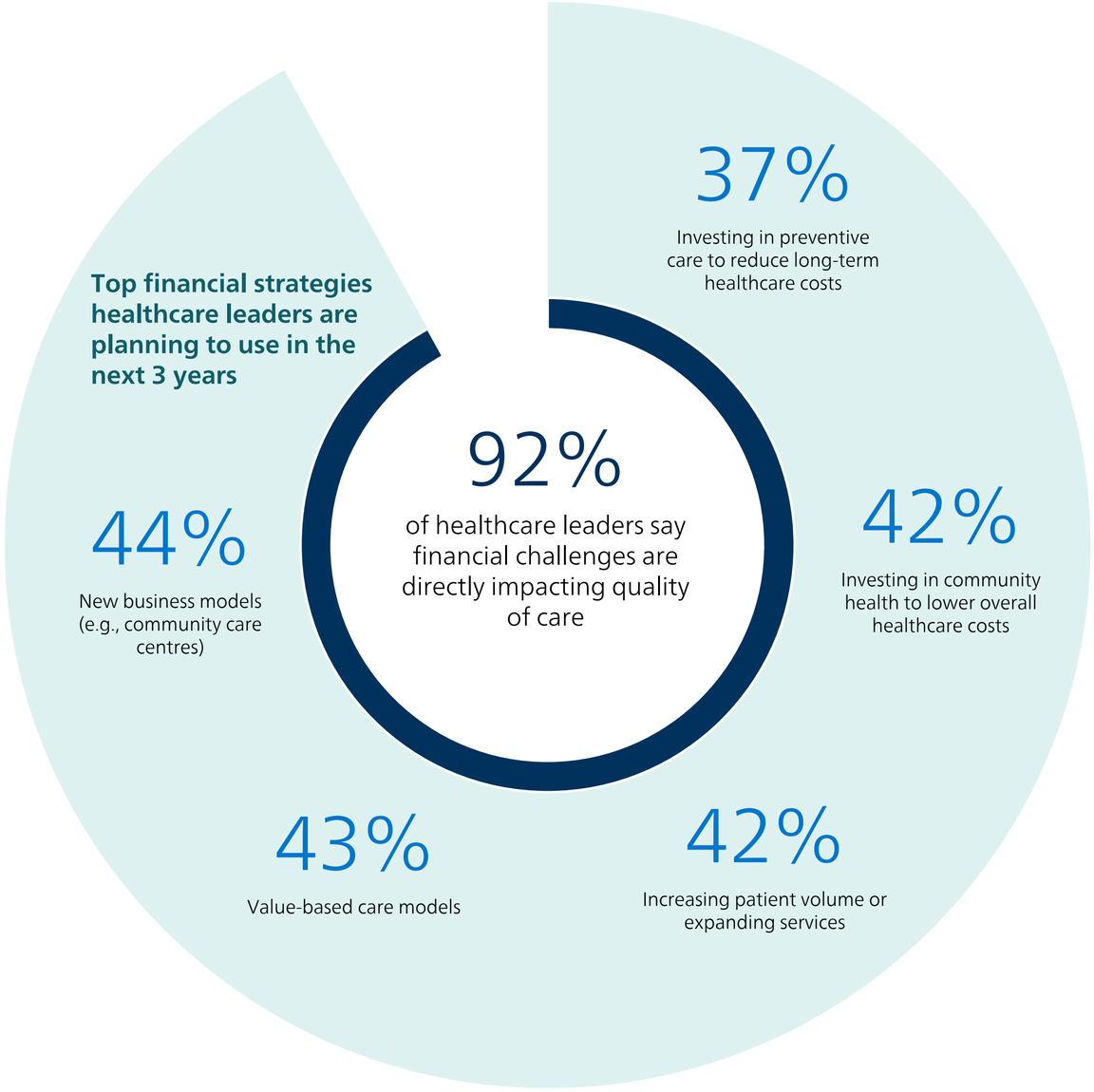
Future focus on preventive and community health investment

Implementing cost-reductions and improving operational efficiencies are a continued focus for healthcare leaders. Around three-quarters are either already or planning to invest in preventive care (72%) and community health (74%) to reduce long-term healthcare costs.

New purchasing strategies help alleviate financial constraints

Thinking longer term, they also see the importance of new business models, such as community care centres (44%) and value-based care models (43%). Nearly half (48%) of healthcare leaders are considering subscription-based buying options over the next three years, with 33% specifically interested in usage-based subscriptions.

This shift in purchasing strategy can reduce the need for costly upfront capital investments and improve the predictability of expenses, potentially offering a way to address financial challenges while improving patient care. Other innovations include flexible financing and pay-per-use options provided by partners.



Shaping the future of health together

This year's Future Health Index confirms that technology has the power to transform healthcare. Investment in automation, AI, virtual care and data-driven insights is having a profound impact on both staff and patients, while digitalisation can strengthen both environmental and financial sustainability for providers.

But we cannot ignore that the UK healthcare system still faces a wide range of systemic challenges, including staff shortages, long waiting times, funding and resource allocation, an ageing population and cyber security threats. This is echoed in the 2024 Lord Darzi report[22], which provided a critical assessment of the NHS, describing it as being in "serious trouble" and in the "foothills of digital transformation". But there is potential for recovery.

UK healthcare leaders believe that to reduce waiting lists and recover performance, the areas of our health system which require the greatest investment in technological innovation are workforce training and education (54%), capacity and demand modelling (51%), productivity tools to improve ways of working (46%), IT and cyber security (45%) and artificial intelligence for clinical decision support (45%).

Addressing these challenges and supporting the NHS to reach other important goals – including net zero – requires strong collaboration between government, providers and health technology companies. We believe that together we can explore new ways to drive innovation at pace and at scale. This includes delivering new assistive technologies that create meaningful impact, as well as optimising existing assets to empower healthcare professionals and create a more resilient, sustainable and inclusive healthcare system for future generations.

The road to the future of healthcare may be long and challenging, but with collaboration and innovation, it is well within our reach. We hope you have found this report valuable, and we look forward to working in partnership to shape a healthier future for all.

> "The road to the future of healthcare may be long and challenging, but with collaboration and innovation, it is well within our reach."
>
> **Jeevan Gunaratnam**
> Government Affairs Leader, Philips UK and Ireland

Appendices

Research methodology

2024 quantitative survey methodology

The quantitative study was executed by GemSeek, a global business and consumer research services firm employing a methodology of online (CAWI) surveying.

2,800 healthcare leaders, 200 in each of the 14 countries included (Australia, Brazil, China*, India, Indonesia, Italy, Japan, the Netherlands, Poland, Saudi Arabia, Singapore, South Africa, the United Kingdom, and the United States), participated in a 15-to-20-minute survey from December 2023 to February 2024.

Where relevant, the survey was translated into the local language. In some instances, certain questions needed to be adjusted slightly for relevance within specific countries. Care was taken to ensure the meaning of the question remained as close to the original, English, version as possible.

All percentages used when reporting results have been rounded to the nearest whole number. Therefore, totals may not add to 100%.

Below shows the specific sample size, estimated margin of error at the 95% confidence level, and interviewing methodology used for each country.**

	Unweighted sample size (N=)	Estimated margin of error (percentage points)	Interview methodology
Australia	200	+/- 7.0	Online
Brazil	200	+/- 7.0	Online
China	200	+/- 7.0	Online
India	200	+/- 7.0	Online
Indonesia	200	+/- 7.0	Online
Italy	200	+/- 7.0	Online
Japan	200	+/- 7.0	Online
Netherlands	200	+/- 7.0	Online
Poland	200	+/- 7.0	Online
Saudi Arabia	200	+/- 7.0	Online
Singapore	200	+/- 7.0	Online
South Africa	200	+/- 7.0	Online
United Kingdom	200	+/- 7.0	Online
United States	200	+/- 7.0	Online
Total	**2,800**	**+/- 2.0**	

2024 qualitative interview methodology

The qualitative portion of the Future Health Index 2024 was also conducted by GemSeek. To provide context and additional depth to the quantitative data, the survey results were supplemented with findings from a series of 45-minute, English language interviews with healthcare leaders. These interviews were conducted February to March 2024. There were eight participants, two from each of the following countries: Singapore, South Africa, the United Kingdom, and the United States.

* Survey data is representative of mainland China only and does not include Taiwan or Hong Kong.
** Estimated margin of error is the margin of error that would be associated with a sample of this size for the full healthcare leader population in each country. However, this is estimated since robust data is not available on the number of healthcare leaders in each country surveyed.

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Glossary

Artificial intelligence (AI)
AI refers to the use of machine learning and other methods that may mimic intelligent human behaviours, resulting in a machine or program that can sense, reason, act and adapt to assist with different tasks.

Automation
The use of technology and software solutions to perform tasks and processes with limited human involvement. It may involve the application of digital tools, machines, and computer systems to streamline and optimise various aspects of healthcare delivery, administration, and management.

Clinical decision support
The provision of information to help inform decisions about patient care.

Data bias
A flaw that occurs when certain elements of a dataset are missing, underrepresented or overrepresented.

Data-driven insights
Information gathered from the analysis of raw data and used to inform decision-making.

Data integration
Used here to refer to a variety of clinical and/or operational information amassed from numerous sources including but not limited to electronic medical records (EMRs), medical devices, and workflow management tools.

Decarbonisation
The process of removing carbon, or material containing carbon, from a substance or object.

Generative AI
Artificial intelligence algorithms that can be used to produce content such as text, images, audio or other data in response to inputted prompts.

Healthcare ecosystem
Describes the locations of care and services provided, the people involved in care delivery (including patients, family members and caregivers), and how they work together to improve efficiencies and optimise experiences.

Healthcare leader
A C-suite or senior executive working in a hospital, medical practice, imaging centre/office-based lab, or urgent care facility who is a final decision-maker or has influence in making decisions.

Healthcare organization
The hospital or healthcare facility for or in which the healthcare leader works.

Healthcare professional
Individuals who are directly involved in providing healthcare services to patients (including doctors, nurses, surgeons, specialists, technologists, technicians, etc.).

Interoperability
The ability of health information systems to work together within and across organisational boundaries, regardless of brand, operating system or hardware.

Remote patient monitoring
Technology that provides care teams with the tools they need to remotely track the health of their patients outside of conventional clinical settings (e.g., at home), collaborate with the patients' other healthcare professional(s) and help detect problems before they lead to readmissions. Examples of this include cardiac implant surveillance, vital-sign sensors at home, etc.

Social determinants of health
Non-medical factors that influence health outcomes, such as the conditions in which people are born, grow, work and live.

Staff
This refers to all employees within a healthcare organisation, including healthcare professionals, IT, financial services, administrative support, facilities, etc.

Sustainability
Meeting the environmental needs of the present without compromising the ability of future generations to meet their own needs.

Technology infrastructure
Foundational technology services, software, equipment, facilities and structures upon which the capabilities of nations, cities and organisations are built. This includes both IT infrastructure and traditional infrastructure that is sufficiently advanced such that it can be considered modern technology.

Timely, high-quality care
For the purposes of this survey, this phrase reflects healthcare being provided to all patients and the communities served by a healthcare organisation.

Underserved communities
Includes people who receive fewer health care services and/or encounter barriers to accessing healthcare services (e.g., economic, geographic, cultural, and/or linguistic barriers).

Virtual care
The use of telecommunication technologies that remotely connect a patient to a healthcare professional, or a healthcare professional to a healthcare professional.

Workflows
A process involving a series of tasks performed by various people within and between work environments to deliver care. Accomplishing each task may require actions by one person, between people, or across organisations – and can occur sequentially or simultaneously.

The Future Health Index is commissioned by Philips.

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The Future Health Index 2024 report explores how healthcare leaders view their hospital's ability to deliver timely, high-quality care to everyone. A quantitative survey was conducted among almost 3,000 healthcare leaders from 14 countries (Australia, Brazil, China, India, Indonesia, Italy, Japan, the Netherlands, Poland, Saudi Arabia, Singapore, South Africa, the United Kingdom and the United States). This was supplemented by eight qualitative interviews of healthcare leaders, two from each of the following countries: Singapore, South Africa, the United Kingdom and the United States. Both the quantitative and qualitative research stages were conducted between December 2023 – March 2024.

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