NHSX – how can it make a lasting difference?

Dr Ian Jackson

The newly launched NHSX could bring much-needed stability and perhaps finally an incremental plan that builds IT across the NHS, but it will only work by facilitating further best practice, sharing and deploying flexible, fit-for purpose systems.

When Health Secretary Matt Hancock launched the largest digital health and social care transformation programme in the world, NHSX, in July this year, he announced that the £1bn investment would give staff and citizens the technology they need.

Its CEO, Matthew Gould, got off to a good start when he stated that NHSX would not be interested in big bang projects, but he inherits a system with significant disparity between secondary care trusts.

I know from travelling around hospitals in England that there are huge differences in technology – from investment in frontline hardware to the software it runs.

Acute trusts in the digital exemplar programme are providing a great benchmark, but the truth is that there are several hospitals outside of this that are doing great work that the NHS could learn from. These hospitals have often developed their own in-house solutions working with local clinicians – this involvement provides ownership and helps people to actually use the systems routinely.

At York Teaching Hospital NHS Foundation, electronic whiteboards have been installed throughout the emergency department, for admitting and managing acute patients.

As well as displaying basic patient information, it shows whether the patient has been seen and reviewed by junior and senior doctors, and also presents the National Early Warning Scores.

Today, it has become a vital tool in helping York's medical teams to prioritise. It is a great example of an information system that utilises data already recorded through the Electronic Patient Record (EPR) system, which is then presented in a very useful

way to the on-call team to help them manage their emergency patients, and help improve patient safety. There are some other hospitals across the country doing this, but it is definitely not being used across the board.

When I became a consultant in the 1980s, there was a huge amount of sharing, because we are all seen to be part of the same family; working in the NHS.

Then came the Trusts and purchaser-provider split, and everything changed. Since then, there have been a series of good improvement programmes within the NHS to promote best practice sharing, and some have survived, such as those provided by NHS Elect.

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Perhaps NHSX could use this expertise to help spread programmes of support for the use of technology in the NHS.

The knack is often in showing what is the art of the possible between leading organisations and those barely out of the starting box.

I fear that there has been huge investment in international solutions that are not tailored for use in the NHS.

Failure to take advantage of potential gains from systems such as Electronic Prescribing and Medicine Administration (EPMA) is a classic example.

If this is a standalone system that requires staff to enter allergies, co-morbidities separately from the rest of the EPR, then mistakes will occur and you increase workload on an already busy group of clinicians and nurses.

If integrated into the EPR you start being able to employ links to recorded comorbidities and even blood results.

There are hospitals looking to change their systems completely but what guarantee do we have that they will move to a better more adaptable system?

Sadly, the answer is none.

There is also disparity and I fear a lack of learning from experience with equipment in secondary care clinical areas.

Examples include computers on wheels.

Experience has shown that many computers on wheels are heavy to move around so are not suited to the classic ward round. The batteries fail regularly, can be expensive to replace and ensuring that they are plugged in is also a challenge.

In comparison, moving to laptops on trolleys ensures a lighter more moveable device. The batteries are easy to replace, and the laptop easy to replace when required.

I end as I started, Gould has begun well with his tour of the NHS.

My hope is that he will bring stability, and perhaps an incremental plan that builds IT across the NHS.

Dr Ian Jackson is the Medical Director and Clinical Safety Officer at Refero.