

25x5: An international perspective on challenges and opportunities

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- My reflections on the conversation so far
- Clinically led design of Electronic Health Record (EHR) content - a case study of a UK provider organisation
- NHSX - a national approach

Some reflections on conversation so far



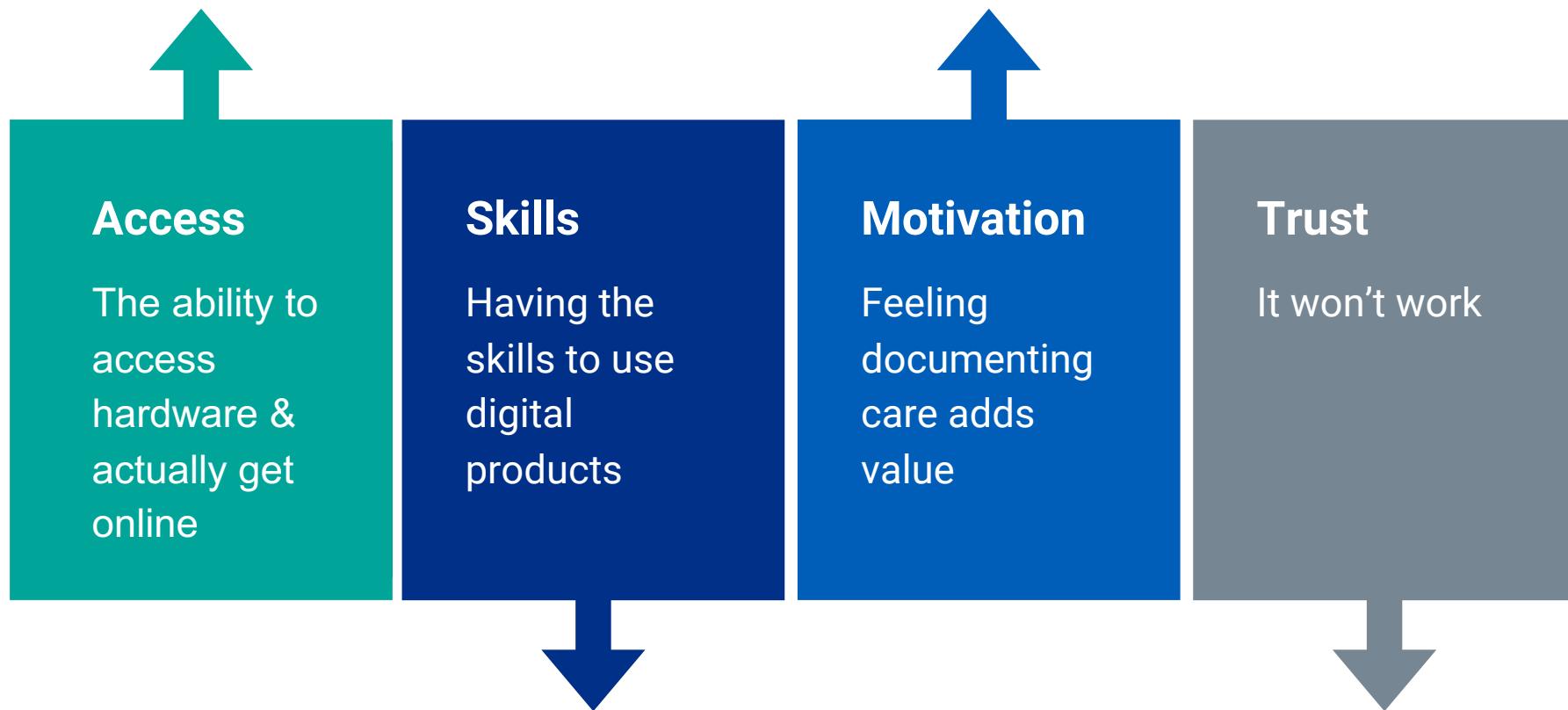
- Learning from each other
- Risk of romanticising paper
- Limitations of designing for billing and regulation
- Reimagining healthcare and the EHR
- Co-design
- Continuous evolution
- Divide between primary and secondary data
- Interoperability
- Radical thinking

University College London Hospitals - Case study 2017



- Nurse spent approximately 15% time documenting care, 20% time on meds administration, 10% time looking for information (UCLH SNCT Data 2016)
- Paper based nursing documentation - assessments
- 600 homegrown care plans on our intranet – rarely used
- SOAPIER - lots of narrative
- Electronic Prescribing Medication Administration
- Over 200 different nursing documents used across clinical areas
- No holistic nursing needs assessment
- An array of risk assessment based documents based on national imperatives/regulation
- Limited understanding or evidence of nursing diagnosis, interventions and outcomes

Barriers to adoption



EHR - an opportunity for improvement?



Clinically-led, workflow based co-designed EHR content for nursing care.

Aims:

- Reduce documentation burden while increasing quality
- Greater visibility & understanding of impact of nursing care, support operational leadership decisions
- Data to support research about the impact of nursing care on patient outcomes and experience
- And a change to education and educator roles

Guiding principles to support the subject matter experts and build team in design process



1. Make it easy to do the right thing
2. Nursing needs assessment will be standardised
3. Evidence based standardised terminology will be used
4. Discrete data entry first
5. Individualised care plans will be triggered by assessment
6. Document by exception – ‘within defined limits’
7. Reduce duplication and increase quality
8. Document in real time
9. Closed loop nursing process will be hardwired in

- Nurses like working with the EHR
- Greater compliance with assessments and plans of care
- Nurses don't report spending any more time documenting than they did before
- More real time documentation
- Nurses report it is easier to find information
- Ward managers use real time data to inform their leadership decisions
- Greater understanding of impact of nursing visible in the UCLH Accreditation programme
- Ability to undertake research utilising structured data
- The ICN built workflows make pandemic management much easier
- Siloed professional design limits repurposing opportunities
- UCLH is still an island of 9 hospitals
- National programme needed to fully realise local potential

Priorities for nursing and midwifery:

1. Use technology to support nurses and midwives vital role in **joining up care**
2. **Empower the frontline:** adopt the principles of the Chief Nursing Officer's collective leadership programme
3. **Professionalisation** of nursing and midwifery informatics
4. **Reduce the documentation burden** on nurses and midwives

Priorities for nursing and midwifery:

5. **Release time to care** - tech for task, extend humanity
6. **Improve safety** and reduce avoidable harm
7. Strengthen evidence base for nursing and midwifery using **big data to target care and support decision making** about nursing and midwifery interventions
8. **Empowering people** to actively participate and contribute to their care

National digital transformation

Secretary of State Technology Vision



The technology vision is the foundation for a new generation of digital services focused on: user need; privacy and security; interoperability and inclusion

NHS Long Term Plan



The NHS Long Term Plan sets out that future models will be underpinned by digitally enabled care providers and the provision of digital first services

COVID Priorities



We have adapted our strategy based on learnings from the pandemic and the resultant NHSE/I COVID priorities for the system

Digitise, connect, transform

The strategy for tech in health has been consistent for many years: **digitise** services, **connect** them to support integration and, through this, enable service **transformation**.

Digitise

Level up NHS and social care services to ensure they have a core level of infrastructure, digitisation and skills



Connect

Join services together through technology, allowing health and care providers to share information with one another and take a shared approach to procurement and implementation



Transform

Using the platform of a digitised, interoperable, connected health and care system to deliver services more effectively and productively, and with the citizen at the centre





Our missions

Reducing the burden on our workforce, so they can focus on delivering care.

Give people the tools to access information and services directly, so they can participate in their own health and care

Ensure information about people's health and care can be safely accessed, wherever it is needed

Aid the improvement of safety across health and care systems

Improve health and care productivity with digital technology

Building infrastructure, standards and interoperability



- Meeting the commitment for a digitised NHS by 2024
- Setting clear standards and ways of enforcing them

Sharing data



- Shared care records and optimal use of data
- Supported by clear information governance advice
- Promoting research

Building the centre



- What good looks like at both provider and system level, sharing best practice, support for the frontline
- Who pays for what and commercial advice for the system
- Streamlined oversight

Building the workforce



- Confident leaders
- Tech professionals properly supported and networked
- Clinicians entering the workforce knowing how they can use technology and data to help their patients

Building platforms



- Doing once those things that it makes sense for the centre to do once
- Establishing the AI lab and working with partners to improve regulation

What does success look like?



Clinicians find technology makes their lives easier.

Leaders and managers use data, innovation and real time information to drive service improvement.

Social care workers can access the information they need safely whenever and wherever they need it.

Citizens have the digital tools they need to drive their own care.



Researchers have access to health datasets to support cutting edge research and clinical trials

Tech professionals are valued as a core part of the team.

Analysts are essential to health and care's data driven and constant learning approach.

Health tech innovators see health and care as a place where their innovation can flourish.

A year in health tech



*Commissioned by NHSX, delivered in partnership with NHS Digital.

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