Just do it – three priorities for NHS IT

As the NHS faces up to the most challenging era in its history, with a current financial year deficit of £930m, technology is an often-touted solution.

Yet I am often frustrated by just how difficult it can be to get new ideas off the ground.

Here are the top three things on my wish list for NHS IT.

1 – Stop getting hung up on security.
The security and confidentiality of sensitive patient data is of paramount importance and we need high standards. However, all too often security is used as a reason to prevent innovation and an overly cautious approach means we miss real opportunities to improve care and efficiency.

The only truly secure data is data that nobody uses. The result? Patients stuck in silos of care, constantly repeating information to different people or – worse – being treated by someone who doesn’t have the whole picture.

We have to allow the data to move with the patient. Instead of being ruled by ‘what if?’ fears, let’s follow the many proven examples of secure data-sharing across the UK. These use robust data-sharing agreements with point-of-care consent from the patient, every time. I have yet to meet a clinician who has had a patient say no to this. They’re usually amazed that the NHS isn’t already doing it.

And it’s not just the patient who benefits – the efficiency savings to the NHS are huge. Take the Royal Free Hospital, where a GP-led assessment service in A&E – using access to patients’ records – means nearly half of ‘emergency’ patients are sent home with basic health advice. They don’t even need to see an emergency doctor!

Trust the model, it works.

2 - Put the patient in charge. It’s the simplest and most effective way to mobilise patient data. A patient’s medical record belongs to them and nobody else – why are we so scared of giving them access?

Evidence shows that record access improves patients’ understanding of and engagement with their health – and frankly to survive, the NHS needs more patients willing to take responsibility for their own health.

The surge in smartphone and tablet ownership is a massive opportunity for the NHS to deliver a step change in patient power.

Through secure and proven technologies, patients can already view their records, make appointments, order prescriptions
and record their own health data to be shared directly with their clinician.

But these patients are still a minority. The NHS needs to be bold, to trust patients more, and to take these technologies mainstream – because they can revolutionise care.

Imagine the cost savings if just a fraction of the 3.3million English people with diabetes (currently costing the NHS in England over £10bn a year) could manage more of their monitoring from home, sending blood test results straight to their GP instead of visiting the surgery, and receiving medication and lifestyle advice electronically.

3 – Make all the technology user-friendly and sell the benefits for the user, not just the organisation. This is critical. Engaging clinicians is essential to successfully implement any technology. If clinicians don’t see the point of it, they won’t use it. And as the testimony of failed IT implementations shows, badly designed systems can wreak havoc and waste billions.

The answer is to work with clinicians on every piece of technology that the NHS uses, to tailor it to their needs and – crucially – to show them how it will make their lives easier. Very few organisations get this right. Their focus is often “just” on the benefits to the organisation and patients, rather than the user.

Yet good technology, designed to meet clinicians’ needs, can make their working lives better. It intuitively supports their workflows by providing the right information at the right time – and cuts out duplicated tasks. It also supports more flexible and autonomous working patterns and, through secure data-sharing, enables better communication all round.

At a time when clinicians’ morale is low, good IT has a vital role to play in making their lives easier. But we have to work hand in hand with clinicians from the start. Trust me, it’s the only way that works.

Chris Spencer is Chief Executive of EMIS Group.