

## **How could technology better support patient experience in the NHS?**

**The NHS exists to serve patients. But more could be done to make their experience a key focus when it comes to technology adoption, senior NHS delegates told a recent roundtable. SPARK TSL reports.**

Sustained challenges faced by clinical teams on the frontline of an NHS under pressure are well documented in daily headlines. Staff are managing huge demand with finite resource, with significant impact for their own health and wellbeing.

But ongoing pressures also directly affect how patients experience services. Details of this particular challenge and opportunities to better use technology to help patients, emerged at a recent roundtable event held in Birmingham in September, where patient experience leads from six NHS trusts voiced their priorities.

### **Patients feeling the pressure – people are more fragile**

“It is always the patient left suffering when appointments are cancelled, with ever increasing waiting lists,” said delegate Micah Matore, the patient experience lead at Bedfordshire Hospitals NHS Foundation Trust in his opening comments.

“The NHS is under a lot of pressure,” he said. “And patients and families are the ones that end up feeling it the most.”

Matore’s comments were echoed by colleagues. Caroline Heason, head of patient experience at Oxford University Hospitals NHS Foundation Trust, said that patients faced an “increasing complexity of physical health conditions” and reflected on changes in “people’s resilience to be able to cope”.

Many patients now had to manage “mental health problems, their families’ ability to cope, and the cost of living crisis on top of that”. Various factors combined were “making people feel very fragile”.

### **Light at the end of the tunnel**

With challenges around finances, fewer GPs and community services available, and growing numbers of patients, Alison McCrudden, head of patient & family experience at Lancashire Teaching Hospitals NHS Foundation Trust, said opportunities to improve how patients interact with the NHS rested in collaboration to give patients “a clear structure of where they can go when they need help”. “We are doing collaborative working within Lancashire and South Cumbria with partners, trying to make sure we give patients a better experience,” she told delegates.

Annette Agetue-Smith, associate director for patient experience and engagement at Mid and South Essex NHS Foundation Trust, concurred that tight finances combined with increasing complexity required new approaches. “It is tough, but there is light at the end of the tunnel,” she told the event. “We are bringing in more diverse conversations. Previously we wouldn’t be meeting with SPARK TSL or the hi-tech AI industry. We are doing things differently and will come to see improvement as a result.”

Rachel Watson, head of user insights and user experience design at Imperial College Healthcare NHS Trust, said innovative work was needed to reflect modern patient needs. “Society has changed a lot in the last 10 years,” she said. “People’s expectations are slightly different and there is a huge focus on equity within the NHS. We need to start thinking radically different around how we approach problems.” Technology has a role to play, she insisted.

### **Tech already helping the patient experience**

In Mid and South Essex “technology has really helped to drive the patient experience”, said Agetue-Smith. “We have been looking at virtual reality in supporting patients with mental health conditions, autism, dementia and with children: giving them a virtual experience of what a procedure is like. We are trying to think outside of the box.”

Patient portals to help bring “autonomy to patients”, a need for “systems that talk to each other” to ensure timely patient assessments, and opportunities to use technology to improve patient engagement before the complaint process, is part of the focus at Bedfordshire Hospitals, said Matore.

From robotic surgery that can cut down theatre and recovery times, to video on demand services that help to make translation services accessible to different communities, McCrudden also said that technology “really helps to streamline services”.

Alison Greene, patient experience & engagement matron at Barts Health NHS Trust, added that “some of the simple things that came through Covid have really helped.” “There had been a push for virtual appointments,” she recalls. “Some said, ‘oh no, we can’t do it’. Then suddenly we could.”

Watson said technology is having significant impact as a tool for patient communication. “We have used text messages to communicate with patients, so it is not radio silence as they wait to be seen by the right person,” she said. Efforts had been made to “give patients the tools to provide self-help”. “There is something around logging preference for patients – do they want a face-to-face appointment, do they prefer online, do they need large font, how can patients tell us they no longer need the appointment? That can all help.”

### **Joining up diverse tech – involving patients, building libraries, making tech accessible.**

With so many solutions being delivered, often in isolation, questions on how to make diverse technologies accessible to patients in structured ways, were posed.

“It’s the connections with real-life people who have to pick it up and use it that really needs consideration,” said Watson. “The resource is often not identified to work that out.”

Agetue-Smith said she needed to keep asking “where is the patient voice” as digital programmes are delivered. “The agenda for patient experience needs to be challenged at every step of innovation,” she said. And she said ageing NHS estates and infrastructure required updates “to host the technological advances we are talking about”.

Matt O’Donovan, CEO for SPARK TSL, agreed that the right infrastructure could place innovations into patients’ hands. Using libraries as an analogy, which cater for a large variety of people to make content accessible, he said NHS providers now have an opportunity to better embrace existing technology. WiFi tools and bedside monitors, for example, could help create a structure for patients to access tools that could improve their experience.

“We could have 30 cool apps that could make a difference to lives,” he said. “But how can we deliver those apps to patients?”

“We need the right infrastructure in place to deliver fantastic innovations. You need someone to glue all that together, so the data is accessible.”

Immediate quick wins from this approach excited delegates. Screens could allow patients to not only watch Netflix but to “access their information, carry out surveys like Friends and Family tests, order meals, feed information back to a PAS, or embrace another new app tomorrow that does something even better”, said O’Donovan.

James Morriss, managing director for SPARK TSL, described how one hospital is already using the company’s WiFi splash screen to signpost patients to information tools including the Patients Know Best app. “We are really hoping we can supercharge the usage,” he said.

At another hospital, 500,000 patients use the company’s WiFi splash screen, which could create huge potential to direct them to helpful apps and accessibility tools, he said.

Hospitals now have the ability to make more of their WiFi toolset, the roundtable heard. They can use this to engage with patients when they arrive at hospitals, or when they are in a hospital bed via existing bedside units, also supported by SPARK TSL. Or they could use iPads and tablets, which

could also be used by patients after discharge. Patients could be signposted to appropriate applications within a library style infrastructure.

The opportunity: to help busy providers overcome deployment obstacles, and to activate patients to engage with digital tools and information that can stimulate important participation in healthcare.