

## **What could existing NHS tech do for patient experience?**

**NHS trusts are exploring new opportunities to use infrastructure that they already own. The aim? To better engage with patients, alleviate their anxieties, and inform patients what is happening regarding their care, whilst at the same time reducing pressures on busy wards. Matt O'Donovan, Chief Executive at SPARK TSL, explains.**

What do patients want to know when they are admitted to a hospital ward? Information important to the individual will inevitably vary, an important factor I'll come back to later.

Most patients will want to know at least three things: what is going to happen to them, when they will be visited, and when they will get to go home.

They will probably also want to know when and how they can get a meal appropriate to their dietary needs, how they can watch their favourite programmes, if their friends or relatives have phoned the ward, and what happens next in their care, after they leave the hospital.

Obtaining the answers to many of those questions often involves patients asking the busy nursing teams who are already doing many things to look after them. Nurses might then need to spend time navigating IT systems, or tracking down colleagues, to provide some of the information being sought.

Now, hospitals are starting to explore the potential for simpler ways to provide patients with the information that matters most to them. The solutions materialising could play an important role in enhancing how patients experience their hospital stay.

### **An immediate opportunity to better engage with patients**

Nearly all of the information needed to reassure, entertain and enlighten patients, already exists in healthcare systems and online resources. The challenge many healthcare providers face, is delivering and presenting that information in ways that work for individuals.

Some information that can help to engage patients might be owned by nurses on the ward, different clinical specialties, patient liaison services, or charities and care providers in other settings, for example.

Other specialist information, which will have relevance only for particular patient cohorts, might be contained in specialist systems or applications. For example, there might be niche apps that provide information for patients who have heart conditions, to support individuals receiving chemotherapy, or to equip new parents with helpful insights as they encounter maternity services.

Third parties might own other information and digital content relevant to patients. Streaming and entertainment providers for example, who can help to support patients with important diversionary content important for their wellbeing.

There are a great many apps and digital tools out there, some healthcare specific, some not, which can enhance a patient's time in hospital. Leading patient engagement specialists tell us that uptake is sometimes hindered by the delivery of those applications in isolation. That is now starting to change.

### **Supercharging existing technology to engage patients**

Hospitals are examining how they can use WiFi portal pages, often accessed by hundreds of thousands of patients, to signpost patients to apps that can inform them about their care. They are using the infrastructure that they already own in new ways to supercharge the utilisation of patient information tools that they might already be paying for.

This innovative use of existing technology doesn't end there. Throughout NHS hospitals, thousands of bedside terminals are used by patients to watch and listen to TV channels and

radio stations. But the use of those bedside terminals could be far greater, something that hospitals are recognising.

Hospitals are now engaging in conversations to better harness their WiFi infrastructure and bedside terminals, and overlay them with intelligent interfaces, to provide patients with information and applications that can answer many of their questions before they even need to ask. Screens that can allow someone to catch up with the latest series, whilst facilitating engagement that is sometimes missed.

Imagine if a patient was presented with a personalised screen that delivers a bespoke library of content to aid with the orientation of their care. Details about what is happening to them, their treatment, the people caring for them, when their next test or observation will take place, how to order their meal, and when they will go home.

It could tell them when their friends or relatives will next be able to visit or give them access to an app that enables a video call with their family and friends directly. It could provide them with access to all the applications relevant to their specific circumstances and interests.

It is not just about patients staying in the hospital. Imagine if that same portal page could be accessed via a smartphone. When a patient arrives for an appointment, they might pay for an hour's parking, only to discover at the cardiology department that their appointment is 45 minutes late. Wouldn't it be great if that patient could log-on to the hospital WiFi as they arrive and use the same screen to electronically check-in to their appointment? It could then automatically notify them about any delays, offer the opportunity to extend the car park, and provide directions to the nearest café, so that they are more relaxed when they do have their ECG.

This is about alleviating potential anxieties before they even exist, and solving seemingly simple problems that might not be a complex part of a patient pathway, but which do matter to people.

### **Making this happen at scale**

Passion for the patient experience is very high in every hospital we speak to. At one recent roundtable event, patient experience leaders told us that many of their patients are now more fragile as they wait longer for treatment and cope with the cost of living crisis, making the case for enhancing their experience stronger than ever, as a key component of delivering good outcomes.

Pioneers are driving forward innovative uses of technology as one channel to address this. The challenge for some hospitals in replicating such an approach, rests in structures that have fragmented responsibility for some of the key enablers.

Doing this at scale across the NHS requires patient experience, and the digital solutions that could enhance it, to be elevated as a board level priority in ways that allow digital, infrastructure, liaison, clinical and ward teams to unite decision making powers.

The technological tools already exist to enhance patient experience in entirely new and cost efficient ways. Seizing the opportunity needs the NHS to adopt an organisational strategy to embrace them.