Times are hard, but trusts can still make positive IT choices

Chief information officers can make future-proof investment decisions to support their clinical colleagues, drive efficiency and improve outcomes, even when budgets are tight and a general election is on the way.

We talk to Rebecca Wise, sales director at Clanwilliam UK, the home of theatre management expert Bluespier, about the challenges, and how specialist systems with good integration can address them.

This is a difficult and uncertain time for healthcare technology. Central funding has been cut repeatedly over the past two years and there is a general election coming.

Chief information officers are understandably wary about approving investment, even if their clinical colleagues are clamouring for systems that can address the pressures they are facing and deliver a better experience for patients.

"That is certainly the case in theatres," says Rebecca Wise. "A modern, interoperable theatre system can integrate with patient portals, digitise scheduling, and generate the data required to keep teams operating at maximum capacity. Yet the replacement of legacy systems and paper-based working is on-hold up and down the country."

This seems strange, when there is a political imperative to get waiting lists down. So how did we end up in this position? And how can CIOs look to change it?

Waiting – and waiting – for an EPR strategy

The outlook for NHS IT was brighter quite recently. The Budget in October 2021 identified £2.1 billion over three years for innovative technology to make hospitals and other care organisations as connected and efficient as possible.

However, a year ago, financial commentators calculated that just half of the money remained. National programmes and the frontline digitisation programme, aiming to complete the roll-out of electronic patient records, had been scaled back and delayed to divert money to the frontline.

Then, in November, NHS England cut the budget further, as part of an £800 million package to cover some of the cost of last year's strikes. "One impact is that trusts hoping to swap their legacy EPRs for 'next generation' systems have been unable to do so," Rebecca says, "and that has affected the theatre pathway.

"Radiology and pathology services have been able to access national cash to upgrade their PACS, LIMS and order communications, as part of programmes to create networks across the country. Nothing like this exists for theatres, so there are few alternatives for trusts that were hoping to upgrade as part of their EPR strategies."

Legacy means inefficiency
This matters because many trusts are using legacy theatre systems. In some regions, that means software dating from the days of the National Programme for IT, which installed basic systems whilst new EPRs were delayed.

These systems have no integration or scheduling, so theatre teams have to co-ordinate diaries, slots, and consumables by juggling paper files. They have no pre-op modules, so patient availability, pre-assessment forms, and real-time patient status aren't always available when they're most needed.

"Bluespier can change all this," Rebecca says. "Our specialist theatre system has strong integration capabilities – we can set up bi-directional feeds to at least 30 administrative and clinical systems.

"That means hospitals can use real-time information to make sure theatres are used to their maximum capacity. We also have a mobile app to enable clinicians to access that information easily, where and when they need it."

Make use of PEPs to sort out pre-op
Bluespier also has a pre-op module that supports scheduling by taking a data feed from the patient experience portals that NHS England is funding trusts to deploy by the end of the financial year.

"Bluespier is agnostic when it comes to portal providers," Rebecca says. "All of the technology products within Clanwilliam UK embody an open, collaborative and interoperable approach, so we integrate with any of the well-known suppliers, and use their data to pre-populate our forms.

"One immediate benefit is that consultants no longer have to wait for notes to arrive, which all too often means getting them taxi-ed over at the last minute. And their teams can see whether patients have had all the necessary checks and preparation done, to reduce the risk of cancellations on the day."

Generate data for improvement
The benefits of a modern, well-integrated theatre system don't stop there. Post-operative care can be improved because nurses can see what has happened in theatre.

Recalls are much easier to handle. Staff can simply search the system to generate a list of the patients affected, instead of spending days trawling through paper notes. And data is available for reporting and analysis.

"It's helpful for trusts to know which theatres run slow and get an insight into why," Rebecca explains. "Our system can generate a real-time track of patient activity that shows when activity drops during the day. Want to get a handle on cancellations? Our system will generate a report that lets you drill down into the reasons."

Help your theatre teams – nobody is going to stop talking about waiting lists
NHS finances are not going to improve in the short term. Diverting money to 'the frontline' has not stopped the centre from overspending its Treasury limits, and large trusts are reporting significant deficits.

Meanwhile, a general election must be held by January 2025, and most commentators are expecting one to take place in spring or autumn this year. The likelihood is that a new party will take power and, for the moment, it's health and tech policies are still under development.

The temptation for CIOs will be to avoid spending commitments until there is more clarity on how NHS finances will be recovered and less uncertainty about the future of big, national IT programmes, like frontline digitisation.

Yet, as Rebecca says: "There are things that IT leaders can do now that will address immediate challenges and put them in a better position for the future. One is to bring in specialist systems with good integration and theatres are a particularly strong candidate for attention.

"It's not just that their teams are crying out to replace their legacy IT. A modern, mobile, patient-focused theatre system can improve efficiency and help to tackle waiting lists, by making the best possible use of the theatre slots available."

If one thing is certain in the current environment, it is that the elective backlog will remain the focus of political and public attention. No government is just going to ignore waiting lists. So why not use proven technology to make the strongest possible progress on reducing them?

Note for readers
Bluespier is committed to helping hospitals to become as effective as possible across their theatre pathways. To find out more, visit stand Go8 at this year's Digital Health Rewired, which takes place on 12 and 13 March in Hall 8 of the NEC in Birmingham.