

DATA:

The past, present and
future of healthcare

Insource Ltd

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As the NHS gets to grips with the crippling backlog currently plaguing much of its services, the health sector is reflecting on some of the deficiencies highlighted by the pandemic and the lessons learnt.

We sat down with data management experts Insource and some of Mid and South Essex's foremost health professionals to discuss how the NHS can solve their elective recovery problems.

With the dawn of the Integrated Care Systems on the 1st of July, a new era of healthcare was ushered in, a new era that will deliver faster, better, and more efficient healthcare and is set to be defined by conquering the still mountainous backlog up and down the country.

On this, Barry Frostick, the Chief Digital and Information Officer at Mid and South Essex Integrated Care Board, said: "Integrated Care Systems were established for a reason - one of the main purposes was about how the Integrated Care Systems can work together, across the entire population, for the sector to provide better healthcare for our patients."

A lovely idea, but how exactly are they going to do it?

One word: data.





The problem

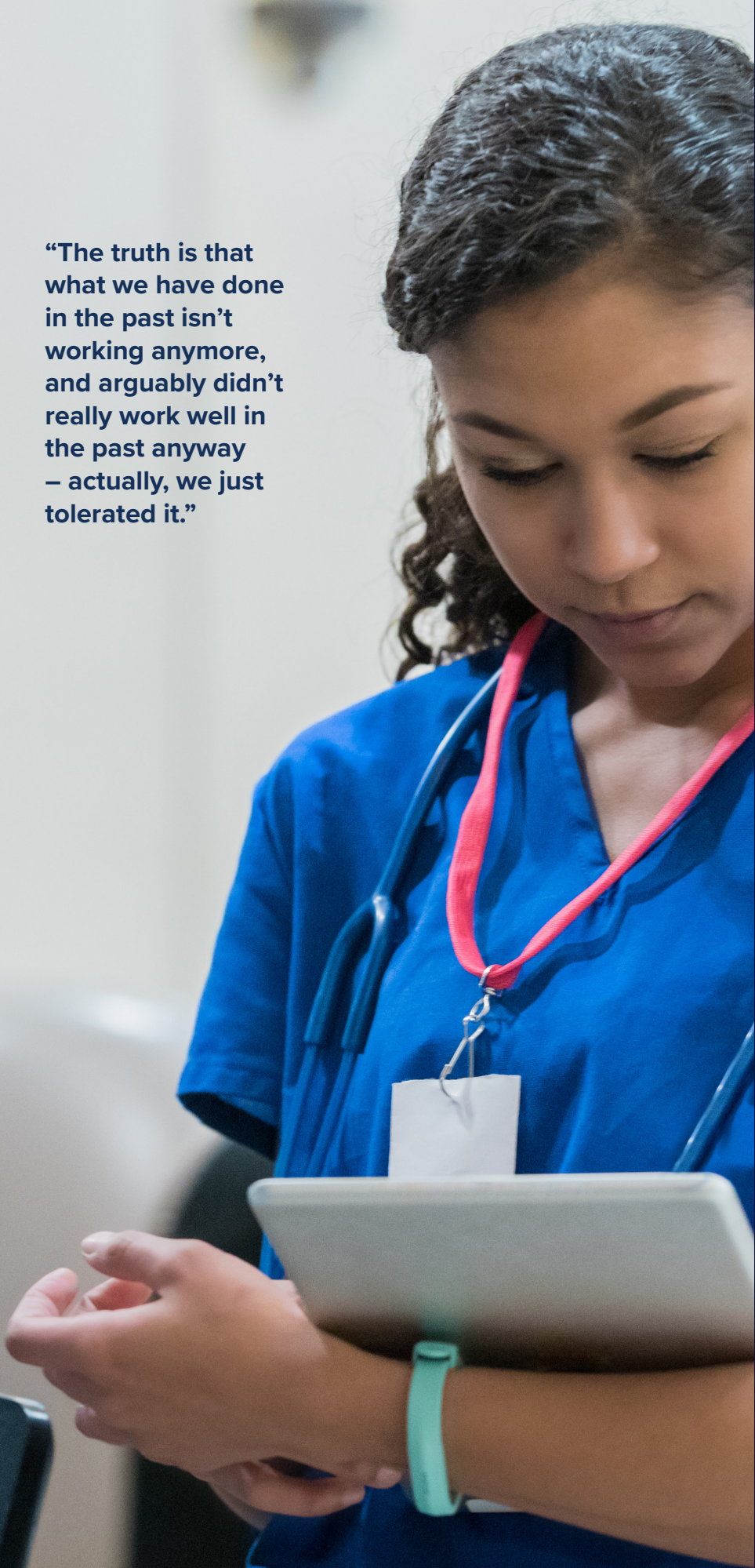
In the Government's recently published Data Saves Lives strategy, data is celebrated as the driving force behind the country's stoic resilience against Covid-19 and nominated as the avenue of the future for dealing with the industry's longer-term problems such as tackling the backlog and elective recovery, as well as making the necessary reforms to shape the future of healthcare.

But data isn't some new-fangled idea that some bright spark in I.T. has just come up with, in fact that's one of the main problems, data in the NHS isn't new at all, it's quite often, well, old.

Barry explains: "Today, you'll have a clinician walking around the hospital with an Excel spreadsheet trying to actually manage their lists of treatments and prescriptions on all their patients. By the time they've gone through them and done all that work, the spreadsheet might be out of date, and they've wasted time that could've been better spent elsewhere."



“The truth is that what we have done in the past isn’t working anymore, and arguably didn’t really work well in the past anyway – actually, we just tolerated it.”



If data is the key to this new age of healthcare, then why, and how, is it that clinicians have to trawl through endless pages of spreadsheets just to find out what a patient needs next?

Well, because the actual up-to-date data is probably being stored in a system sitting about 25 miles away in another hospital, being of absolutely no-use to the clinicians that need it.

And because of this, the nurses, doctors, midwives – whoever it may be – still have to manually record much of their information on pen and paper, wasting time, money, and resources.

For the biggest employer in Europe and a service that, for seven years, was heralded as the best health service in the world, it is a decidedly medieval way of doing things.

So, why is it then that when clinicians can’t access up-to-date data and inevitably have to phone up five different people to verify their records are correct, they are lambasted for not doing their job properly?

How can they be expected to make the best, most clinically informed decisions on their patient’s treatment pathway, without the right information?

Patients are supposed to wait no longer than 18 weeks for elective treatment, a standard that is laid down in regulations, but in June 2022 the wait was longer than 45 weeks nationally, with the typical wait just to get a diagnosis and decision at 42 weeks and rising. Most of the increase happened during the pandemic, but not all - the NHS was struggling to keep up with demand even before Covid reached our shores, so these problems are longstanding.

Ronan Fenton, Mid and South Essex Integrated Care System’s Medical Director says, “The truth is that what we have done in the past isn’t working anymore, and arguably didn’t really work well in the past anyway – actually, we just tolerated it.”

The data of the future might be the key to reshaping and rebuilding the healthcare system, but first you must unlock the data of the present – not the past.



The Solution

This is where Insource come in.

Insource collect fully validated information on a patient's end-to-end journey within the health system, allowing clinicians to see the big picture, at a moment's notice.

Not only is this data an accurate up-to-date representation of a patient's full treatment journey, it's all stored in one place thus breaching the dreaded data siloes of yesterday's health and care systems, and replacing them with today's news, today, rather than tomorrow.

In May, Mid and South Essex launched their fully-fledged patient tracking list covering all specialties across all three of their acute sites, canvassing everything from initial referrals all the way to treatment and discharge, which gets updated every single day – a feat no other solution has managed yet.

Barry explains, "By introducing this tool, all data is available online, it's updated centrally, it's maintained, it reduces any of those small bits of waste that you'd find that clinicians would have to be doing and provides them with more modern tools that can enable them to better manage their patients and their workloads."

He continued: "The different approaches around how we may be providing that care for patients increases complexity for our operational practices and our operational procedures – simplifying that, turning from a position of where we've got disparate data across the three different hospital sites, into a single aggregated view of that data for which you can then apply a standardised approach will make the day job easier for the operational staff."





The effects

Making things simpler for operational staff as Barry says, is crucial. In the Elective Recovery Plan, NHS England and Improvement set a target of delivering 10% more elective activity than compared to before the pandemic, with that set to be scaled up to 30% by 2024/25.

If elective recovery activity is to increase, then adopting the solutions that Insource provide is essential in streamlining a clinician's workload and thus boosting their output.

It's not just output that can be enhanced though, Insource's data solutions can improve workforce morale too.

Barry details this saying: "This tool is a more efficient way of doing things.

"What does that mean?"

"Well, it frees up time, it frees up time for the operational staff or the clinical staff to maybe pick up

the phone when they might not necessarily have been able to pick up the phone – in effect to do more value-added tasks and actually free up time to care.

"What's the impact of that?"

"Well, it could just be that the person who isn't particularly digitally savvy and can only get in contact with the hospital by phoning up, gets their call answered and gets the help they need. Some of those things might sound small, but in some ways they're quite immeasurable."

Because that's what clinicians want to do, isn't it? They signed up to the NHS to provide care for the people that need it, not spend their time answering calls to find out what prescription a patient is on or completing other menial admin tasks. They want to feel like they're making a difference and helping people – that's what they trained for.

And when the workforce sees that, by adopting these innovations,

they have more time to do their actual job, they will start to trust the technology and, perhaps, some of the faith that has been lost during the turbulence of the last two years can be restored.

Ronan explains: "Making people recognise that actually, it relieves a lot of the pressure once the system is in and rolling.

"I work in operating theatres, I can feel the pressure there on a daily basis, and nobody likes to feel that we're not actually able to do what we can optimally do.

"So convincing people and clinicians that, actually, if we have a common policy about what the clinical priorities are, if we stick to that, and we stick to it together, which is unlike how we worked in the past, that actually overall, we will help patients and just reduce that pressure that's on all of us in operating theatres – and that's what we're doing."





Ronan adds: “At Mid and South Essex, we talk a lot about stewardship, about recognising what’s actually required to optimise patient outcomes, rather than one particular silo. And this tool, I think, really, really helps with that. It helps us create that culture change, as well as moving us along the direction we need to be going in for the betterment of our population.

“This fosters a different attitude, a different culture. And actually, once it’s rolling, it should actually feel like a weight lifted off the clinicians’ backs to allow them to do further work than they can do now. As Barry says, doing more with the time and more importantly than anything else, it will actually allow the patients to get what they need in a timely manner.”

The morale of the workforce has been battered during the pandemic, compounded further by the quality of care they been providing as a result of burnout, and the subsequential relentless press coverage.

In a recent staff survey, barely one in four (27%) respondents said that their organisation had enough staff for them to do their job properly with just 68% reporting that they are happy with the quality of care they are providing. Only 59% of people said that they would recommend their organisation as a place to work for.

All this combined with staff having to use methods that should’ve already been consigned to the history books, and you’ve got a very unhappy workforce, but by embracing digital transformation in full and integrating solutions like the sort Insource provides, like Mid and South Essex Integrated Care Partnership have, then you’ve got a viable solution to a lot of staff troubles.





Conclusion

If the NHS want to keep up with the times and tackle the massive backlog they still have on their hands, increasing output by streamlining staff workload and improving staff morale by expediting patient treatment pathways is going to be essential, and there's only one way they're going to do it.

Up-to-date centralised data that is accessible from anywhere – and once Mid and South Essex have gotten to grips with the backlog, the bedrock of data they have at their disposal will act as a launchpad for a flurry of other advancements, which is something Sam Elliot, Insource's Chief Executive Officer alluded to, saying: "Mid and South Essex are a very important flagship site, not only for Insource but nationally, and the work they're doing is ground-breaking in many respects.

"Building a single, fully validated, automated Patient Tracking List across an ICS may be our bread and butter, but it is also providing the data foundation for a wide range of planning, performance, clinical and process improvement initiatives that could revolutionise care delivery going forward.

"We are immensely proud to be helping MSE chart the future and deliver true joined-up care and efficient use of resources system-wide to bring down the backlogs."

Arresting the backlog might be the start of Mid and South Essex's digital transformation journey with Insource, but it certainly won't be the end...