Response to NHS Chief Executive’s Open Call for Evidence and Ideas

Respondent ID: 135

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Innovation in the NHS: call for evidence and ideas

Learning from elsewhere about adoption and spread

What can the NHS and NHS Commissioning Board learn from local, national and international best practice to accelerate the pace and scale of adoption of innovations in the NHS? [Please include relevant examples, published papers or other evidence you have found useful.]

It is well established that innovation has to be a cornerstone of the reforms due to take place in the NHS as they will provide much needed scope to cut down costs and improve efficiency. Innovation is already taking place in the NHS in local and regional pockets around the country however a broader view needs to be taken to speed up and deepen the pace of technological development and implementation.

The first step in the drive towards innovation in the NHS should be to take full advantage of existing infrastructure. Hospedia’s bedside systems have for a decade been an important source of comfort for patients during their stay in hospital. Through the bedside system patients are able to access television and radio services, use the telephone to contact family and friends, and also access the internet.

However, the systems have a much broader capability than simply patient entertainment; they can also crucially provide support services to healthcare professionals. Hospedia has developed and is currently trialling a number of innovative services that will revolutionise the relationship between hospital staff and patients.

The services that Hospedia are able to offer include:

- Real-Time Patient Survey Systems
- Clinical Access
- Interactive Meal Ordering Services
- Bedside Translation Services
- Public WI-FI Access
- Bed Management
- E-prescriptions
- Health Index (see appendix 1)

Hospedia is trialling its clinical access platform at Broomfield Hospital, Addenbrookes, Heart of England, and shortly at Southampton in partnership with the local trusts, whereby doctors and other medical staff are able to access patient records directly at the bedside.

The Hospedia Clinical Access Service allows trusts to access their own applications at Hospedia bedside terminals. The service consists of an inter-connect between the Trusts infrastructure and Hospedia’s onsite infrastructure.

With PC functionality provided at each bedside, Hospedia is ideally placed to deliver access to the wide range of clinical applications that are in use within a hospital. For example, PACS (Picture Archiving and Communications Systems), blood results and ordering, e-pharmacy, patient admissions systems and even patient records can all be accessed via the bedside.
Following a visit to Broomfield hospital in March, Simon Burns, Minister of State for Health, noted in the *Chelmsford Weekly News* that “not only does clinical access increase the efficiency of the staff’s workflow by reducing administration time, but also avoids potential errors such as misunderstanding doctor’s handwriting and reassuringly lets patients see exactly what is going on with their treatment.”

The Health Minister continued in his remarks to affirm that:

“More hospitals should look to integrate existing infrastructure to develop and improve their IT, the efficiency savings as a result will help in working to deliver a more patient-centred NHS and improving patient care. The initiative that Broomfield has shown demonstrates the kind of success that can be seen when decisions are made locally, and it’s a model that other Trusts should look to.”

The Health Minister’s sentiments have also been echoed by the Department of Health’s *Liberating the NHS: An Information Revolution* consultation in its acknowledgement that the delivery of information to patients and service users can increasingly be done through the bedside systems.

The dissemination of information is a key component of innovation, which is why more of the former enables faster development of the latter. Hospedia has also been trialling, with much success, the use of real-time patient surveys for patient feedback on care and treatment (see appendix 2). The current system of patient feedback is longwinded and laborious as hand-written comments take up valuable time and resources to compile and process.

This obstacle has been noted by the House of Commons Health Select Committee in its recent report on complaints and litigation. The report urged the Government to pilot how “real-time” feedback can be captured by using the bedside technology, which it said can quickly capture customer care issues, leading to an immediate response, while also being “fed into analyses of broader complaints trends.” It is clear that there is

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2 Department of Health: *Liberating the NHS: An Information Revolution* consultation, submission deadline: 14 January 2011
3 House of Commons Health Select Committee: *Complaints and Litigation – Sixth Report*, 22 June 2011
urgency for real-time information as it is also echoed in the Department of Health’s *Developing the NHS Commissioning Board* paper.

The Hospedia Real-Time Patient Survey System allows trusts to setup, manage, and conduct inpatient surveys. It is a fast and effective way to collect feedback from patients, visitors, and staff at the bedside.

The benefits to patients include:

- Real time feedback to support Trusts in improving patient care
- Accessible surveys for all patients with Hospedia bedside units
- 24 hours per day 365 days per year availability - the service is accessible when the patient needs it the most

The benefits to trusts include:

- Real time access of reports to review results as they come in, by ward or for the whole hospital
- Ability to allow ward managers to access their ward reports to promote greater awareness and respond to issues immediately
- Reduction in the risk of data entry errors, as all data is gathered electronically
- The ability to fix mistakes in a matter of minutes - one spelling mistake using a paper survey and a whole survey print run could be wasted
- No survey card printing costs, no postage costs, no data entry costs
- Surveys available throughout the hospital, no need for wards to share devices or researchers
- Self service surveys meaning that more surveys can be completed by patients

The above examples of existing capabilities evidence the best practice in innovation already taking place in the NHS, which should provide confidence as the proposed changes to the health service take shape. The greater take up of existing services can also save up to £14m for the health service that can be ploughed back into patient care (*see appendix 3*).
Actions at national level in the NHS

What specific actions do you think national NHS bodies, such as the NHS National Commissioning Board, need to take to encourage and stimulate the successful and rapid adoption and spread of innovations throughout the NHS?

Technological innovation in health care is a relatively new concept that requires careful dissemination, as it is natural for some to take it up quicker and be more receptive to it than others. Within this scenario it is important to ensure that those lagging behind are given the correct support to be able to share the fruits of innovation.

The rapid adoption and spread of innovation throughout the NHS may require national NHS bodies, specifically the NHS National Commissioning Board, to be proactive and strategically engage with Trusts to create incentives. If not done so, it will be costly and counterproductive to allow trusts to maintain the status quo and resist change towards innovation.

Without doubt it is up to the trusts to develop and implement health care programmes, as this remains true to the Government’s commitment of localising decision-making. However, this objective requires an overarching national framework with best practice standards. The establishment of these benchmarks will provide confidence and clarity for local decision-makers to execute these proposed changes, enabling them to be agents of change. The framework needs to address the following themes:

- Why innovation is necessary and how it can benefit the NHS
- What trusts can do to develop and adopt innovative technology
- What support systems are in place to assist trusts in pursuing innovation

The Developing the NHS Commissioning Board paper rightly states that the Board will “promote innovative ways of demonstrating how care can be made more integrated for patients”. The proposed reforms – although welcome – have admittedly caused significant concern and uncertainty in the health care community. It will be reliant on national bodies, such as the NHS Commissioning Board, to quickly address these issues, which can only be done by exerting leadership and through proactive engagement.

The paper also suggests that the Board should develop a relationship with industry, particularly medical technology suppliers, which support its strategic approach to innovation and development. Hospedia warmly welcomes this approach and intends to fully support the Board in promoting the use of technology to create more accessible and personalised services, to ultimately improve the relationship between patients and the health service.

As mentioned previously, and as a final note, leadership in promoting the adoption of innovation is of unparalleled importance, as it can provide confidence to trusts in their undertakings. Engagement on a local level is also important – and is something Hospedia does regularly – however it can be a highly fragmented approach, as trusts confront external and internal pressures on multiple fronts. It would be preferable to engage at both a national and local level, with the support of a nationally defined framework for innovation in health care.

As such, Hospedia would welcome high-level seminars with healthcare professionals, trust senior executives, and industry representatives focusing on the role of innovation in improving patient outcomes, and its place in the NHS.
Actions at local level in the NHS

What specific actions do you think local NHS bodies, such as providers and Clinical Commissioning Groups, need to take to encourage and stimulate the successful and rapid adoption and spread of innovations throughout the NHS?

Through direct contact with patients, local NHS bodies play a vital role in delivering the health service’s objectives in adopting and spreading innovation. Also, the spread of innovation will only be successful if patients and health care professionals are supportive of it. Therefore, enthusiasm for it is required at the front line of patient care.

Local NHS bodies, such as providers and Clinical Commissioning Groups, should articulate the benefits of innovative technology in assisting health care treatment, to in turn stimulate patients to a) value greater use of innovative practices b) support further development of innovative practices to integrate care.

Local NHS bodies also have a direct role in procurement of resources, which puts them in direct contact with private sector service providers. The relationship that develops between these two parties is important to the delivery of health services. Service providers have a strong incentive to innovate and invest considerable resources into R&D. The attention they give to innovation provides a valuable source of ideas for improving the patient experience, making their contribution welcome. Local NHS bodies should therefore engage more frequently with private sector providers to develop mutually beneficial outcomes.

Ultimately, innovation can further empower local NHS bodies to act timely and independently, contributing to their objective of ensuring patient care is delivered in a setting of “no decision about me without me”, as is proposed by the Secretary of State for Health.

Actions by NHS partners

What specific actions do you believe others, such as industry, academia, patient groups or local authorities, could take to accelerate adoption and spread, and what might encourage them to do so?

NHS partners should, in the first instance, cooperate to a greater extent. Stakeholders will undoubtedly represent different interests, however it is important to constructively cooperate to address these differences. Cooperation will encourage a broader focus on innovation and in time greater enthusiasm.

Patient groups have a particularly important role to play in accelerating the adoption and spread of innovation as they represent patient interests. Hospedia strives to engage with patient groups despite differences of opinion on how best to provide entertainment services to patients. We believe that there is greater scope for both sides to work together to address key patient concerns, which, in many instances, could be solved by moving towards greater innovation. A Real-Time Patient Survey conducted by Hospedia showed that 80% of patients would welcome access to their health and care records electronically at their bedside while in hospital (see appendix 2). This is a powerful insight into what services patients would like to see their health service provide.

To deepen our relationship with academia, patient groups, and local authorities, Hospedia would welcome the establishment of a Working Group on Innovation where these different stakeholders could articulate innovation in the NHS and its role in front-line patient care delivery. It is important for these groups to be encouraged to have an open channel of discussion amongst each other and more importantly with national NHS bodies, which will in turn accelerate the adoption and spread of innovation. Such a forum would help to add clarity to the Department of Health’s innovation in the NHS agenda.
Do you have any further comments about accelerating the adoption and spread of innovation in healthcare?

In a time of economic uncertainty and budgetary constraints in the NHS, innovation will play an ever greater role in driving down costs and improving efficiency, in turn increasing patient choice. To date, the NHS has shown leadership in the importance of innovation and has made significant investment to stimulate change in this area. Hospedia has played an active role in supporting innovation in healthcare and is determined to deepen its partnership with the NHS, strengthening our position as a reliable provider of innovative infrastructure.
Appendix 1:

The *Health Index* is a new service developed by Hospedia in partnership with NHS Choices currently being trialled at Broomfield Hospital.

It is an online interactive information centre that provides patients with approved healthcare content from NHS Choices at the patient’s bedside. It is a quick and simple way for a patient to find information about their medical condition. Users can also send any information they find to their personal email address. Additionally, the patient is able to join an online forum and chat to others with the same condition.

Searching is easy – as soon as you type on the keyboard, options appear on the right hand side, the user simply has to touch and select an option.
Before we deliver the results, we ask for the Patients’ email address, so that we can send PDF file versions of the information to their email at home.

At this point the user can also choose to join our FORUM. To join they need to provide a username and password.

They are then taken to the forum so they can discuss one of many pre-defined topics (from NHS Choices top 30 topics) or create their own.
Appendix 2:

Responses to a Survey on the Hospedia System (responses from 5,400 patients over a six week period)

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you heard of NHS Choices?</td>
<td>Yes</td>
<td>30%</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>70%</td>
</tr>
<tr>
<td>If yes, have you used NHS Choices before?</td>
<td>Yes</td>
<td>12%</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>88%</td>
</tr>
<tr>
<td>How do you find information on your condition and treatment? Select as many as appropriate</td>
<td>NHS Choices</td>
<td>6%</td>
</tr>
<tr>
<td></td>
<td>Google Search</td>
<td>21%</td>
</tr>
<tr>
<td></td>
<td>Doctor</td>
<td>37%</td>
</tr>
<tr>
<td></td>
<td>Family/Friends</td>
<td>13%</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>8%</td>
</tr>
<tr>
<td></td>
<td>Have not found any information</td>
<td>15%</td>
</tr>
<tr>
<td>How easy is it for you to find information regarding your condition and treatment?</td>
<td>Very easy</td>
<td>18%</td>
</tr>
<tr>
<td></td>
<td>Easy</td>
<td>19%</td>
</tr>
<tr>
<td></td>
<td>OK</td>
<td>32%</td>
</tr>
<tr>
<td></td>
<td>Hard</td>
<td>11%</td>
</tr>
<tr>
<td></td>
<td>Very hard</td>
<td>10%</td>
</tr>
<tr>
<td></td>
<td>Not applicable</td>
<td>10%</td>
</tr>
<tr>
<td>Would you welcome access to your health and care records electronically at your bedside while in hospital?</td>
<td>Yes</td>
<td>80%</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>20%</td>
</tr>
<tr>
<td>Would you welcome being able to communicate with GPs and other healthcare professionals from your bedside system?</td>
<td>Yes</td>
<td>79%</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>21%</td>
</tr>
<tr>
<td>How would you best prefer to provide feedback on NHS services?</td>
<td>By post</td>
<td>14%</td>
</tr>
<tr>
<td></td>
<td>Filling out a hand-written form while at hospital</td>
<td>9%</td>
</tr>
<tr>
<td></td>
<td>On your bedside system</td>
<td>44%</td>
</tr>
<tr>
<td></td>
<td>Don’t mind</td>
<td>33%</td>
</tr>
<tr>
<td>Would access to information about your condition and quality data about the hospital, available on your bedside system help you make informed choices?</td>
<td>Yes</td>
<td>81%</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>19%</td>
</tr>
<tr>
<td>Who do you best trust to manage health service finances?</td>
<td>Government Ministers</td>
<td>5%</td>
</tr>
<tr>
<td></td>
<td>Health care managers</td>
<td>28%</td>
</tr>
<tr>
<td></td>
<td>Doctors</td>
<td>27%</td>
</tr>
<tr>
<td></td>
<td>Patients</td>
<td>11%</td>
</tr>
<tr>
<td></td>
<td>Local Authorities</td>
<td>10%</td>
</tr>
</tbody>
</table>

Source: Survey completed by patients in NHS beds - carried out on Hospedia Bedside Systems over a 6 week period, December 2010 to January 2011. Respondents: 5,400 patients.
Appendix 3:

Bedside system capabilities and cost-savings to the NHS (Patient Power Review Group Report)

Note: The Patient Power Review Group report was the result of an extensive review of bedside systems carried out by the Department of Health in 2007.


<table>
<thead>
<tr>
<th>Service Facilitated by the Bedside System</th>
<th>Rationale</th>
<th>Indicative Saving</th>
</tr>
</thead>
<tbody>
<tr>
<td>Real-Time Patient Survey Systems</td>
<td>Allows live, real time data to be collected from patients by ward. This invaluable resource can empower Trusts and verify real issues at a very local level. The system is web based and allows the Trust to publish surveys on the bedside system at will using a simple administration interface. This service supports trusts in the requirement to provide real time feedback on patient experiences and promotes patient equality. It can also provide DOH with a snapshot of patient perceptions within the entire NHS as a whole.</td>
<td>£30 per bed or £1.9m per annum on Hospedia operated beds in England</td>
</tr>
<tr>
<td>Electronic Patient Records</td>
<td>Hospedia’s systems have been designed to provide Electronic Patient Records at the bedside of every patient. The benefit of having a fully managed network and infrastructure is that the network is always available for use and that the quality of service is always of a high standard. Using the bedside terminals (as opposed to PDAs or laptop devices) lowers the risk of theft, damage and significantly reduces costs. Chelsea and Westminster Healthcare NHS Trust have incorporated Electronic Patient Records at the bedside, making further use of the additional functionality of the system. Hospitals remain in control of the records as the bedside system simply provides a portal to their own system.</td>
<td>Unknown – how much NPfIT budget could be saved? What is the value of bedside electronic record access?</td>
</tr>
<tr>
<td>Tailored Patient Information Services</td>
<td>The Hospedia systems also allow for additional video content. We are in discussion with NHS Choices to provide free on-screen news and information videos for patients giving health and lifestyle advice. NHS Choices content can be tailored depending on the type of patients in each ward, providing a more tailored source of information. This project aligns with a number of key Government objectives, namely patient choice and involvement and better coordination between health and social services. All sites now have a welcome video from Rt. Hon Andrew Lansley – adding a personal touch to healthcare. Welcome videos are also a valuable and cost-effective tool for hospital communication with patients. A short video that is shown when the patient first signs onto the Patient Power Review Group report was the result of an extensive review of bedside systems carried out by the Department of Health in 2007.</td>
<td>£20 per bed or £1.26m per annum on Hospedia operated beds in England</td>
</tr>
</tbody>
</table>
Hospedia bedside system, typically around five minutes in length, provides an introduction to the Trust and its services along with some brief patient information. Welcome videos are operational in Kings Lynn, Luton, Poole, Princess Royal (Haywards Heath) and Royal Sussex with further trusts expressing an interest in running the service.

Overall, this application saves nursing time as a result of fewer patient questions, and reduces cleaning costs and cross infection risks by having less printed patient facing material at the bedside. It also has the desired effect of encouraging patients to look after themselves and reducing readmissions.

### Interactive Meal Ordering Services

With a digital terminal at every bed, it makes sense to stop using a paper based manual system for patients to order food and instead to both display the menus and allow ordering via the bedside terminal. The Hospedia system supports weekly menu rotations and includes a back-up system of having ordering facilities enabled at the nurse PCs in case patients require help in ordering their meals. The service also allows for meals to be redirected if a patient has moved to a different location, minimising food waste.

Interactive meal ordering is currently available in hospitals within the North Tees & Hartlepool Trust, Northumbria Healthcare Foundation Trust and we also have interest from other trusts to provide the service. North Tees and Hartlepool was the first trust to go live and is realising annual savings of around £49,000, compared with the old card menu system it replaced.

### Bedside Translation Services

With a phone at every bed, multilingual services can be provided at the point of care. Clinical staff can have their own handset that interfaces to the bedside system and allows 3-way calling to a centralised translation service.

Over the phone interpretation services (OPI) have the benefit of providing a fast response time, to keep patients involved quickly and easily at all stages of their treatment.