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GOING PAPERLESS: 8 KEY FEATURES FOR DIGITAL TRANSFORMATION IN HEALTHCARE

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8 KEY FEATURES FOR DIGITAL TRANSFORMATION IN HEALTHCARE

In the past year, the UK healthcare system has been pushed to its limits having to adapt and implement internal and patient facing administrative processes at pace. Healthcare professionals had to put many plans on hold, fast track other plans and deal with situations that most have never experienced before. From the PPE shortage putting healthcare workers and their families at risk of contracting Covid-19 to finding a workaround when using some devices that weren't designed to be used for mass testing and managing millions of appointments which had to be delayed, put on hold or converted to virtual consultations.

The NHS has known for a long time that it has to undertake large scale digital transformation projects at all locations in order to bring systems up to speed with technology. The Long Term Plan published on 7 January 2019 set out its vision to redesign patient care and future-proof the NHS. The NHS has been ready and positioned for change with a secure and improved funding path, a consensus about the changes needed confirmed by professional bodies and 85,000 members of the public and lastly building on the work from the NHS Five Year Forward View which is now providing practical experience of how exactly to bring about change.

Covid-19 was declared a Public Health Emergency of International Concern on 30 January 2020, and a pandemic on 11 March 2020 by the World Health Organization. Patient facing processes were one of the first to go through this fast-tracking period where we saw a shift from face-to-face consultations to virtual consultations.

Patient record digitisation projects were approved at lightning speed as social distancing came in to force and doctors needed to consult patients whilst also having all of their historical patient data to hand - most of which would be sitting in a storage room somewhere in the hospital or off-site.

We have come to a place where we have a better handle on the pandemic but there is now a major backlog in NHS care due to the shutdown of most services in the first wave which were not related to Covid-19. Coupled with the cancellation of many elective procedures due to the second wave there is now a record high waiting list of **5.45 million**.

Many projects involving internal administrative procedures which were planned to be improved by technology were either put on hold or a workaround solution was quickly put together until the right solution could be carefully chosen and put in place. We are now facing an administration nightmare but the ideas and solutions that have been implemented due to the pandemic have certainly lessened the impact of the pandemic as healthcare teams quickly reacted and adapted to the needs demanded by the pandemic.

We have identified 8 key features to look out for when deciding on a software solution to help fast track your hospitals paperless or paperlite journey as we push forward to the ultimate goal of more targeted and integrated delivery of healthcare to the UK population.

In response to the pandemic, the Government recently published the white paper entitled: "Integration and Innovation: working together to improve health and social care for all" which highlights the plans to move towards integration and more easily accessible information to improve the care of the population.

When commenting on the pandemic Andrew McKeon, former Head of Digital Strategy at Sandwell and West Birmingham CCG said: "I think the main change really is that it caused people to as I would say move from the 1948 business model of the NHS to something a little bit more modern. We have always had this construction line approach, you go in and see someone for hospital care, you have to be there, see somebody and trundle through the process."

When commenting on the healthcare system, McKeon said: "It seems to have been designed entirely for the functioning of the hospital and the staff. It is important for the NHS to embrace modern technology to a degree, the flipside to that is with the panic to implement technology it may cause people to roll out lots of similar solutions. Across an ICS you may have various different solutions that can all do similar things and how do you standardise that? how do you get consistency in patient experience and also the quality because some things will work better than others? Another thing to note is that each organisation will have embedded or implemented their systems in a different way. I think that is one of the biggest challenges that we are going to see, solutions that may not have all gone through the proper procurement processes, the unravelling of all these panic reactions and making sense of them."

1. DIGITAL FORM CREATION: TURNING PAPER PROCESSES INTO DIGITAL PROCESSES

There are many paper processes in the NHS today. Most departments are dealing with at least one process that they are trying to make smoother or have already done so. One such process is taking the paper forms and recreating them into digital forms. Aside from knowing the questions to include and how to write them, requesting information from a user in order to provide them a service involves making the form easy to use (interaction design), easy to understand and answer (content design) and making it easy for the user to do the things they need to do (service design).

Having a system in place that integrates with the systems you are already using to assist with this form creation process would be highly beneficial as requirements for data collection and analytics increase in the future. Creating your own digital forms to remove the paper process not only saves time from someone having to enter the data into a system manually but it also prevents mistakes being carried over into the patient record.

Joana Santos Carmo, Clinical Quality Audit Officer at Frimley Health NHS Foundation Trust made the following comment regarding PDF processing software: "Something that is more integrated within the systems that we use will always be beneficial for our work. A PDF will always be a PDF and there are so many functionalities that we are not using at the moment and we could be using them. Signatures make them viable because you know who is viewing the PDF and who is signing it. It would allow us to do so much more work that we can't currently do at the moment. I remember, when I was involved in a specialty that I am not currently in anymore, that one of the things national audit would ask for is a patient to consent to be a part of something. We had to make the form PDF editable and it took us a long time to get it ready and that was just to make life for the clinical staff easy during the pandemic because patients weren't coming to the hospital, most of the appointments were being done by telephone. The form was to allow the patients to say if they wanted to be a part of the telephone appointment, so yes, it would definitely be beneficial.

We used to have our application forms to register a local audit which was a paper process, however it is more common now that the forms are sent to emails as a PDF. Last year, we started making it a digital process but due to Covid-19 we only ended up with a few people in the office and the process was paused. We are now trying to make our forms digital again and use Microsoft forms for some, but within audit we always need to check with IT if the form is ok and if it complies with information governance in regards to the patient identifiable data. These types of forms are mostly for internal use only. At the moment we can only read PDF's and if we needed to change a form we would need to go through our informatics team as we don't have the licence to edit PDF's." , "Lately we can open PDF's on Microsoft Edge but it doesn't give you that many capabilities."

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Andy Collier, Consultant Physician and Honrary Associate Clinical Professor at NHS Ayrshire and Arran said: "We use PDF's if we want to send out documents, papers and publications. Sometimes for example we would need to use a PDF to add a picture of an eye to a patient record."

Having a simple to use single solution for multi-departmental problem solving that integrates with systems in place already such as Microsoft Office 365 and is reliable, scalable and intuitive will definitely help fast track digitisation of paper processes within Healthcare. A cost-effective solution that has the ability to go straight into electronic form format also saves time which saves money and ensures accurate data exchange. Thinking of the future it would also need to have the capabilities or have the capabilities on the R&D roadmap for analytics and data management through to other systems already in use.

2. BUILT IN DATA COLLECTION: INSIGHTS DRIVEN BY DATA

One key idea behind the technological push is to use the collective resources from NHS, local authorities and other sectors to improve population health and understand more about the health of local populations. Learning how to better serve them in a more direct and individual way will ensure people are getting the best possible care. At the moment we are removing the barriers which stop the system from true integration with the introduction of technology and the redesigning of processes and procedures. The system needs to be more accountable and responsive to both the service user and provider.

We are all dealing with data so it is important that systems put in place now are future proof and will still be there for us when new needs arise. According to the Governments recent **white paper**, improved data collection is helping us to better understand risk and capacity in the social care system and the pandemic has underlined the importance of insights gleaned from data to prevent disease, protect people and support communities to improve their health.

When changing a form from paper to digital or upgrading your digital form solution, it is important to be able to harness the power of data collection at the same time not only to align with the goal of better local and national insights but also to build the requirement of data collection into your processes from the ground up which will help the flow of information through to the departments that need it without any barriers to collaboration.

Carmo said: "The Trust is on a stage of going digital and the plan is that by next year we will be there. With the new system that the Trust is implementing we are working with them to see how much data we can take by just accessing the system instead of viewing a report from health informatics, which will be less time consuming and quicker for our national audit as well."

The Government highlights the following in their [white paper](#): "Building on the successful data sharing in response to Covid-19, we want to ensure that health and care organisations use data, when they can do so and with appropriate safeguards, for the benefit of individuals and the wider health and social care system. The forthcoming Data Strategy for Health and Care will set out a range of proposals to address structural, cultural/behavioural and legislative barriers to data sharing and a more flexible legislative framework to improve data access and interoperability, including enabling the safe sharing of data in support of individual care, population health and the effective functioning of the system. As part of this work, we are exploring where achieving these objectives may require primary legislation."

Proposals included will make it a requirement for health and adult social care organisations to share anonymised information that they are holding where sharing such information would greatly benefit the health and social care system. None of these measures will affect the protection of personal information. High quality data is wanted and needs to be collected to high standards. Improvement in interoperability of systems means that data can be collected and reduce tireless reporting functions that normally extract from existing data.

Data collection can also help when keeping track of hospital staff's professional regulation and training requirements. Professional regulation assures the public that the people who are providing healthcare are competent, qualified and capable individuals able to provide safe and effective care.

Kavitha Edathil Vattekat, Performance Reporting and Business Intelligence Manager at Bedfordshire Hospitals NHS Foundation Trust said: "Having a plugin will definitely help clinicians. If there is something where key words and key diagnosis can be pulled out and put into a secure database for reporting, then I feel there would be value as it is complementing what is already there."
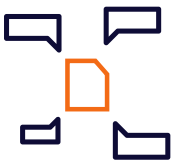
3. ANNOTATE AND COMMENT ON DOCUMENTS: CROSS DEPARTMENTAL COLLABORATION

Providing high quality health and care depends on the different parts of our health and care system working together. We need to implement systems that help healthcare professionals do their jobs better and unhindered. The pandemic has made healthcare trusts and departments

within those trusts work more closely together solidifying the case for integrated care and confirming the government's determination of a closely knit public health, social care and healthcare working relationship.

Teams that are high-performing usually have vibrant cultures that enable people to perform at

their best. These are people focused, collaborative organisations that build processes to support their workers rather than hinder and suffocate them. One of the ways of collaborating is to ensure the software solutions implemented make it possible for different departments to collaborate on documents, annotate them and make comments. When creating a document, you may need to get input from various departments as well as sign off from IT and information governance for example. Having the ability to comment on sections of the document can make this process faster and entirely digital as the document is sent through your secure email provider, opened in your current PDF editing solution, securely edited, saved and sent off seamlessly back through your email provider.

Enabling access through licenses for whole departments to use this type of software may seem costly. Whilst some providers are inflexible and expensive thus forcing you to only buy licences for a few key people within your organisation, other software and technology companies offer cost effective, flexible licences to all employees within your organisation. Giving full departments access to time saving, collaborative tools enables faster more efficient processes organisation wide. It is important to ensure that the right technology is being implemented and that the public and taxpayers are getting value for their money and receiving quality services.

In the November consultation on integrated care which was issued by **NHS England**, they set out the following four purposes for systems:

| Improving population health and healthcare | Tackling unequal outcomes and access | Enhancing productivity and value for money | Helping the NHS to support broader social and economic development. |

4. SEAMLESS INTEGRATION WITH SYSTEMS ALREADY IN USE: INTEGRATION AND INTEROPERABILITY

Key to ensure we achieve the future vision for care in the UK is the need for more effective information sharing to better patient outcomes and the quality of care being delivered. This is heavily reliant on the ability of IT systems used across health and care to be interoperable with

each other. It is important to choose software that can "talk" to systems already in use and have the ability to integrate well within the current system design.

Interoperability and integration is high up on the agenda for the NHS and the urgent need for interoperability has led to the creation of the NHS Interoperability Framework. To help with supporting Interoperability, The Interoperability Toolkit (ITK) was created which sets out national standards, frameworks and an implementation guide. Although there is a high level of similarity in the business processes within the NHS, ITK helps to solve problems when business process, data requirements and technical processes do not align. The ITK provides specifications and technologies that are consistent and applicable when looking at a wide range of localities and domains.

The aim of the ITK is to reduce expenditure when it comes to local integration projects by way of standardising interoperability and technology specifications. It helps to reduce the complexity in local system integration and reduce potential overlaps where vendors are looking to roll out similar integration projects NHS wide by adopting common standards. The idea is to simplify integration by reducing delivery times and open the market to new entrants. The ITK is a "national standard defining requirements and rules for the creation and transport of electronic information (data)" and "uses open international standards and is aligned with HL7 and 'Integrating the Healthcare Enterprise' (IHE)." Achieving ITK conformance means that a technology supplier has demonstrated that a solution has been developed and tested to the ITK specifications.

Andy Collier, Consultant Physician and Honrary Associate Clinical Professor at NHS Ayrshire and Arran made the following comment on his experience of integration and interoperability: "What we should be able to do is literally push a button and generate a form for biochemistry and a form for haematology and they can do that in Glasgow and elsewhere. One of the big issues is, Scotland is a small place with a population size of, for example, greater Manchester. The problem is, each health board (of which there are 14) have similar but different methods of IT. Some of the methods are common to all, you can get x-rays from Lothian and get appraised from wherever, but we can't talk to Lothian, so if a patient comes across with diabetes, we can't access their files easily, and their systems are slightly different. We should have similar systems in every health board that can talk to each other. I think integration is the way forward and it has to be able to download, accept and be accessible to other people."

In regards to a more integrated NHS, there are two forms of integration that will be underpinned by the proposed legislation set out in the Governments recent white paper:

1. the integration within the NHS to remove some of the cumbersome boundaries to collaboration and to make working together an organising principle;
2. and the integration between the NHS and others, (principally local authorities), to deliver improved outcomes to health and wellbeing for local people.

In the same white paper, the Government also said: "A more internally collaborative NHS will be a better, more coherent partner for local government and others. A wider partnership that includes local government and which enables a shift towards population health will deliver health, care and economic benefits and contribute to the levelling up agenda as well."

5. ACCESSIBILITY FOR ALL: NO ONE GETS LEFT BEHIND

Over one in five people in the UK are disabled and according to the National Disability Strategy set out by the Government, the vision is to tackle the barriers that disabled people face every day in their lives. The idea is to create a society that works for everyone involved by making access to services as smooth and as easy as possible. There are eight key themes to the strategy which highlights improvements set to transform every part of a disabled person's day and healthcare plays a vital part in the quality of a person's life.

Visiting a GP surgery, hospital or clinician online needs to be accessible and cater for the needs of all individuals. Especially when it comes to consent, there needs to be a process in place that ensures the individual understands and acknowledges the procedure they are about to undergo. Having software and processes in place that have the functionality to cater for visual or hearing impairments, mobility impairments, or other types of disabilities as an alternative to standard print documents is vital to ensure no one gets left behind.

According to the National Disability Strategy: "44% of disabled people who received formal care said it made them feel 'more in control' or 'much more in control' of their lives (UK Disability Survey)."

"Disabled people across the UK have told us that health and social care services are a vital part of living an independent life. However, nearly three quarters (74%) of disabled people who had accessed social services had experienced at least some difficulties, a figure that rises to 78% for those who had accessed health services."

"The health system does not consistently collect data on disability. This means we do not currently have an accurate picture of the health and social care support needs of disabled people in the UK. We will take action to improve the availability, quality and use of disability data in health and adult social care."

The Department for Health and Social Care also plans to reduce health inequalities, improve accessibility of online public services, tackle the Accessible Technology Skills Gap and consider new ways to make accessible and assistive technology a part of the design of everyday public services.

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6. DIGITAL AND ESIGNATURE: PATIENT CONSENT AND LEGAL DOCUMENTS

Having the capability to legally and digitally sign a contract or patient consent form opens up a wide range of options for the service user and service provider. This type of capability has the potential to improve the presentation of the information the patient is consenting to through imagery and explainer videos that help the patient gain a better understanding of certain procedures. It also increases speed, flexibility and enables data and systems integration to improve administrative and audit processes and procedures.

McKeon made the following comment when asked about his experience with e-signatures: "In my experience this is usually used for contract management, so the contracts team within the Trusts would use it as a way of not shipping lever arch files full of paper everywhere to get signed. A lot of the contracts management teams both in commissioning and the provider have definitely moved over to that. I have not seen it used so much in patient facing processes, but it may well be out there. It depends how it is licenced, we have had things before where for a small population it is fine but for a big population it was up to a patient whether you use it or not and if you have 2 million patients then that becomes expensive quite quickly. This was a prescribing support system as an example. The company was not flexible at all on the licensing structure and in the end they were overtaken by a rival because they saw the way the world was going in terms of ICS's."

Milan Bates, Associate Specialist Cardiothoracic Surgeon at Bristol Royal Infirmary made the following comment when asked about patient consent forms: "If I am consenting a patient for a straightforward procedure such as the endoscopy or a day case, it is ideal for day cases that they come consented and that the risks and benefits have been explained. So how you can check that the risks and benefits have been explained is where the process is completely structured but has to be a tick box system, where I explain to the patient that if he has sedation the risk factors are this and that and the patient says, yes, I am aware of this and have read the information and he
signs it. For each of the procedures the consent is the same but the process is different and we need to have flexibility in the system but not overload it with information - for example you have a manual called day case and then you choose endoscopy."

Paper contracts and consent forms have started to slowly be taken over by secure digital forms with e-signatures. When comparing the speed and accessibility that this technology provides with paper-based processes, we can be assured that it is set to become the new normal in regards to legal document processes and procedures.

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7. SECURITY AND DATA PROTECTION: PASSWORD PROTECTION AND REDACTION

Information governance in health care is complex and includes the following legal framework: NHS Act 2006, the Health and Social Care Act 2012, the Data Protection Act and the Human Rights Act. Within the law, personal data is allowed to be shared between people who are offering care directly to patients but when data about a patient is used for other purposes which is called "secondary uses" the patients' confidentiality is protected. Such secondary uses include:

- Reviewing and improving the quality of care provided
- Researching what treatments work best
- Commissioning clinical services
- Planning public health services

Having the ability to edit a PDF helps you to keep compliant with data protection by redacting information of a sensitive nature or personal identifiable data. Password protection ensures that only the people who need to access the information can see the document which is considerably more secure than how paper documents are accessed and processed.

Carmo made the following comment when asked about her experience with information governance: "As a quality and audit facilitator, I support the teams and the specialties that I look after within national audit and local audits that are done around our Trust. If they require any data analysis or any presentations, I deal with that. Within the national audit, different specialties have different standards for their specialties for example, for emergency medicine it would be The Royal College of Emergency Medicine who would set the standards for best practice which we would audit against. While the collection is done by clinical staff, sometimes the data entry is done by me, and I review the data that comes through to see if it matches what we have in our system.

In regard to GDPR, patients have the opportunity to opt out if they don't want to be included in an audit, so we need to be careful with that and we have an information governance team that overlooks that part of it so we need to be in constant contact with them. But also, when we aren't doing our audits for example if we get a report from our informatics team we ask if a patient has opted out and we don't include their information. Most of the audits that we do, don't have any identifiable data and the ones that do have identifiable data, we have to check if a patient has opted out in order to be compliant. We would ask for a report to be produced for those kinds of audits which is more for ongoing audits that happen every year with quarterly deadlines. For example, we would request a report for stroke in which we would need to know how many patients came with a stroke to the Trust in July and the informatics team would collect that data."

McKeon made the following comment on using cloud storage within the NHS: "Legally they have to use a UK or European based cloud storage facility not just for storage, but it is also for the processing of the data, which is pretty much standard in the NHS. You can get some safe haven type workarounds and if you need to send letters somewhere else to get them transcribed, there are ways around that. Hospitals tend to be still a lot on premise but moving towards cloud whereas primary care is all hosted somewhere else, EMIS Web and TPP both live in the cloud and that is all very well as long as the systems that make it work don't fall over, so that is the challenge. We can't use the USA for cloud storage unless you have a specific agreement in place. We are rolling out a solution which is American but it will be hosted on AWS in the UK. AWS and Azure are pretty well established in the UK and trusted for healthcare data. I think cloud is definitely the way forwards as it reduces the issues. I can name several hospitals that have built data centres at enormous

expense. Large trusts that have had major issues like a sewer burst or flooding or something like that. So just because it is on-site doesn't mean it is going to work. Also, if you are going to use a cloud based EPR solution in a hospital then you have to make sure you have the bandwidth to connect to it and what your workaround is if it does go down."

The NHS has set out on one of the most aggressive and ambitious cyber security programmes that has been seen in just about any healthcare system in the world. Cyber and data security has increased exponentially with the introduction of Windows Advanced Threat Protection (ATP) which has enabled the NHS to monitor threats as well as vulnerabilities on more than one million individual NHS devices. Any software chosen to integrate with Microsoft Office 365 or other programmes should offer a high level of security and protection.

8. COMPRESSION AND DOCUMENT RETENTION: HANDLING LARGE QUANTITIES OF DOCUMENTS FOR ARCHIVING

Creating forms, collecting data, collaborating, being accessible, secure and having legal capabilities is great, but if the software solution you choose creates large, bulky files that are a nightmare to compress, archive and retrieve, you are going to run into time consuming and potentially costly IT complications. Having the capability to easily compress PDF documents, archive, search and retrieve them is an important functionality when conforming with how records should be managed and the length of time they should be kept. The Records Management Code of Practice 2021 (the Code) published by NHSX is a critical document providing guidance on how records should be kept and how long different types of records should be kept for. The code of practice was created for anyone involved in decisions around keeping health and care records.

Below are a just a few examples of the types of records that need to be retained but the full list can be seen by reviewing the Code:

- Board meetings: Up to 20 years

- Patient surveys: individual returns and analysis: 1 year after return

- Policies, strategies and operating procedures, including business plans: Life of organisation plus 6 years

- Quarterly reviews from NHS trusts: 6 years

- Staff surveys: individual returns and analysis: 1 year after return

- Patient information leaflets: 6 years

- Press releases and important internal communications: 6 years

- Staff training records: Records of significant training must be kept until 75th birthday or 6 years after the staff member leaves.

- Disciplinary records: Retain for 6 years

- Contracts sealed or unsealed: Retain for 6 years after the end of the contract

The Code "provides a framework for consistent and effective records management based on established standards. It includes guidelines on topics such as legal, professional, organisational and individual responsibilities when managing records. It also advises on how to design and implement a records management system including advice on organising, storing,

retaining and deleting records. It applies to all records regardless of the media they are held on. Wherever possible organisations should be moving away from paper towards digital records."

As can be seen by reviewing Appendix II: retention schedule in **the Code**, there is a huge amount of digital documentation that needs to be stored securely. By using PDF software that already has the end in sight which has been designed to be intuitive and compliant, you can count on technology working for you and not against you. All organisations and managers are expected to identify any organisational changes or requirements that are needed to meet these standards. Software chosen for use within the NHS should have the ability to help you achieve this.

FUNCTIONALITY AND THE FUTURE

The NHS and social care providers have radically changed the way they work whilst delivering outstanding care and becoming more integrated during the course of the pandemic. We have seen the creation of new teams, the speedy implementation of new technology and the development of a new working-culture and clever approaches to problem solving. To truly achieve a paperless or paperlite NHS the 8 key features that should be considered when choosing technology for digital transformation in healthcare are:

1. Digital form creation (the ability to turn paper processes into digital processes)
2. Built in data collection (the capability to collect data to drive insights)
3. Annotate and comment on documents (enables easy cross departmental collaboration)
4. Seamless integration with systems already in use (Integration and interoperability as standard)
5. Accessibility for all (everyone's needs are catered for)
6. Digital and eSignature (making legal processes smoother)
7. Security and data protection (compliant with information governance and secure)
8. Compression and document retention (created with records management in mind)

"I think it is a step forward going paperless for the NHS. I am not from the UK, I have lived here for almost 10 years but I am from Portugal, and when we came over here it was all new because in Portugal they were already paperless, so it is kind of a new thing but it is good to see so many Trusts going and looking for systems that they can use. It would be easier if you got the technology right from the beginning with all the capabilities instead of continually changing it and getting a new programme every now and then because it has become obsolete." said Carmo.

Bates made the following comment in regards to smart contracts and what he thinks the future of medicine will look like: "A smart contract is like a living mathematical being which goes and fetches the data from different data sets, analyses them and then brings it to you. I personally believe that is the future of medicine, the next step, the next industrial revolution. The blockchain is just the hardware, the steam engine of the industrial revolution but the personalised smart contract is the next thing especially in medicine. It knows and learns about you and predicts your behaviour which goes into the smart contract. The smart contract then brings everything to you instantly. The smart contract will bring the information to your virtual reality consultation room, then go to the patient who you are in consultation with and according to your habits and your needs brings to you what that patient might need from you, and you, from him. That is the future, and the infrastructure for that will be available in the next 4-5 years, but to create a smart contract it takes at least 2 years with the smartest possible people on earth. With blockchain being the steam engine and the smart contract - that is the future."

The pandemic has underlined the importance of the population health approach which is informed by insights derived from data. The power of data will enable us to protect people from threats, prevent disease and support communities and individuals to improve their health and resilience. We are laying down the foundation for the future as we press towards the 'Triple Aim' of "better health and wellbeing for everyone, better quality of health services for all individuals, and sustainable use of NHS resources."

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