



How to effectively transition from a paper to a digital medical records service

Best Practice Session: **Start with why?**

How to effectively transition from a paper to a digital medical records service

Patients.
Not Paperwork.



Start with why...

Patients

Dr Tim Ferris, NHS Director Transformation

"...in this day and age in 2022 it's not okay to be personally witnessing mistakes being made on paper"



Staff

Speed, accuracy, and a positive working environment for our team



Community






Assist the agenda to connect our hospitals to work together

- To digitise legacy and day-forward paper records so they are easier to share and enable quick, easy access to health records at point of care
- Reduce cost of managing the health records of our citizens
- To lower our carbon footprint
- Release valuable storage space or the cost of off-site storage

To support the ePR plans for a common system to enable patients to move around the NHS

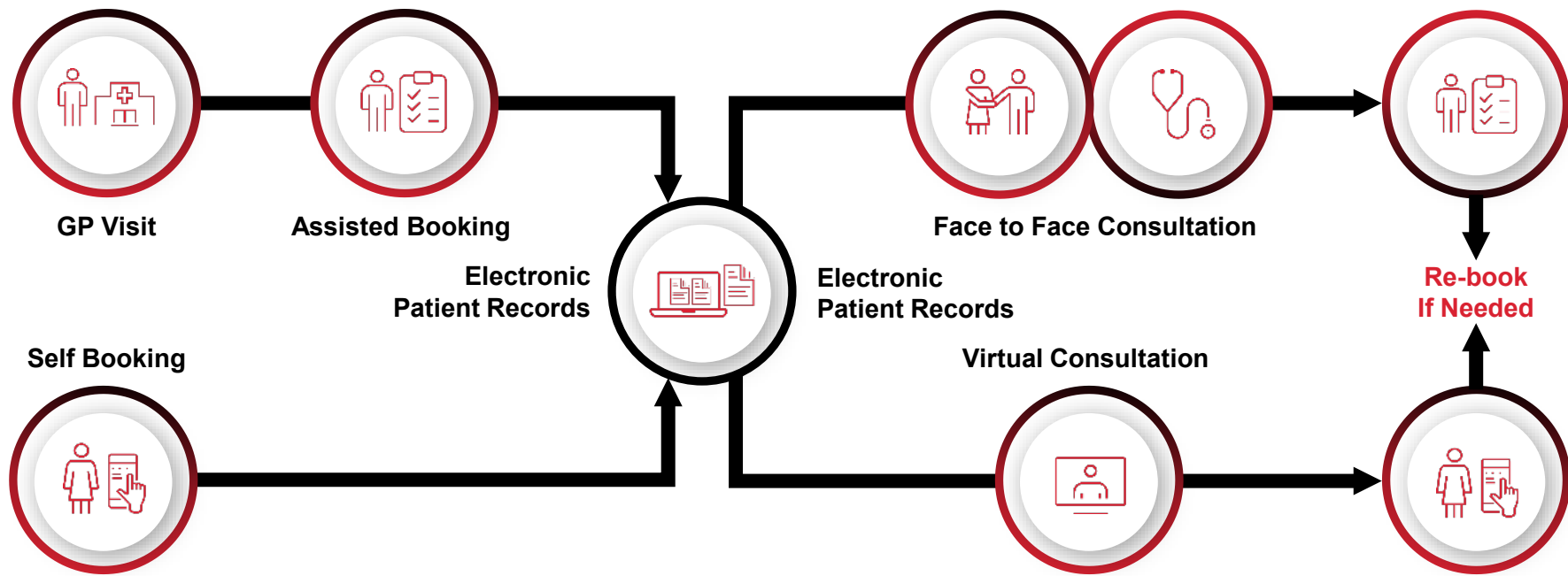
Transforming and sharing our medical records operation across our ICS is a primary lever to decrease clinical risk and our backlogs; increase productivity and staff wellbeing, and we will lower our operating costs by doing so.

Funding the EPR transition

What?		Reduction
	Reduction in headcount associated with the previous paper centric process	50 to 70%
	Reduction in Trust floorspace (space then made available for clinical purpose)	Entire building
	Reduction in offsite storage costs	100%
	Clinical risk elimination (error & missing rates)	4% to 0.4%
	Carbon accounting	2.8 billion pages or 1000 tonnes+ CO2
Example total for a 1500 bed hospital	£9.75m or £2m p/a	NHS England Audit Of NHS Imperial

Medical Record Transformation

Removing the slowest moving object is key to realising benefit.



Implementation of an Electronic Patient Record

Background



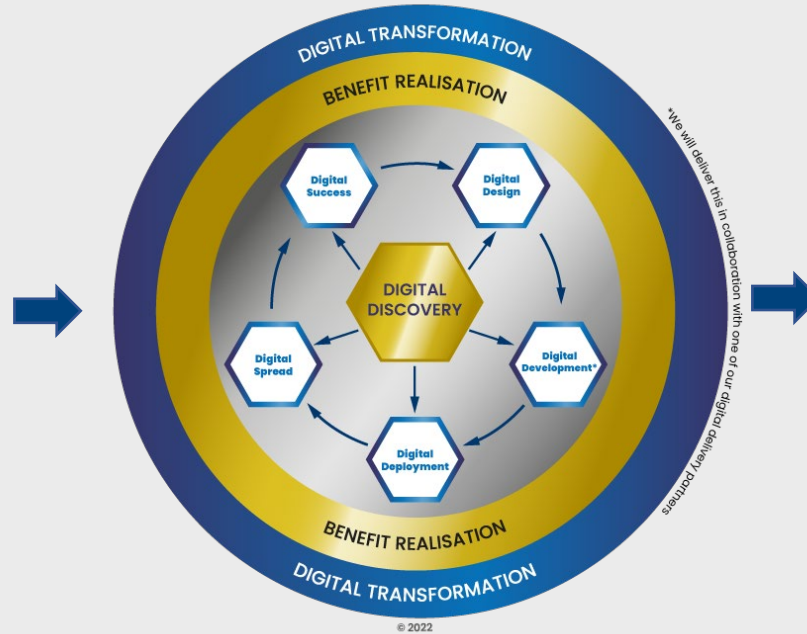
Consists of 3 NHS Trusts:

- Cambridge University Hospitals Trust (**CUHFT**)
- Royal Papworth NHS FT (**RPFT**)
- North-West Anglia Foundation Trust (**NWAFT**)

All in different stages of their EPR journey...

- **CUHFT** and **RPFT** have well embedded EPRs
- **NWAFT** need an EPR and are currently still on paper
- Mixed levels of digital and operational maturity

What role is HIC playing?



By applying the HIC Delivery Model

Outcome

Stage 1 – complete



- ✓ Stakeholder engagement
- ✓ EPR Landscape Review
- ✓ Review of As-Is and To-Be requirements

Stage 2 – complete



- ✓ Detailed options appraisal to provide recommendations on the best next steps
- ✓ Procurement design

Stage 3 – pending



- Training and Education
- Change Management
- Risk Management

Stage 4 – pending



- Navigating the barriers and challenges to current adoption
- Engagement, Strategy and Planning

Xerox is a member of Healthcare Innovation Consortium and this presentation was delivered in partnership at Rewired 2023



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