



THE BRAVE NEW WORLD OF THE NHS – LIBERATED, LOCALLY DRIVEN AND INNOVATIVE

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In the space of three weeks in July 2010 the NHS was turned on its head – old power structures swept away, patients given more choice and information, success measured more by outcomes than processes, and most significant of all, GPs put in the driving seat.

Of course, it's all just on paper at present but preparations for the changes are already in full force. By early 2011 we'll start to see old boundaries of care become blurred, local circumstances unshackled from national constraints, and innovation blossoming. All in all, the NHS is embarking on an unprecedented period of change which will be invigorating and rewarding for all who embrace it and beneficial to millions of patients if it's a success.

For Medical Management Systems, the timing could not have been better as our online practice management software, Med+DBase, was conceived and created exactly for this type of new world. With GPs as the locus of both care co-ordination and commissioning, and a welcome squeeze on administration costs, a new breed of IT solution is required to provide clinicians with the tools they need. We looked at the five transformational changes that need to take place for the new NHS to function more effectively and deliver more but with less money.

Joined up care across the pathway and through time

Patient journeys vary and patients' medical histories are all unique, so the starting point for high quality care must be to ensure that there is one master patient record that all clinicians can access and update, and the only way to do this effectively is web-based computing with the GP at the centre.

Within a secure single data-set application all care givers can see the latest information about the patient, and GPs can properly co-ordinate care from all ports of call: community and home-based care, self-care, pharmacy, diagnostic clinics, A&E and inpatient activity. If the GP can see the whole picture and the data is properly coded (for example with SNOMED CT which we wrote about in detail in a previous edition of this title) then errors and omissions can be avoided. Sharing clinical data securely also enables proactive clinical discussion - an MDT for every patient bringing together the combined experience of the whole team, with communication flowing freely but securely in real time.

Structured, high quality, responsive clinical care - every time

GPs are highly skilled in multi-tasking and managing clinical uncertainty and many see the value of good IT tools that support them to achieve this. Locally defined simple pathways would ensure that each patient consultation sets off a cascade of appropriate clinical events. A patient record that allows the GP to see the status of each event, and alerts them when there are abnormal results or non-completion within a specified timescale helps them to keep track of each patient's care.

The advertisement features a background image of three healthcare professionals (a male doctor and two female nurses) smiling. At the top, a banner lists key features: Safe & Secure, Accessible 24/7, Browser Based, Patient Communication, and HL7 Interface, each with a green checkmark. Below this, a grid of icons represents various functionalities: Flexible Reporting, Clinical Coding, Staff Scheduling, Patient Records, Electronic Pathology, Prescribing, Role-based Security, and Advanced Billing. A central text block reads 'THE FUTURE OF CENTRALISED CLINICAL MANAGEMENT' followed by the 'Med+DBase' logo. Below the logo, a laptop and a tablet display the software interface. At the bottom, a navigation bar lists 'Hospitals', 'Clinics', 'Consultants', 'Surgeries', and 'Chambers'. Contact information includes the website 'www.meddbase.com' and phone number '0870 7777 500', along with a note 'Now available on the Apple iPad'.

An intuitive user interface that can also present information from third party systems, such as clinical decision support and clinical analytics tools, provides the clinician (and commissioning group) with all the information they need in one place, wherever they are.

Engaging with patients and creating local services that respond to local needs

Many GPs will want to create their own local choose and book menus and referral processes rather than relying on nationally defined systems and functionality. They will want to provide some patients, but not all, with the ability to book appointments online and provide them with email or text reminders about appointments and prescriptions. Communicating with patients and their relatives more effectively is a key component in achieving the "all decisions about me, with me" policy. Automating this type of communication will be particularly effective for long term conditions by creating a more dynamic dialogue between the sporadic face to face consultations.

Managing value and quality together

GP commissioners will need access to primary care clinical data across their patch and will want intelligent systems to support them. A web-based practice management system that interfaces easily with a range of other systems is an ideal solution. It can harness the strengths of a multitude of specialised software products and present the information through one user interface.

No need to enter data into multiple systems, reconcile data held in parallel systems, or toggle between multiple applications to get all the information you need. Our private sector clients are already working like this so they can manage clinical quality and financial value together in one place.

As our online system is frequently updated in a live dynamic environment to reflect current healthcare needs as well as new technology developments, this makes the application more open to and able to assimilate feedback and comments from customers making Med+DBase a natural choice, and a software partner as well as a provider.

Using IT to automate large swathes of traditional administration

Finally, we saw a need to harness existing software systems to maximise their impact and reduce administration. For example, taking existing primary care data and pushing it out to specialist revalidation or QOF tools to save doctors time on reporting. Or interfacing with existing systems already in place locally that analyse Secondary Uses Service (SUS) charging data so that it can also be reconciled to the primary care data without the need for extracts and re-keying.

With appropriate patient consent, and in a secure environment, we saw huge potential savings in the time and cost of the transfer of information between all the clinicians involved in a patient's care. And patients can potentially interact through the web, updating their details and completing simple clinical forms about their treatment and experience, again reducing time and cost. This is how IT works in other industries, why not medicine, and specifically the NHS?

Enhancing the patient experience

So that's our approach to helping clinicians deliver high quality care, within financial parameters, using their existing IT systems to best effect, whilst reducing administration costs and enhancing the patient experience.

With nearly 2 million patient records in Med+DBase across our private sector client base we know that web-based is the way to go and we're excited about working with a new breed of NHS GPs as they enter their brave new world.