

## **Saving time and money at Salisbury NHS Foundation Trust with AxSys' clinical information system**

Mark Newton has a very personal reason for appreciating the benefits of Salisbury NHS Foundation Trust's new clinical information system (CIS). As the trust's cancer information manager – as well as its clinical information programme manager – he has cause to thank it regularly. "We have real-time reporting of cancer waiting times," he says. "Previously it was a long-winded process to gather all the monthly information, but now it's much quicker and easier. I'd estimate it saves me at least a day a month."

Lindsey Brewer, senior administrator in palliative care with the trust, which provides general and acute emergency services to more than 200,000 people across Wiltshire, Dorset and Hampshire, and specialist services to more than three million, was also keen to see a new CIS implemented.

Summing up the benefits in simple terms she says: "It's more efficient all round. It saves staff time, means less duplication for the patients – because they don't have to give the same information over and over again – and it reduces error. I can't put a figure on it but it's saving time and that means money, which, of course, is very important in the NHS."

"We had a system but it lacked functionality – we had a number of databases but they couldn't communicate with each other. We needed something that met our needs," she says. "The trust took a long time to decide on the new system, but the IT team really listened to what we had to say and what we wanted."

### **Choosing the right supplier**

It's almost exactly two years ago since work started to implement the CIS, which is based on AxSys Technology's respected Excelicare system. It wasn't the trust's first foray into clinical information technology, which possibly made them a bit more exacting about what they wanted to get from it. "We were replacing an existing system that had got a bit long in the tooth – and clinical requirements are getting more exacting all the time," says Mark Newton. "The old system was very good but it was running out of steam – it wasn't able to be as flexible as we would have liked."

The trust took 18 months to decide on its new supplier.

Mark Newton, however, thinks the rigorous process was justified. "We had a number of requirements, including being able to try out a stand-alone version of the product first, and a scoring system. We made site visits to see our shortlisted systems in operation – we were quite clear that we wanted something which had already been shown to work. We also wanted something which was flexible and where we had local control. And Excelicare ticked all these boxes."

### **Implementing the new system**

The trust wasn't specifically looking to procure outside the national programme, but equally, wanted its chosen system to be able to adapt to national government policy on IT. It particularly likes the co-development approach, which means that the trust can work on the best way of meeting its particular needs with AxSys. Unlike more traditional supplier/customer relationships, this means that changes and adaptations to the system can be implemented in a matter of days, rather than weeks or even months. And it appreciates the fact that the system is able to "talk" to other clinical systems because all information is stored in a data warehouse and can be accessed in the same way.

### **A clinician-friendly solution**

All decisions on the trust's approach to Information Technology are overseen by a high level clinical information advisory board, led by the trust medical director. This sets priorities and means that clinical needs are at the heart of any new hospital systems implementation. Perhaps this is why clinicians can see the difference Excelicare makes in their day-to-day working lives. For example, under the new system, there is an ad hoc capability which makes it far easier for clinicians to gather information for particular cohorts of patients. This means, for example, that the system can be set up to collate information about all patients who were the subjects of multi-disciplinary team meetings (such as cancer patients) over a three month period. This can be used for a number of purposes, including audit, peer review and simply monitoring what's going on and sharing information.

"Previously, it would have had to be done manually from the notes and that takes a lot more time – this is much easier," says Newton. "It just involves a double click on a patient number, which makes it useful and time-saving."

### **Helping meet government's targets**

Cancer waiting times was the first dataset to be implemented in the trust and Mark Newton reckons it took three months from start to finish. Palliative care was a bigger challenge, however, bringing seven existing systems into one. "Before, most of the information was on paper so people had to trawl through pages and pages. Now it's all at your fingertips," he says.

Lindsey Brewer agrees. Palliative care in Salisbury involves a multi-disciplinary team of health professionals, working across a number of settings, including people's homes, hospital wards (including the palliative care in-patient unit and other hospital wards where patients might be being treated) and the hospice. There are around 50 people directly working in palliative care, while others – including social workers – have an important input. That could mean that a number of different people could be seeking the notes of one patient at any given time. The new system means, however, that anyone in the team who needs to get information about a patient can call it up.

Soon this will be expanded so that clinicians can use the electronic record in real-time. But even as the system has been bedding in, it has provided invaluable demographic information and made life easier for staff.

As the senior administrator for palliative care, Lindsey Brewer finds it helpful to have a single, easily accessible record of everyone treated by the team (more than 1,000 patients records were used within the system in 2009-10).

What makes the system particularly useful – and this was a function developed by AxSys and the IT team following feedback from trust staff – is that it makes it much easier to know which primary care trust area a patient comes from. That’s because the system is set up to place the patient in the correct PCT depending on their GP practice.

“It’s really improved the quality of the data,” says Brewer. “Before, we had a lot of gaps in this geographical information because the clinician had to input it – and he or she might not know the correct PCT. Now we have the information 100 per cent and accurate.”

A template letter for GPs which, again, the clinicians can use the system to complete, has also improved efficiency and consistency of communication, particularly around discharge.

One of the big gains, she says, is that the system allows information from the main hospital record database to be “pulled through” into the palliative care record. That means that basic demographic information is available automatically whenever the patient is referred, which save the patient having to answer basic questions – such as who their GP is – over and over again. This also saves staff time.

Because patient information is tracked at every part of the pathway, it also cuts the risk of anyone being left behind, Newton points out. This is good for the patient, who is kept moving through the system appropriately, but also good for those responsible for meeting targets in the trust. The system is able to flag up any potential “breaches” before they happen, which means that timely action can be taken to avoid them.

It’s also great for the finance department, he explains, because reliable, accurate and real-time information can be used to see exactly how much the trust is spending on patients. This helps both with billing and with negotiations with local commissioners.

“Links to the finance department are really useful – after all, that’s what brings money into the trust,” he adds. “Most savings are difficult to quantify – it’s a question of saving time, and of course, when you save time, you then spend it doing something else! But, on the ground, we’re definitely feeling the difference.”

### **Improving patients’ care**

Patients might not particularly notice the way a trust records their information, but that doesn’t mean the new system isn’t having an effect on their healthcare experience. “There are benefits for the patient – they are on the pathway and we can track them every step of the way. No results are left behind – they follow the patient. That means that tests do not have to be repeated unnecessarily, saving patients time and inconvenience, saving staff time, and, of course, saving the trust money. The clinicians like the consistency. And because the databases work the same way, it cuts the need for training, which is, in any case, tailored to the needs of each individual,” says Newton.

The system also benefits clinicians in other ways. “They can use the information for revalidation and appraisal, which was a good selling point for clinicians,” he goes on to say. “And, which is also useful, if revalidation is not introduced next year as planned, that particular aspect of the programme can be switched off or adapted to whatever is needed.”

### **Lessons learned**

So what has been learned from the process? “The main lesson for me has been the importance of choosing the right supplier. It took us 18 months, but the more we use the system, the more vindicated we feel. Being co-developers has also been important for us. It means we get the functionality we want, because it’s developed with our assistance,” Newton concludes.

All this doesn’t mean that everything in the garden is lovely. Newton freely admits that he and his “small dedicated team” would always love to have more resources, including more hours in the day. Maybe that’s why he is so appreciative of his monthly time saving on the cancer figures. And after all, spread across the trust, that’s a considerable number of days saved.