The Livework NHS Status Report

Applying service design to healthcare staff systems, patient discharge from hospital, and electronic patient records

livework

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Design Enhances NHS Priorities

The Current Situation – Where are we?

The NHS Priorities and Operational Planning Guidance 2023/24 sets an ambition to; "Put digital tools in place, so patients can be supported with high-quality information that equips them to take greater control over their health & care." This presents a clear opportunity. An opportunity that we have seen through direct engagement and collaboration with patients and staff, across a range of settings in the NHS and related care services. This opportunity is threefold:

Speaking to patients, their expectations are that digital will be used at all steps in their care – from referral to treatment, to rehab and discharge. They may even be surprised that digital technology is not more embedded into working practices and personalised to their needs. Additionally, a large amount of NHS staff time is currently spent on administering these critical points in the patient journey - rather than focusing on care. Finally, we have seen how digital has the potential to

enable care to take place in the most appropriate setting for patients, which in many cases is their home.

NHS England has recently invested in supporting Trusts to develop greater digital maturity in their use of digital tools – specifically Electronic Patient Record systems. They recognise the challenges faced by many Trusts and "will provide funding to help ICSs meet minimum digital foundations." This is a critical time, where long-standing digital aspirations have a chance to transform services. However, it is important to be clear about the risks of falling short, as this is a complex task in a difficult setting.

It is not just healthcare that struggles to achieve the promise of technological change. Research by HBR and Genpact reveals that only 21% of companies are reaping the transformative value of digital. However, for those employing a strong customer focus, that number rises to 53%.[1]

How can we ensure that the NHS and related healthcare providers achieve the potential that digital holds for a more connected and integrated service? Especially at a time when there is huge pressure on the system to find more effective models of care. We believe the answer is in the question. Focus on the delivery of care and patient outcomes by understanding the experience of staff and patients. This is often an undervalued contributor to the desired outcomes. Patient and staff expectations of digital technology inform the design of the future healthcare system. Doing so enables us to define one where digital implementation improves patients' management of their own health. A bonus is the ability to maximise staff

Complication – What makes it hard?

At this point we must acknowledge the specific challenges of the sector. Arguably, there are easier places to be successful than in a complex legacy environment such as the UK healthcare system.

Some key challenges we see are →

time and expertise. Service design has been developed for this very purpose.

Digital technologies hold the potential to transform the delivery of services. But they also risk creating more work and confusion. If technology doesn't work for people, it fails. We saw the need for a methodology that ensured these technologies factored in human needs and experience. Service design does this for services in a similar way that design improves physical products. It makes them better by making them more useful, usable and desirable to people. Service design takes the user experience and ensures that the processes and systems that support it are aligned to the goals of the service user.
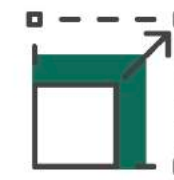
- The number and variety of organisations within and around the NHS, each with their own specific structure.
- The number and range of services all featuring complex medical factors.
- The fact that key strategic and technical 'designers of the service' are also delivering the services on the frontline – clinicians and medical technicians.
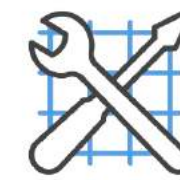

Above: Five core principles of service design.

We believe that the complexity, and high-level of specialist human actors involved in the delivery of healthcare, are exactly the reasons that service design is valuable. Service design starts with five core principles. Each of these relate strongly to the needs of transformative work in healthcare.

1. First, service design is human-centred – this fundamental principle ensures that technology is harnessed for human outcomes.

2. Service design is also highly collaborative – enabling the alignment of expertise across organisations and their teams.

3. Service design helps to provide a holistic picture – one that connects points across different systems and structures, enabling an integrated approach.

4. Service design is experimental in nature – de-risking change by striving to prove value before making a big leap.

5. Finally, service design is transformative – it taps into creativity to see the potential for change, not just replicating the same ways of working with new technologies.

Healthcare can benefit from design methods and we are proving the case in Sussex. Using design approaches, Sussex NHS Trusts have achieved progress towards their strategic goals and those set by the NHS The design approach is scalable, meaning you can focus on one process improvement through to complex health & care system redesign.

We have used design to support the implementation of strategically important initiatives such as EPR systems, integration across health & care, and the development of virtual wards. During this work we have identified opportunities to achieve the strategic goals below, finding interim value in the process.

Below: A timeline of delivering work to the Sussex digital strategy.

Intranet Project | 2020/21
- User experience
- Digital transformation

Discharge Project | 2021
- Sharing data
- Plexus (shared care record)
- Population health management

Community EPR Project | 2022
- User experience
- Patient interactions and innovation
- Remote monitoring
- Self-management (patients)

ICU EPR Project | 2022
- User experience
- Digital transformation
- Reducing staff frustration

Virtual Wards Project | 2022
- Sharing data
- Plexus (shared care record)
- Patient interactions and innovation
- Remote monitoring
- Self-management (patients)

"The NHS is fundamentally people-centred. It loves caring for patients and at its core it's driven to look after people. But weirdly enough, they don't seem to want to talk to patients."

Diarmaid Crean, Chief Digital and Technology Officer, Sussex Community NHS Foundation Trust

"Every IT project [in healthcare] is actually a people project."

Peter Brook, Director of Transforming Integrated Care, Kent Community Health NHS Foundation Trust

1. https://website-files.genpact.com/downloadable-content/insight/design-thinking-innovation-for-business-processes-and-operations-an-overlooked-key-to-growth-not-just-cost.pdf

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Article 1
How does a nurse book time off?

NHS England has always operated with a patient-first approach. However, emphasis is now equally being placed on staff and improving the digital tools they use. This was the focus of a recent project at Livework with the Sussex Community NHS Foundation Trust (SCFT), where we worked to redesign their intranet. We learned how overcoming productivity issues and addressing a mix of IT skills can contribute to improving patient care.

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Introduction
Digital delivery in a workforce the size of a country

"Our work with Livework allowed us to gain a deeper insight into our staff cohort and their needs. As a result of this, we have been able to build a new Intranet that works for everybody across the organisation – and improve the quality of care we're giving within the community."
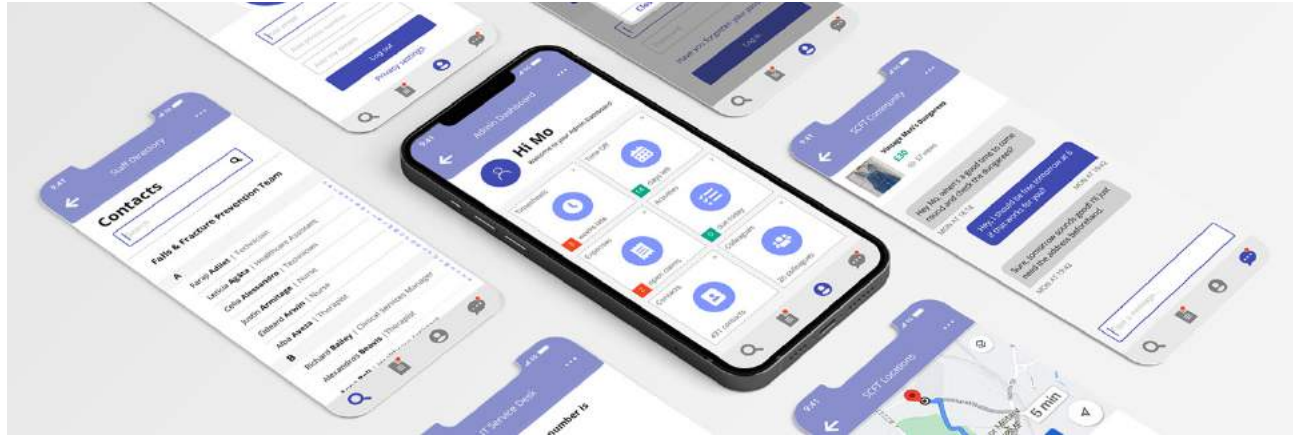
Diarmaid Crean, Chief Digital and Technology Officer, Sussex Community NHS Foundation Trust

NHS England is one of the world's largest organisations, employing a staggering 1.4 million staff as of March 2022.[2] Cyprus, by comparison, has a population of roughly 1.2 million citizens.[3] Running the equivalent of an island country in the Mediterranean is no small feat, which is why one of the top priorities for the NHS in 2022/23 is investing in its workforce.[4]

This investment is not only on the wellbeing and safety of staff, but equally to "deliver high quality care in the most effective and efficient way".[5] An indication of what this looks like came from the pandemic, where digital technology radically transformed how care is delivered.

Practices such as video consultations and remotely monitoring patients became commonplace. Not only has the adoption of these services increased[6], but it also set the stage for a new status quo.

Not wanting to abandon this shift in momentum, the challenge now becomes harnessing the potential of these digital technologies – another key priority for the NHS[7]. Although it has always operated with a patient-first approach, emphasis is now equally being placed on staff – strengthened by the ongoing workforce crisis[8]. This was the focus of a recent project at Livework with the Sussex Community NHS Foundation Trust (SCFT).

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The three main things we learned

The SCFT is a geographically widespread organisation, with more than 120 different locations across the county. As part of the SCFT's journey to develop the digital tools that support their 6,000 staff, we conducted a research project with them to replace the organisation's intranet – the "Pulse". The goal was to identify the needs, benefits, and existing limitations of an improved intranet, particularly for staff that were not considered lead users.

Through 24 in-depth interviews, two co-creation workshops, eight digital diaries (run over a week), and a staff survey with 190+ responses, we learned the following:

1. Consistent basics: Every staff member we spoke to wanted the basic features of the Pulse to be "done well". Whether it was onboarding new starters, accessing systems, or just completing administrative tasks (like booking holiday), staff needs were strikingly modest.

2. Clear accessible information: Staff wanted the Pulse to have up-to-date information they could easily search for. This could be contact details, policies, or even IT help.

3. Develop people and the Trust: Staff wanted training on the digital tools they use, to stay connected to the SCFT community, and transparency over what is happening in the Trust – feeding into improvement initiatives that affect them.

Service design as the connective tissue between NHS priorities

Digital tools – like an intranet – are commonly developed from a business and/or a technical perspective, with user considerations being added in later. Service design inverts this by applying a user-centred approach, where user needs are considered from the beginning, while still being balanced with business and technical requirements.

In the context of the SCFT, a deeper understanding of the intranet's users means they can provide a better experience to staff. They will be able to do their jobs more effectively and improve the care they provide to patients. As a result, investing in staff and harnessing the potential of digital technologies in care delivery (two of the NHS's priorities for 22/23) become intrinsically connected.

To enable the SCFT to apply service design methodology to their work, we produced the following:

- A set of SCFT digital personas. Personas are representative archetypes of user groups that focus on attitudes and behaviours, meaning they can be applied to a range of projects.

- A high-level specification for the new SCFT intranet, defined by the user requirements. This would form the basis of what the new intranet should do to meet staff needs.

- A service blueprint, showing how to create the desired experience of a future intranet. It describes the user journey from start to finish, with relevant insights under each step to provide depth, enabling the Trust to action our design recommendations.

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The value of delivering a "staff-first" service

The Pulse is a key internal resource for Trust staff. As previously mentioned, the pandemic has demonstrated how digital tools like it are an invaluable asset. According to SCFT statistics, "the COVID-19 pages were visited more than 15,000 times between March and May 2020, with guidance/information documents being downloaded hundreds of times."[9]

Unique page views (user traffic to the site) between July 2019 and June 2020 were generally shown to be quite high. But closer analysis indicated that most of these were for the homepage – which opens by default when staff launch their Internet browser. If you remove the homepage entirely, "less than 50% of staff access the intranet at all in a year, and those that do look at one page a month."[10]

The true value of designing this service around SCFT staff was not only in creating an intranet that was more functional for them, but one that they enjoyed using. For example, staff reported that significant amounts of time were lost in productivity.

By identifying why, the redesign was able to propose changes to improve workflows, remove existing workarounds, and streamline current systems. This alone could possibly save a reported 20-25% of staff time. Usability and collaboration between staff could also be improved – introducing targeted training support and a simpler interface to address the mix of IT skills. Fundamentally, better digital services mean happier users. By affecting one you improve the other, and you cannot have a patient-first service without being staff-first.

Article 1

Reflection points

- **Help staff keep momentum**
  Does your digital strategy align with staff objectives?
  Do you know your staff's real needs and obstacles?

- **Get the essentials right**
  What are the most essential solutions that can improve your staff experience?

2. https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics/march-2022
3. https://www.worldometers.info/world-population/cyprus-population/
4. https://www.england.nhs.uk/wp-content/uploads/2022/02/20211223-B1160-2022-23-priorities-and-operational-planning-guidance-v3.2.pdf
5. https://www.england.nhs.uk/wp-content/uploads/2022/02/20211223-B1160-2022-23-priorities-and-operational-planning-guidance-v3.2.pdf
6. https://www.mckinsey.com/business-functions/strategy-and-corporate-finance/our-insights/how-covid-19-has-pushed-companies-over-the-technology-tipping-point-and-transformed-business-forever
7. https://www.england.nhs.uk/wp-content/uploads/2022/02/20211223-B1160-2022-23-priorities-and-operational-planning-guidance-v3.2.pdf
8. https://www.bbc.co.uk/news/health-62267282
9. Internal SCFT research conducted on the Pulse.
10. Internal SCFT research conducted on the Pulse.

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Article 2
Improving the flow of patients from hospital to home

A pressing NHS priority, locally and nationally, is to make sure that hospital inpatients are able to return to their homes as quickly as possible, when it is medically safe to do so.

How to increase the speed and efficiency of inpatient discharge from hospital to home is complex. One opportunity is to streamline the use and sharing of information between clinical teams.

Benefits include improving staff satisfaction, the patient experience and flow. Ultimately we see the opportunity to reduce hospital stay durations and save significant costs. This can be achieved by supporting an integrated care system between hospital and community Trusts.

Introduction
Enabling effective patient discharge from hospital to community health services

"The process as a whole was very positive, the outputs continue to be useful and have laid a very solid foundation for the discharge work we have continued."

Andrew Pumfrey, Digital Project Manager, Sussex Community NHS Foundation Trust

The discharge process involves transferring a hospital inpatient to care in their home, supported by community nursing and care staff. In a recent project between Livework and the Sussex Community NHS Foundation Trust, we explored how aligning real-time electronic data flows and processes for medically ready to discharge patients[11] could help redesign the discharge process.

We focused on three key factors:

· Redesigning data flows and processes for medically ready to discharge patients from hospital to community providers.

· Understanding the staff and patient experiences of the discharge process – identifying what worked well, the pain points, needs, and opportunities that would have the greatest impact on care.

· Documenting the data collected in the discharge process, enabled the digital team to design the data architecture to support a more effective handover of patients from hospital to home.

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The patient view: challenges during discharge from hospital

Some patients awaiting discharge from hospital to home were unsure about the care they would receive post-discharge. There were delays in the data shared during the handover between hospital and community staff. This meant that when patients moved back to their homes, they were not clear about the care management plan or who would be caring for them.

Services were not tailored to meet patients' specific needs – e.g., transport requirements or preferred forms of communication (verbal, digital, or paper). Staff need to access data to inform how and when to deliver services, as well as communicate care management plans.

More detailed and timely information about patients' needs and preferences could reduce waste of resources, and support safe and efficient transfer of care.
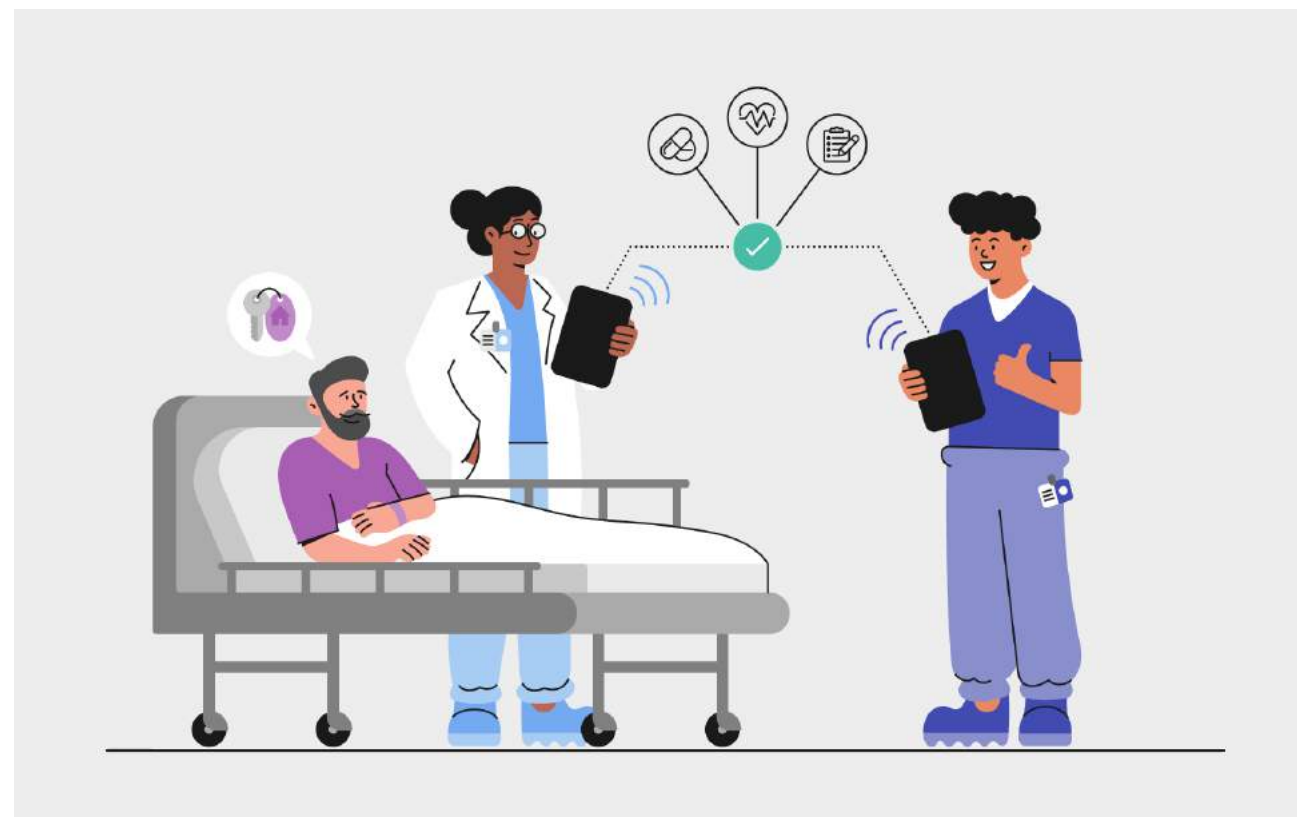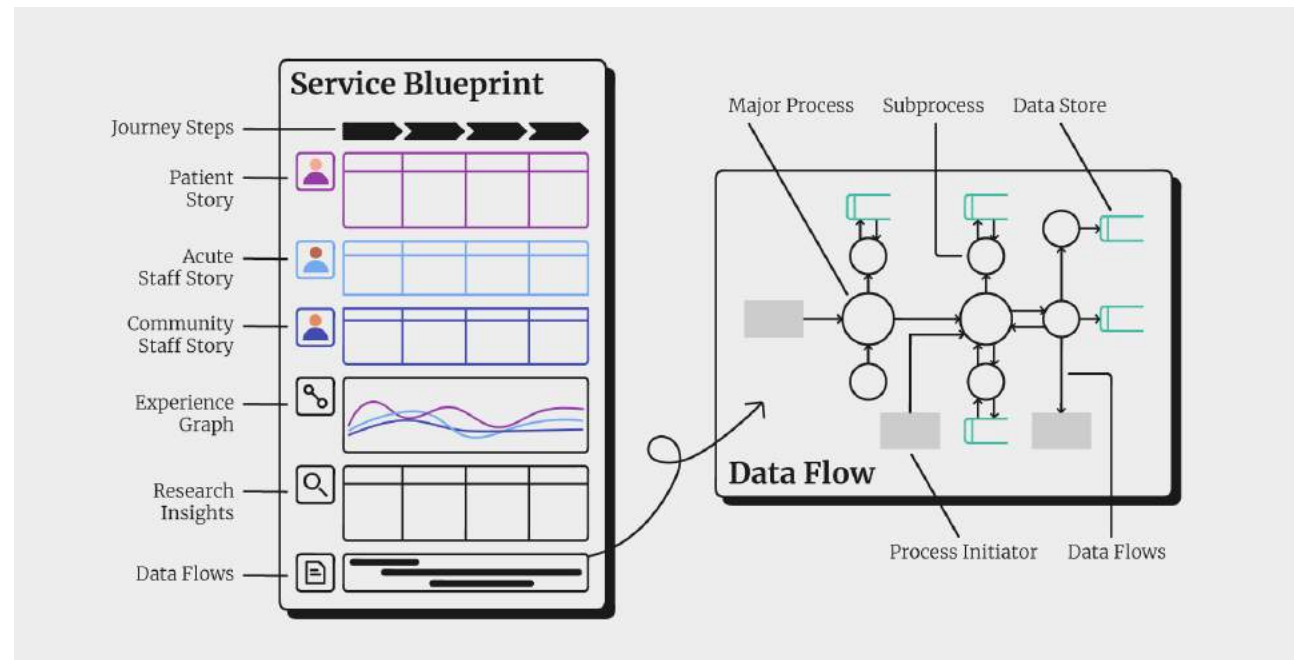
The staff view: five things we learned

We conducted in-depth qualitative interviews with staff to obtain a deep understanding of the discharge process and their experience. Our recommendations include:

1. Retain the Discharge Hub: Staff recognised that the existing Discharge Hub improved communication and streamlined processes. We were careful to build from this perceived success.

2. Reduce data duplication: The same data were collected in multiple ways, in both the hospital and community & could be rationalised so that data were only entered once.

3. Provide timely information to plan and predict flow: Community staff did not have access to information about patients who would need their services after discharge from their hospital stay. It was difficult for them to understand the numbers of patients planned to leave hospital & their needs to manage their future workload and allocate staff with the right skills to meet demand.

4. Use predictive algorithms: Enable community staff to analyse demand to enable staff to plan for community resources accordingly.

5. Adopt digital innovations: Develop and execute a suite of small scale digital innovations to test assumptions about how discharge to patients' homes can be achieved more efficiently.

Service design as the connective tissue of digital delivery

Service design enabled a collaborative environment which brought staff and patients' perspectives together.

We visualised opportunities in the service blueprint & future data flow scenarios between the two Trusts. Rather than implementing a 'big bang' approach, small scale digital innovations could be tried, which helped to manage risk.

Grounding the research in patient

and staff experiences brought a human perspective to the solutions, capturing their expectations and ideas for change.

Working from the visual representations of the blueprint and data flows, we were able to inform the future data architecture and the opportunities for redesign of the discharge process.

Recommendations covered strategic and operational areas beyond digital solutions, including other service areas which would benefit from this approach, for example Hospital at Home or Virtual Wards.

Below: Observed time-saving opportunities.

"How much time could be saved on processing discharge data?"

1–8 hours

Time spent by 41% of acute staff and 36% of community staff processing discharge data.

< 1 hour

Time spent by staff processing data per patient, if 90% of the discharge data was accurate and timely.

Sample: Based on a survey of 12 healthcare staff in one acute trust and one community trust, whose job roles involved discharge from hospital to home.

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The value of delivering an effective integrated discharge system

From this work, the Sussex integrated care system had a shared view of how the discharge process can be improved by sharing data more effectively. It saved the information systems team valuable time, enabling them to work towards implementing solutions rapidly.

At the end of the project, we produced a service blueprint, data flows, and data documentation. These tools were used by the ICS team to develop a roadmap to implement an integrated data sharing environment for care processes between hospital and community services.

Identified benefits included:
- reduced length of stay in hospital
- better management of resources; staff spent less time chasing information
- improved staff satisfaction
- more timely & regular engagement with patients, improving customer satisfaction

Article 2

Reflection points

- **Start your next steps with real people's experiences**
  Who is involved in providing and recieving your service improvements? What proof is guiding your strategy?

- **Zoom out to understand your goals**
  How have you framed the problem you want to solve? Who else would benefit from you meeting your goals?

11. "Medically Ready for Discharge" or "MRD" patients are those that can safely return home.

Article 3
How EPR systems can meet the needs of their users

Guide the adoption of a user-centred design approach across GP, Community, and Acute services. This will ensure that the design of an Electronic Patient Record (EPR) system is informed by the needs of healthcare staff and patients. Enabling healthcare staff to view and share relevant clinical information across health and care data systems. To support coordinated patient care and reduce delays and increase employee satisfaction.

Introduction

Modern EPR systems need to ensure interoperability

"It is a really comprehensive, good piece of work. I really like how the deliverables were presented and the language that was used. The impact of the work, including the recommendations, meant that we had a really good baseline for agreeing on what needed to be included in the right Digital System workstream."

Gillian Wieck, Director of Service Transformation, Sussex Community NHS Foundation Trust

EPR's in use today need to enable software, and even apps to share healthcare data. They have to be easy to use and provide digital efficiencies — reducing the need for paper records, reducing duplication, and improving productivity. EPR systems must be informed by the needs of the healthcare staff that use them and the patients they look after. Digital technologies enable staff to focus on delivering care. New care models can be designed which offer new opportunities for improving productivity and patient health outcomes. The NHS goal is to deliver services that truly respond to what matters to patients[12], and support those patients that are able to manage their own care. Patients' expectations are also changing, as they increasingly use apps on their mobile phones to monitor their own health. Where appropriate, these need to be integrated into EPR systems as well. This will change the way in which healthcare professionals engage with patients and ensure, where possible, they are involved in self-care[13].

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Healthcare staff are frustrated with current EPR systems across many different digital platforms

The COVID-19 crisis accelerated the need to interact with patients through digital channels. Clinical and administrative healthcare staff quickly adapted to working remotely[14]. They used the existing EPR systems to access patient information and plan their care. However, this highlighted the frustrations that staff felt, as it took time to navigate the EPR systems, find the right information, and then check if it was accurate. This also highlighted the need for a modern EPR system that would allow staff to communicate with their patients, while integrating with apps to enable patients to monitor and manage their own care.

To address the need to modernise EPR systems, NHSX released the Digital Aspirant Plus Programme. Its goal was to provide additional funding to support NHS Trusts to accelerate their digital transformation journey[15]. This was the focus of Livework's

project with the Sussex Community NHS Foundation Trust (SCFT), the first NHS Community Trust to receive funding to participate in the EPR Innovator Project for Mental Health and Community Trusts.

SCFT recognised that, in order to improve the use of an EPR solution in community health services and Intermediate Care Units (ICU), there was an opportunity to conduct user research to understand the needs of their staff. The research identified their pain points and frustrations with the current system. It showed opportunities for development to support healthcare staff to improve how they worked as a multi-disciplinary team (MDT). SCFT used the research to write a business case and a specification of requirements to set in motion improvements to SystmOne.
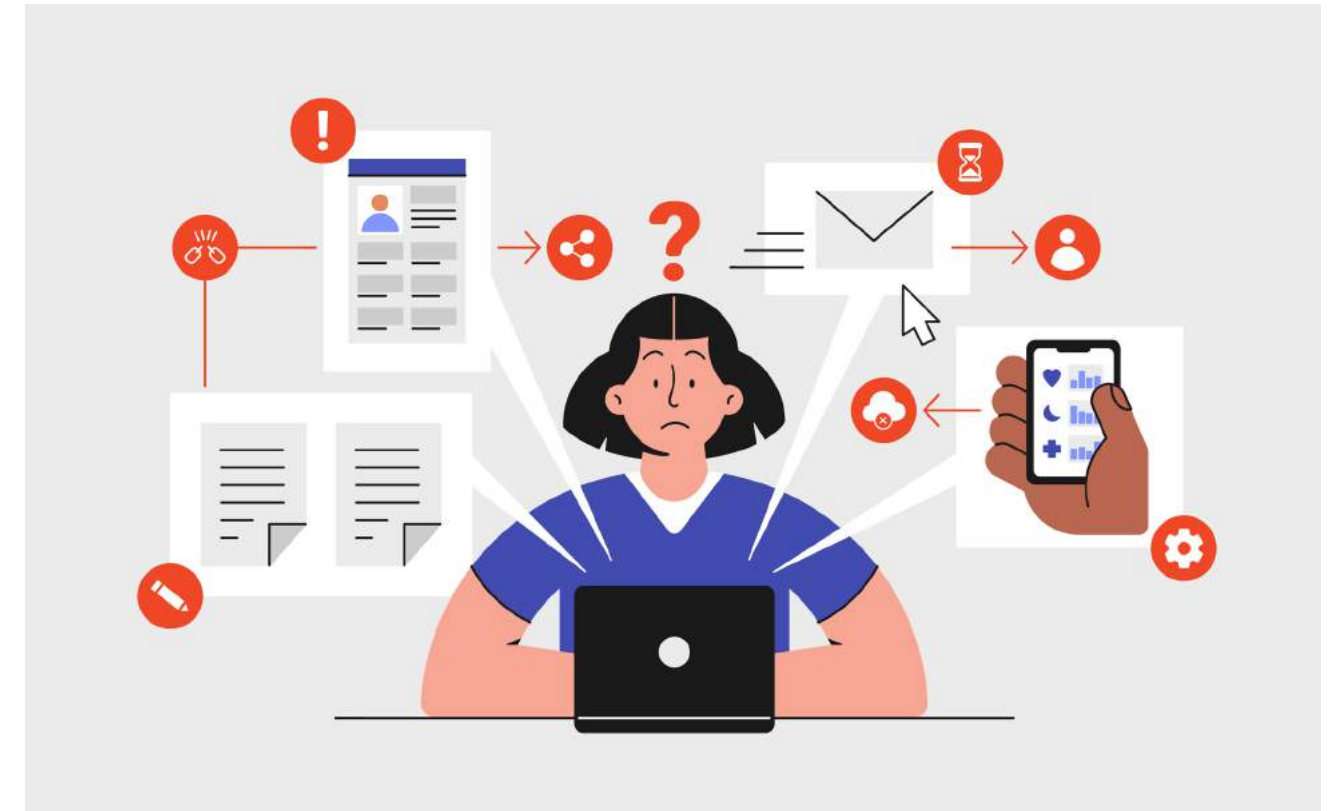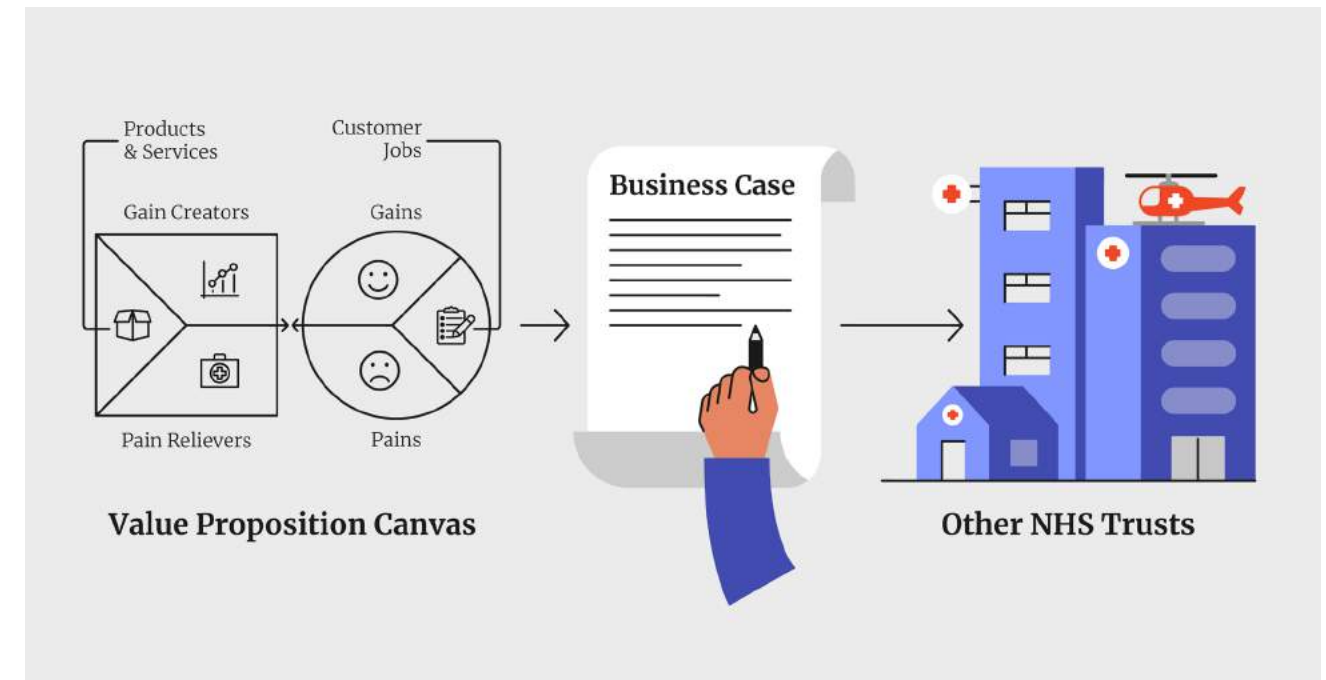

Five things we learned from healthcare staff

1. Improve usability: Several staff members noted that they would like SystmOne to be easier to use and navigate. Issues included being too click-heavy, not visually appealing, or intuitive — in that there were different ways to do the same thing. There were also multiple places to input information and if you did not know where the information was

stored, it would be difficult to find. The mobile app version of SystmOne did not have the same functionality, therefore staff were less likely to use it.

2. Integrate data, in real-time, from systems outside of SystmOne: Healthcare staff noted that the GP system had Read codes. The version of SystmOne in the Intermediate Care Unit (ICU) did not, which made it difficult to search for a diagnosis. It was noted that it would be sensible to have

these same read codes in the (ICU) version of SystmOne. The acute (hospitals) systems were also not integrated into SystmOne. Having the ability to view patient data across GP practices, community teams and the acute (hospital) systems would save time. The workaround for this involved making phone calls to multiple staff teams. SCFT is currently developing a shared care record (Plexus) that could grant everyone within a locality access to the same information - with patient consent.

3. Reduce duplication: Staff members reported that they were repeatedly entering the same data, being unable to dip in and out of assessments. If they left a page, they could not go back in and a new document would be created. This resulted in a duplication across several assessments. For example: there is a physiotherapy assessment and a doctor's assessment, with similar data on each not being pulled through from one template to the other. In many cases this data could be combined.

4. Create auto-population functionality: There are a series of customised templates that have been created within SystmOne for different healthcare practitioners. Initially the templates led to improved ways of working, saving time in the process. However, healthcare staff have since recognised that there is an opportunity to auto-populate information across internal teams using SystmOne. At the referral stage, this would enable clinical and administrative staff to confirm that the information is correct, as opposed to going through a lengthy registration process with the patients.

5. Reduce excessive pop-ups: While using the system, staff experience a constant barrage of pop-ups (asking 'yes' or 'no', or 'save') which is not needed in a busy environment.

Value Proposition Canvas   Other NHS Trusts

Five things we learned about patients' use of healthcare apps

1. Apps were not suitable for some patients: Especially those who were frail or had a condition that precluded them from using an app.

2. Some patients want to use apps to control and manage their health, or the health of a family member: They want a timely and responsive service that helps them to self-care at home[16]. For some patients, this meant that they did not need to go in for an appointment if they

could monitor and record their condition at home. They could then have a video conference with a healthcare professional, taking away the need to travel. A patient noted that if the app was working perfectly, it would be ideal to have the data sent to the healthcare team and be reviewed remotely, rather than setting up an in-person appointment at a later date.

3. Apps were viewed by patients as a useful tool for rehabilitation at home: Patients gave examples of using apps to follow exercises at home to improve their condition, noting how easy it was to follow

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someone showing you what to do. Patients also stated that they preferred to be at home. However, there were frustrations when inputting data into an app. For example: A patient noted that you should be able to input numbers as they found it difficult to do this with a slider. In addition to this, the instructions to use apps needed to be clearer.

4. Patient notes need to be transferred across localities automatically: There is an expectation from patients that when they move areas or services (i.e., from children to adult services), that their notes are transferred automatically and that whichever health professional is caring for them

can see these. Patients told us about instances when their notes could not be carried across and felt this created an obstacle that did not need to be there.

5. An interactive EPR system could improve patient engagement: Both staff and patients spoke about how an EPR could offer a more interactive platform for patients to engage with clinicians. Especially if it was integrated with apps and other media (e.g., videos). An EPR could support patients to monitor their condition and motivate them to undertake health management actions identified in their care plan (e.g., following physiotherapy programmes or speech therapy exercises).

Below: Observed opportunities for improvement for healthcare staff when using the EPR system.

84%
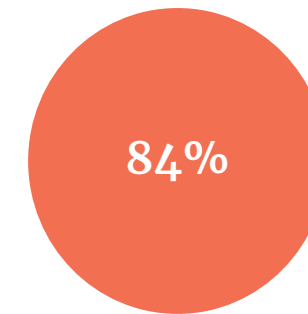
Over 66% of SCFT Community healthcare staff "agree" and a further 18% "strongly agree" that SystmOne has improved ways of working within the Trust — with custom templates and easy access to patient information.

7%

However, only 7% responded to the statement "the mobile version of SystmOne that you can use offline while visiting patients works well". Development could be carried out to ensure that SystmOne mobile also improves ways of working for staff.

70%
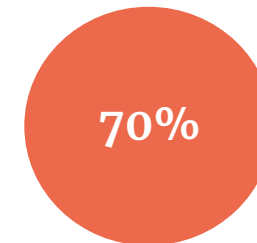
Over 70% of ICU healthcare staff "agree" that SystmOne has enabled a collaborative work environment, where they can share data and better treat the patient as a connected team — across roles and services.

14%

However only 14% reported that "SystmOne helps me plan and coordinate care with other health–care professionals, who do not use SystmOne". If SystmOne enabled sharing across GP, Community, and Acute services, this percentage response may be a lot higher.

Sample: Based on a survey of 49 Intermediate Care Unit (ICU) and 60 Community responses from clinical and administrative staff, in one Community Trust. Respondents had job roles which involved the use of an EPR.

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Service design as the connective tissue between User Centred Design and EPR adoption

Service design is the connective tissue. It is not only a methodology, but provides tools and values for helping people challenge their thinking.

A key tool that we used as part of our research was the Value Proposition Canvas. This framework describes the features we are designing to address, the staff jobs to be done, the user gains (benefits), and any pain points. Also included is a description of the products and services that are currently in place, as well as future opportunities to improve these. The Value Proposition Canvas enabled us to understand and capture this in relation to using an EPR system. It showed the fit between what staff and patients needed, and what a modern EPR could actually offer.

Through in-depth qualitative interviews we obtained an understanding of what healthcare staff and patients were looking for in an EPR. We designed a service blueprint to map the clinical journey and the potential opportunities for improvement. We also created logical data flow diagrams to show how data is used and stored. This highlighted the need for sharing data across healthcare teams, to ensure that patients received the right care at the right time. We then validated our insights with a staff survey across Community and ICU teams, receiving over 100 responses.
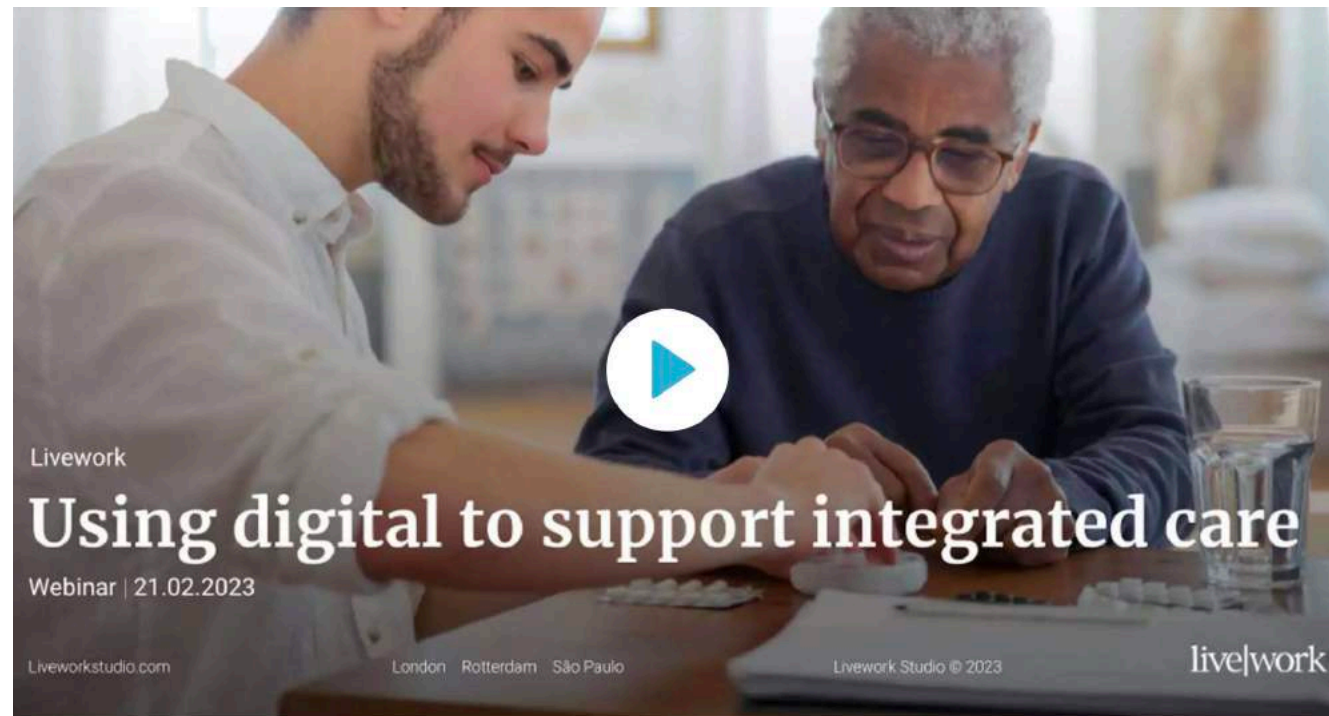
We identified that the needs of staff centred around the access to data and its integration — both within and across organisations, data systems and apps. For example, one community staff member stated the following: "It would be good to have Discharge Planning notes and see the acute (hospital) data, to be able to plan the caseload. It would be a big help, but hard to achieve. Perhaps the Discharge Team connected to our team could have access to it."

Article 3

Reflection points

- **Connect data to the right people**
  Do your systems operate in harmony with one another?
  Can you provide essential data on demand?

- **Sustain digital transformation with humans in mind**
  How do you keep your systems useful for staff and patients?
  Do you understand people's dynamic needs and barriers?

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Webinar Takeaways

Acknowledgements

What does it really mean to take a patient-centric approach to healthcare?

On the 21st of February, we held a webinar to discuss the topics covered in this status report with a panel of experts. The goal was to understand what a patient-centric approach to healthcare really meant. After all, future healthcare services need to ensure that care meets the needs and priorities of the people that use them. This is hard to do in context, but equally hard to make a reality.

Our webinar brought together three distinct individuals working on this challenge, to share their perspectives. They included Diarmaid Crean – Chief Digital Officer at Sussex Community NHS Foundation Trust; Peter Brook – Director of Transforming Integrated Care at Kent Community Health NHS Foundation Trust; and Liz Watson – Health Associate at Livework.

You can hear what our panel had to say by watching the full webinar here.

The key takeaways

· Implementing digital solutions successfully doesn't mean replicating exsiting processes in that format. The problems people currently face aren't purely solved by making something digital.

· Digital transformation is an opportunity to properly harness the needs of patients and healthcare staff, to improve their experience of using/delivering a service.

· It might also mean interrogating current care pathways and the way they're set up. This, in turn, can open up the complexity of care across multiple care settings.

· Doing the above effectively is about framing change as an opportunity, rather than creating problems or more work.

· While it may sound obvious, at the heart of framing opportunities is understanding the perspectives of healthcare staff and patients.

· The reality of doing research within a healthcare setting is that it can be challenging. It starts by building transparency and honesty, especially amongst clinical/admin staff, to be open and speak truthfully about their experiences.

· It is also about finding ways to engage and collaborate with these users (staff and patients) throughout the process.

· Ultimately, by getting input from them you can build confidence in decision-making when it comes to implementation – while anticipating adoption barriers.

You can find the full webinar summary here.

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Acknowledgements

Acknowledgements

Thank you to the Sussex Community NHS Foundation Trust that we have been so privileged to work with. It was truly a joy seeing how service design can be applied to healthcare and tackle some of the biggest issues facing the NHS today. You provided invaluable expertise and insights that informed our work and allowed us to produce this Status Report.

About Livework

Good services don't happen by accident, they need to be designed. That's what we do.

Livework is an independent service design agency – the very first of its kind to exist. Our focus is on designing and delivering world-class services. This could be anything from helping patients get home quicker after they leave hospital, to helping farriers manage which horses need new horseshoes.

In our 20 plus years, we have worked with over 400 clients on almost 2,000 projects. These have been on every scale, from pubic to private sector, from startups to multinationals. We accomplish all of this with our wonderful teams based in our three studios in London, Rotterdam, and São Paulo.

Team

Authors
Ben Reason
Lindy Young
Liz Watson
Alvaro Curto
Annie Maxted

Design
John Foley
Xiao-Mei Huang
Charlotte Kuijpers
Alvaro Curto

Editors
Diarmaid Crean
Louise Williams
Andrew Pumfrey
Angela Mancini

Illustrations
Alvaro Curto

If you would like to discuss the projects mentioned in this Status Report and/or other related work, please contact our founding partner Ben Reason (ben@liveworkstudio.com), healthcare lead Lindy Young (lindy@liveworkstudio.com), or service design lead Daniel Letts (daniel@liveworkstudio.com).

livework