Beyond the US – Recognition of Documentation Burden

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The National Health Service (NHS)

Launched on July 5th 1948

"The NHS belongs to the people.

It is there to improve our health and wellbeing, supporting us to keep mentally and physically well, to get better when we are ill and, when we cannot fully recover, to stay as well as we can to the end of our lives. It works at the limits of science – bringing the highest levels of human knowledge and skill to save lives and improve health. It touches our lives at times of basic human need, when care and compassion are what matter most."

NHS Constitution (2015)

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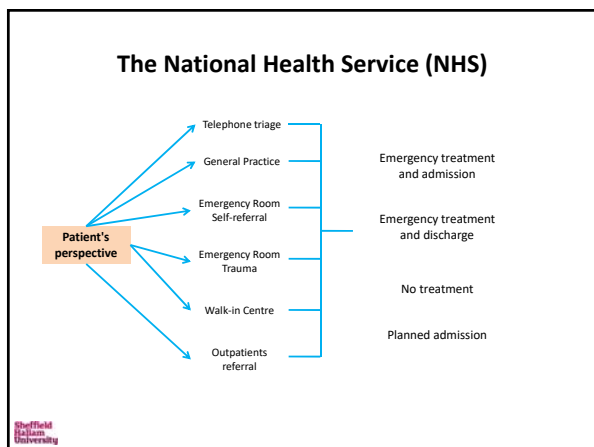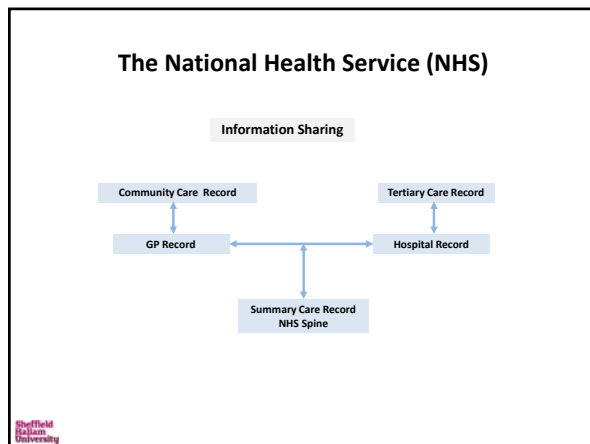
170 miles

The National Health Service (NHS)

- Is not **FREE**
- NHS England funded at £124 billion/year (2018) ($156 billion)
- NHS England serves a population of 56 million
- NHS England employs 1,238,061 people as at March 2019
- NHS 2018/19 deficit expected to be £558 million ($705 million)
- Per capita spending £2,850/year ($3,600) as at June 2018
- NHS England deals with over 1 million patients every 36 hours (2018)

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- 207 clinical commissioning groups
- 135 acute non-specialist trusts (including 84 foundation trusts)
- 17 acute specialist trusts (including 16 foundation trusts)
- 54 mental health trusts (including 42 foundation trusts)
- 35 community providers (11 NHS trusts, 6 foundation trusts, 17 social enterprises and 1 limited company)
- 10 ambulance trusts (including 5 foundation trusts)
- 7,454 GP practices
- 853 for-profit and not-for-profit independent sector organisations, providing care to NHS patients from 7,331 locations

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Information Sharing

Community Care Record — Tertiary Care Record

GP Record ←→ Hospital Record

Summary Care Record
NHS Spine

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Patient's perspective

- Telephone triage
- General Practice
- Emergency Room Self-referral
- Emergency Room Trauma
- Walk-in Centre
- Outpatients referral

- Emergency treatment and admission
- Emergency treatment and discharge
- No treatment
- Planned admission

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The National Health Service (NHS)

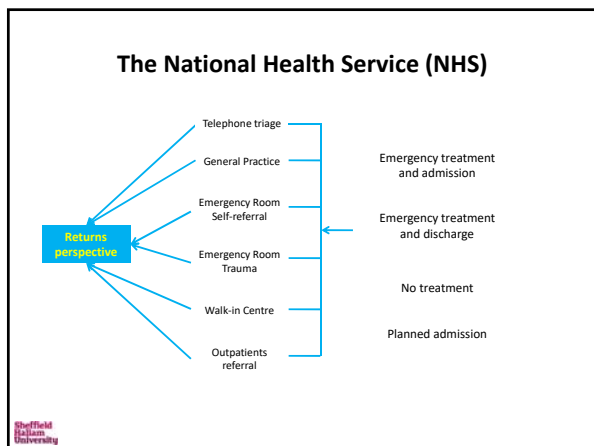*'Not a safe system. Too time consuming, more time spent on the computer rather than seeing patients.'*

'…it is not possible to fully capture what we precisely do for patients …, and this is causing some disagreement within the Commissioning team, as they would very much like to know exactly what we do/ how we should be funded.'

'Email communication, whilst very useful, has taken over one-to-one communication and we are inundated with messages containing attachments with the expectation of having to read and respond to said messages. This technology is fast taking over the working life of nurses in terms of time expended on going through all emails and accounts.'

'I used to see four or five families a day and maintain the paper record, I now only manage three families in one day as the e-record takes so long to complete. However, I do feel that my record keeping has improved as a result of E-Systems.'

Taken from: Queen's Nursing Institute (2018) Nursing in the Digital Age: Using technology to support patients in the home

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Returns perspective

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WeNurses Tweet chat in December 2016:

73% of nurses said they go home late because of clinical documentation
15% of nurses said they rushed clinical documentation
36% of nurses said clinical documentation took 40-60% of their time

Reference to other research highlighted that nurses spend nearly 11 hours per week adding to clinical documentation.

One nurse characterised the challenge of balancing patient care versus the burden of documentation that sometimes it feels that everyone is "so busy writing about doing it, but NOT doing it".

"Only at the end of your twelve-hour shift when your other nursing colleges take over for the next shift are you able to sit down and do your paper work, meaning having to stay an extra hour or two late (unpaid), you go home exhausted, despairing and listing all the things you haven't done. You go to bed, wake up and do it all over again."

"The level of my documentation was poor due to time constraints and poor staffing which leaves me anxious working in a highly litigious environment."

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NHS Long Term Plan (2019)

Key Point 1

more joined-up and coordinated in its care.
Breaking down traditional barriers between care institutions,
teams and funding streams so as to support the increasing number
of people with long-term health conditions, rather than viewing
each encounter with the health service as a single, unconnected
'episode' of care (1.4).

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*Will full implementation of digital records / processes improve
documentation burden and moral distress...?*

Image: Healthcare's digital future | McKinsey (2019)

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NHS Long Term Plan (2019)

Key Point 2

more proactive in the services it provides.
The majority of initial medical contacts with the NHS occur when a
patient calls NHS 111 or 999, or visits their pharmacist, GP
practice, A&E or Urgent Treatment Centre (UTC). At that point the
NHS response kicks into action. But increasingly we are
supplementing that with the move to 'population health
management', using predictive prevention (linked to new
opportunities for tailored screening, case finding and early
diagnosis) to better support people to stay healthy and avoid
illness complications (1.4).

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NHS Long Term Plan (2019)

Key Point 3

The NHS is made up of hundreds of separate but linked
organisations, and the burden of managing complex interactions
and data flows between trusts, systems and individuals too often
falls on patients. Digital services and data interoperability gives us
the opportunity to free up time and resources to focus on clinical
care and staying healthy (5.7).

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