Clinical Digital Manifesto

Complete Documentation

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1. Welcome to the Clinical Digital Manifesto

1.1 Problem Statement

Clinicians across the NHS are faced with time-consuming digital workflows that often lead to frustration and wasted time. We believe that poor software is significantly contributing to the financial, patient flow, waiting list and workforce challenges faced by our NHS services.

1.2 Why We Believe This

The experience of clinicians who have worked in pre-digital and digital ages of healthcare delivery is that while some things have improved (eg. the ready availability of digital X-ray images), it now simply takes longer to action any given clinical task than it did with a paper form and a pen. The management decisions might be made within minutes of meeting the patient, but putting these into action can quickly explode into half an hour of wrestling with myriad EPRs, 'portals', PDFs, printed matter, and phone calls. There is no ancillary staff to assist with this workload so we waste the time of some of our most scarce members of staff doing tedious repetitive admin.

1.3 Why We Are Confident We Can Change This

We know from other areas of government such as Government Digital Services, that a different way of approaching digital can change this story. By keeping things simple, focusing on people's needs, solving whole problems and working with modern coding, deployment and computing approaches - it is realistic to dramatically improve people's digital experiences, improve productivity and performance, reduce wasteful spending, and support a better quality of service to meet citizen's raised expectations.

1.4 Vision

To bring about a new paradigm for digital in the NHS, so that clinicians are no longer faced with frustrating, time-consuming digital care processes - but are instead truly enabled to care effectively for people across professions, teams and pathways. We want to bring about a future where digital tools are changed and improved faster, giving healthcare teams more power to care effectively and efficiently, and loosen the hold that a small number of large suppliers has on our care system to do so.

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2. The 5 Points of our Manifesto

2.1 1. We look to NHS care teams as our leaders of digital design

We need to change our culture and flip it from top-down tech to empowering clinical teams and putting them in the driving seat, as the people that will need to use a digital tool to care for patients. There are large opportunities to improve the experience and efficiency of NHS care, and we need to find better ways of putting clinical teams in the driving-seat and letting them experiment and adapt to find them.

2.2 2. We listen to feedback

NHS staff should be able to feed back easily, honestly and openly about any IT system they use to care for patients, confident that this will be collected, shared, interpreted and acted on. Solutions and iterations should involve the people using them at all stages to achieve a quality digital experience. Like central government mandates the sharing of user-feedback data.

2.3 3. We achieve a user experience with every digital solution that NHS clinicians can work with

NHS clinical software is too often below a reasonable minimum standard in terms of the experience clinical teams are left facing on a daily basis. We want to work together to develop and raise standards for user's experience of digital tools, and support them with better assessments of and decisions around this during digital delivery. Ultimately, every clinical solution should achieve an acceptable user experience for clinicians. When we deploy or change software, we should be paying attention to time costs and frustration (what we call 'clinical drag') as well as safety and data quality. We need to find better ways to check and act on this across the software lifecycle for our NHS services.

## 2.4 4. We will bring the NHS into the open, modern computing era

Open source and modular components have reduced the cost and complexity of building and adapting great software, while simultaneously creating standardisation and familiarity. The NHS is missing the benefits from these industry conventions, and we need to change that story, so that digital systems can keep up with the often rapid changes and evolving requirements of care teams. In practice, this means looking at a clinician's whole experience of digital working together to support them in their roles, rather than an obsessive focus on discrete point solutions.

2.5 5. We shift control from Big IT to NHS care teams

We will support the NHS to develop common contract clauses and standard mechanisms to shift the power from large and sometimes unresponsive big IT suppliers, and empower clinical care teams in their place. Across pharma, medical devices and clinical services, the NHS has used collective bargaining effectively to secure good deals and responsive market provision - and we can do it for digital too. Some requirements are best built as APIs or common modular solutions which everyone can use irrespective of their chosen systems - for example electronic Fit Notes or GOV.UK style functionality. Intellectual property should always remain fully owned by the NHS.

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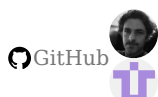
3. Principles For Working Together To Achieve Our Aims

3.1 3.1

3.1.1 We are open to anyone who is committed to our manifesto and making it a reality within the NHS

3.2 3.2

3.2.1 We do not seek to replicate or replace what others such as NHS England, HL7 FHIR or OpenEHR are doing

3.3 3.3

3.3.1 We are independent from any other body or organisation

3.4 3.4

3.4.1 We do not make a profit, but re-invest any income or donations to advancing our manifesto and improving digital experiences for NHS staff and patients

3.5 3.5

3.5.1 We share our work and progress openly and regularly, and seek feedback about our approach to achieve our vision for a modern, open and user-centric approach to digital in the NHS

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4. Survey

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5. Download our Manifesto

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