The 'Big Bang' Deployment. Is it Worth the Pain?

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The NHS is amidst a digital transformation, with a total of £2bn being allocated to improve digital capability across NHS trusts. But the NHS's work is cut out for them. 77% of trusts are still without an electronic patient record (EPR) system that meets the required standard, with these trusts needing to get up to speed by the 2025 deadline.

Given the scale of IT deployments set to take place across the country in the coming years, there is potential for significant service disruption at a scale that we've not seen before. A review of EPR implementation – published in the BMJ – likened the 'big bang' deployment of EPR to the grieving process, with front-line NHS staff experiencing loss, denial, anger, bargaining, depression and acceptance throughout their EPR deployment journey. These pains of deploying an EPR shouldn't be normalised. It doesn't need to be this way. Looking at other industries who have undergone extensive digital transformation, there is much we can learn and implement to avoid repeating the same mistakes of rollouts at this scale.

So, what is a 'big bang' deployment? A big bang deployment occurs when an old system is switched off and the new system switched on across the entire site – or multiple sites – in one day. This approach requires extensive training for all staff in the run up to the go-live day. Following a 'big bang' deployment, there is a lengthy stabilisation and optimisation period, typically six to twelve months, where it is both expected and accepted that patient care and operations will be compromised. We must also remember the risks associated with implementing such extreme changes in such a short period.

The logistical aspects of EPR deployment cannot be understated. There have been three big bang EPR deployments per year for the past five years, we're now talking about doing 30 in the next two years – requiring five times the resource in half the time. We must question whether this is achievable in a way that causes as little disruption as possible. Disruption can be mitigated but all mitigation strategies rely heavily on investments in internal and external resource such as more training, more post-go-live support, and more staff on-ground. We risk pinning our hopes on internal and external resource that may not actually exist, and the consequences could be disastrous.

The question for providers and suppliers alike is, what can we do to mitigate these risks to ensure that the transition from one digital system to another is as seamless and as uncompromising to patient care and staff wellbeing as possible? How can we quickly realise the benefits of the EPR and ensure that its rich data source is harnessed in a way that helps to save lives and not negatively impact them?

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A progressive approach – or phased rollout – to digital transformation is where the deployment of a new system is strategically rolled out in stages. This approach allows improvements and refinements to be made throughout the deployment process, with different teams able to smooth out configuration issues gradually on a team-by team or ward-by-ward basis, rather than everything changing at once. A phased approach also eradicates the need for any classroom training, saving millions in bank and locum costs to backfill staff whilst they are in training. The training requirements are less intensive too, with staff able to learn different elements as and when needed, rather than all at once. As the deployment progresses, training requirements for each module are further reduced, especially if the EPR has high levels of usability and is intuitive to pick up. The phased approach also requires far less internal and external resources for successful implementation. By focusing on one group of modules at a time, the roll out can be tailored to the resources available to the trust at that moment in time, reducing disruption, which is crucial when hospitals are already under immense strain.

A further benefit of the progressive approach is that the benefits of the new system, particularly in safety and patient flow, can be realised much sooner. Within 6 months, a trust can realise the benefits, compared to a big bang deployment, which can take at least 18 months during the lengthy 'stablisation' phase. When Nervecentre deployed GP Connect at University Hospitals Leicester, patients' primary care records were accessed nearly 3000 times within two days of the deployment, with numerous staff giving positive comments about the time savings caused by seamless access to GP records from the emergency department. This is how digital transformation in the NHS should work, and contrary to popular belief it is possible for staff and consequently patients to experience the benefits of a new system straight away.

While it is currently more common for NHS trusts to undergo a 'big bang' deployment, we must consider the risks and look to other sectors for examples of success. No other industry works in this way, studies into failed IT projects conclude that overly optimistic expectations and unrealistic timescales are causes of this failure, and that the change must happen progressively. In an industry that is necessarily risk averse, why do we approach EPR deployment in a manner that is well understood to be high risk?

With all this mind, I urge the sector to re-evaluate their approach to digital transformation. Is a big bang deployment and the subsequent operational overhaul worth the pain, when we lack evidence of the benefits to support this approach? We must make considered choices that ensure that NHS services are improved and not jeopardised. There are opportunities here to harness data and, in my opinion, the only way to do this is via a progressive approach to digital transformation.

At Nervecentre, we consider ourselves the champions of the phased EPR implementation, which has been coined as the "less glamorous approach that keeps clinicians happy". We pride ourselves on our system being exceptionally intuitive to front-line NHS staff, which means a substantially lower training burden compared to what's needed for a big bang implementation.

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NEXT GENERATION EPR

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