

Restore
Records Management



Optimising patient records in the NHS

How innovation can help save costs and improve patient care

OPTIMISING PATIENT RECORDS IN THE NHS





By Stefan Chetty

Director of Public Sector

Restore Records
Management

Executive Summary

These are changing times for NHS Trusts, but one challenge has remained consistent: how to best optimise the patient record experience.

Some Trusts have already gone fully digital, but that remains an ambition for others. A large number are still searching for the perfect solution in a world in which rising costs and increasing demand combine to make life difficult.

The NHS have found the expenditure involved in going digital, combined with the challenge of overcoming an historic culture around a preference for paper records, can make it impractical and cost prohibitive.

This white paper unveils hybrid options which see physical and digital live side by side, taking advantage of recent innovation in physical storage which makes tailored solutions possible.

Many NHS Trusts still have a physical Health Records Library on site, for instance, and are looking for affordable ways to modernise and optimise the way patient records are handled.

A hybrid solution, achievable by outsourcing document storage, can deliver a wide range of benefits without the full cost of a digital transformation programme, and is growing in popularity.

Moving records offsite, putting fast retrieval processes in place and scanning only the files which are needed most often is rapidly becoming a top choice for Trusts, and delivers the same end user experience as digitising all legacy paper records.

Restore Records Management supports 80+ NHS Trusts across the UK and has been working with the sector for 30 years. So, we know our stuff.

In fact, many of our staff have been recruited from inside the NHS - and are well qualified to understand the problems that Trusts face in real life.

So, if your Trust wants to save money, get better value from your space, improve efficiency, and drive efficiencies that truly improve patient care, this white paper can explain how to take those steps.

From creating space for beds by moving your Health Records Library offsite to finally solving problems like loose filing, misplaced files, temporary notes and inefficient clinic prep, a hybrid solution can bring tangible results. It can also make going digital easier in future.

Now, more than ever, is the time to take action.



Chapter 1:

Saving money and getting best value from your space

Reducing costs is a consideration for every NHS Trust across the country and many are also looking to create extra clinical space as demand from an ageing population grows – and the pandemic backlog gets bigger.

Finding a solution to those problems is not easy, but there is one area of the hospital which is often overlooked in the search for savings: the Health Records Library. This is where patient records, both historic and new, are stored as physical paper documents in various Trusts which have yet to go digital.

Of course, this wasn't how the world was meant to look in 2023.

There has been a long-held dream for the NHS to be 'paperless' with the government setting a target of 2020 for achieving just that. But that target has long gone – and paper is still here.

We estimate there are over 100 million physical records still stored by NHS Trusts across the country, many of them housed in Health Records libraries sat right in the centre of hospitals – in prime clinical space that could be better used for direct patient care.

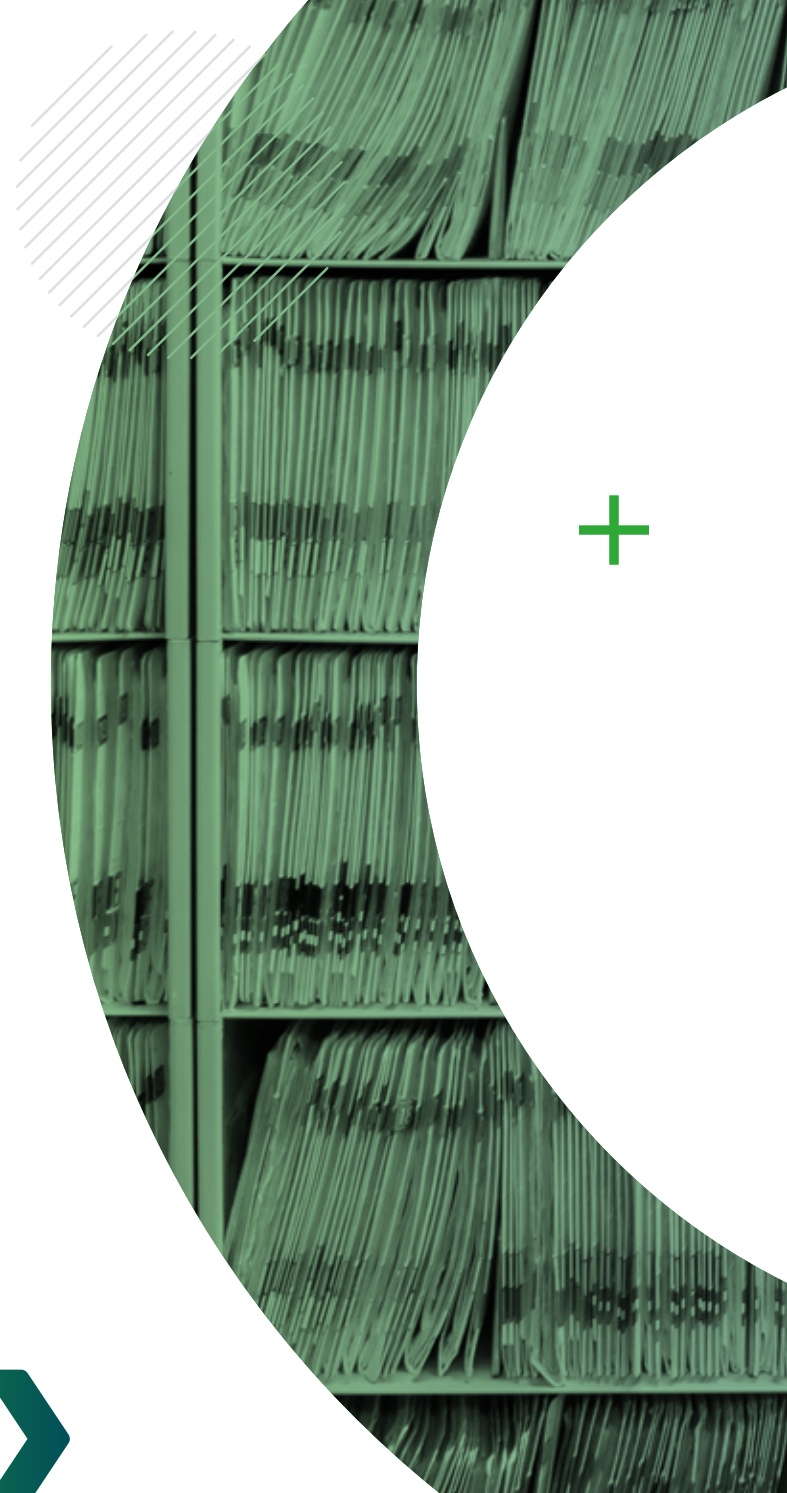
Many Trusts still manage libraries themselves, often with high costs attached and limited tracking systems. It's not unusual for documents to be misfiled.

With a heavy focus, quite rightly, on saving lives and treating patients, it's understandable that the Health Records Library can sometimes be overlooked when it comes to strategic thinking. But it's time to put that right. Outsourcing and updating physical storage is the answer for Trusts that need to consider how physical records are dealt with as part of their digital strategy.

This white paper will explore how outsourcing records management and moving inventories offsite can create benefits that help improve direct patient care – and explore hybrid solutions that see physical and digital live side by side.

Nobody is saying that 'paper is best' but physical storage can still be part of a digital solution, and, in reality, there is no 'one size fits all' solution for going digital.

That's because there are significant differences between NHS Trusts in where they stand on the paperless journey.



So, why do Health Records Libraries still exist?

It's a good question, because many people hoped that digitisation would have transformed the way the NHS stores and accesses patient records by now. But change has been slower than hoped due to a myriad of factors from the cost of going digital to overcoming a deep-set reliance on paper.

Outsourcing Health Records Libraries is often seen as an additional cost to the Trust. There are long-serving, experienced medical records staff whose jobs would be put at risk if the records were taken away. There is a concern about access of records, especially for last-minute changes to clinics. The space is seen to be free of charge so why would hospitals pay for additional storage off-site?

Now is the time to be realistic about how fast we can travel and consider how best to optimise a hybrid environment in which digital and physical records live efficiently side by side.

The first step is for NHS Trusts to look at their patient records inventory and consider how best it can be optimised, putting aside a narrative that an entirely digital solution is the only way there.

Many Trusts have made giant strides in the digital field and seen improvements in patient care as a result. But the historic pressure to scan everything and remove paper altogether is flawed and has lacked a cohesive vision.

The cost of scanning, and the sheer volume of patient records that need scanning, mean it would be prohibitively expensive to take that route for many Trusts, especially in the current climate, and that's without taking into consideration the cultural changes required to make it happen.

Cultural change will come organically over time, doctors, nurses and clinicians already live in a digital world and are increasingly comfortable with it. But money in the NHS will be a perennial issue – and nobody can deny that.

Does this mean the benefits of digital transformation have been exaggerated?

Certainly not. There are excellent examples of Trusts which have gone digital and are reaping the benefits of doing so. If it is done properly, going digital is the correct thing to do and delivers long-term efficiencies.

But for others, especially those which still have a large paper inventory, optimising their physical records to get them 'digital ready' is a more cost-effective and realistic way forward. It's all about getting the right advice, including for those who began their digital journey long ago but have never completed it.

Even Trusts who were ahead of the game and who jumped on the digital bandwagon early, are facing issues.

Technology has moved on significantly – and what looked like a perfect solution ten years ago can now, already, seem out of date.

Some of those who in the past wanted to be exemplars of going digital didn't think about data capture carefully. They scanned records to view as a PDF on a screen, without maximising the value from this process.

The reality is it can be even more clunky than having a paper folder.

You have a 200-page PDF to search through on screen, which isn't easy – and as a result, many clinicians still prefer a paper folder.

This could be overcome by a combination of scanning on-demand and/or scanning only the most frequently requested records and keeping older records in physical form until their end of their retention period.

This approach can be better and more cost effective – because many legacy records stored are never or rarely needed.



So, summing up, what's the situation in the NHS now?

A hybrid culture has developed in the NHS over a considerable number of years, and it's a complex picture with different solutions and approach.

There are Trusts which have totally embraced digital and have the most modern technology. There are Trusts which went digital long ago – but as a result have been left with out-of-date systems that they cannot afford to update.

And there are Trusts which still rely on paper patient records or a mix of digital and paper.



Where do NHS Trusts currently store their records?

This is an important question.

The fact that many Trusts still store their records in over-brimming Health Records Libraries taking up clinical space right in the middle of the hospital, is significant.

Our experience is that most Trusts still have at least some records on site, even if they have outsourced a proportion elsewhere – and even if they have begun their digital journey.

But there are also Trusts with self-storage which they manage themselves for instance in buildings they own or lease (sometimes off site and often not fit for purpose).

There are also examples of Trusts which have completely outsourced, but they are by far the minority – especially amongst those which are yet to go digital.

In this white paper we will ask some big questions about how physical and digital can live together as we tread the inevitable path towards a more digital future.





100 million+

physical records stored by NHS Trusts

1 million

average number of physical records per Trust

50% of Trusts

still reliant on physical records

25% of patient notes

not delivered in time for the appointment



Reducing costs through optimisation of patient record storage

Every NHS Trust wants to save money and doing so is an ambition that has proved even more elusive than a paperless future.

But there are ways to reduce costs around document storage by moving records off site and it can be more cost effective than many people realise.

////////////////////////////////////

We can split these savings into three categories:

1. Space:

Whether it is an internal room within a hospital or a leased building, space comes at a cost. It might be how much is paid to build it, buy it, rent it – or what is spent on maintaining it (for instance heating, cleaning, refurbishing).

So, the challenge for Trusts is to accurately analyse their current storage costs and compare them to the costs of engaging an offsite storage partner.

Opportunity cost: It is also worth considering what else a space could be used for if vacated. If internal space is being used for storing records, how much is being spent on space for other services that could be there instead?



2. People

Space needs people to manage it, and that's a cost consideration. Internal Health Records Libraries require records management staff to pick files, scan files, manage the library and keep records of what documents are stored there.

They also need maintenance – whether that is installing racks, ordering stationery, replacing old files or even cleaning. All these costs should be factored in – and can be effectively removed when inventories are moved offsite.

Recruitment should also be included in this category (including the cost of bank staff) and all the HR functions that sit behind it.



3. Efficiency

Being inefficient isn't just bad practice, it can also be expensive. Every time a file goes missing there is a cost implication – and the same is true for all inefficient storage or poor tracking. In the case of a missing file, you might include the cost of someone's time to make a replica; the cost of a new file and the stationery required for it; the cost of delays in clinic; and the time lost by a range of employees who cannot do their job until the paperwork arrives.

Note availability is an issue here, too. If it is not tracked when a secretary writes it up, then effectively it is not available for clinic and is 'missing.'

Optimising the efficiency of document storage can therefore be seen to reduce overall costs, providing a double benefit.



Quantifying cost accurately

Our experience at Restore Records Management is that NHS Trusts often miscalculate how much storing physical patient records costs them.

They look at the basic costs arising from an onside Health Records Library, or the costs of leasing a building to store them elsewhere. But they don't think more deeply about other enabling costs or about the value of the space that records are stored in.



Here is a quick guide to what should be included:

1. Factor in all your sites

It's common for Trusts to think only about their main site when quantifying costs attributed to records management. But many operate multiple sites which are 'hidden' in the stats.

This is even more of a consideration following the introduction of the Integrated Care Systems in the NHS.

It means that NHS Trusts are working more collaboratively. But the reality is they have grown up separately and so solutions are often disjointed – and look very different from one hospital to the next.

When looking for an outsourced records storage solution, it could be easy to overlook the costs of satellite sites.



2. Include transport and portorage

If patient records are stored in buildings offsite, the cost of portorage should be considered. Sending staff to 'pick' records and bring them back to the main site may look 'free' on the spreadsheet. But costs related to transport and the time it takes are hidden expenses. In hospitals with multiple Health Records Libraries, it is common to order a taxi to take urgent notes between sites. None of these solutions are 'safe' or GDPR compliant.



3. Understand the value of property

NHS Trusts often don't see the cost of buildings as something related to the cost of document storage.

Especially not when the building is on site and owned (even though, as we've explained, there are always maintenance costs and utility costs you can attribute to it).

But if you lease a site, that's a significant cost – and lots of Trusts do lease from private companies.

In addition, if that building, even when owned, is taking up space which could be used for something else then that's a relevant consideration.

If you need extra space for medical services how much would it cost to buy or lease something the same size? How much, in essence, is it worth? If you have a building worth millions of pounds in the centre of London, is storing records there justified?

4. Consider the cost of wages and recruitment

It's common knowledge that NHS Trusts deal with a lot of staff churn – and often turn to expensive bank staff to fill the gaps. Some use clinical staff to prep records in clinic, which is a poor use of their time and often a hidden cost.

This is as common in the Health Records Library as it is on the ward, and it's not unusual to pay a significant premium every day to bring in people from outside the Trust.

Outsourcing patient records can free up employee time and reduce staffing costs. The reality is that if you outsource today, you are unlikely to need bank staff in future when it comes to managing records. That's a significant saving.



5. Don't forget stationery

It may not sound like a big issue, but stationery can be a significant cost and is often overlooked.

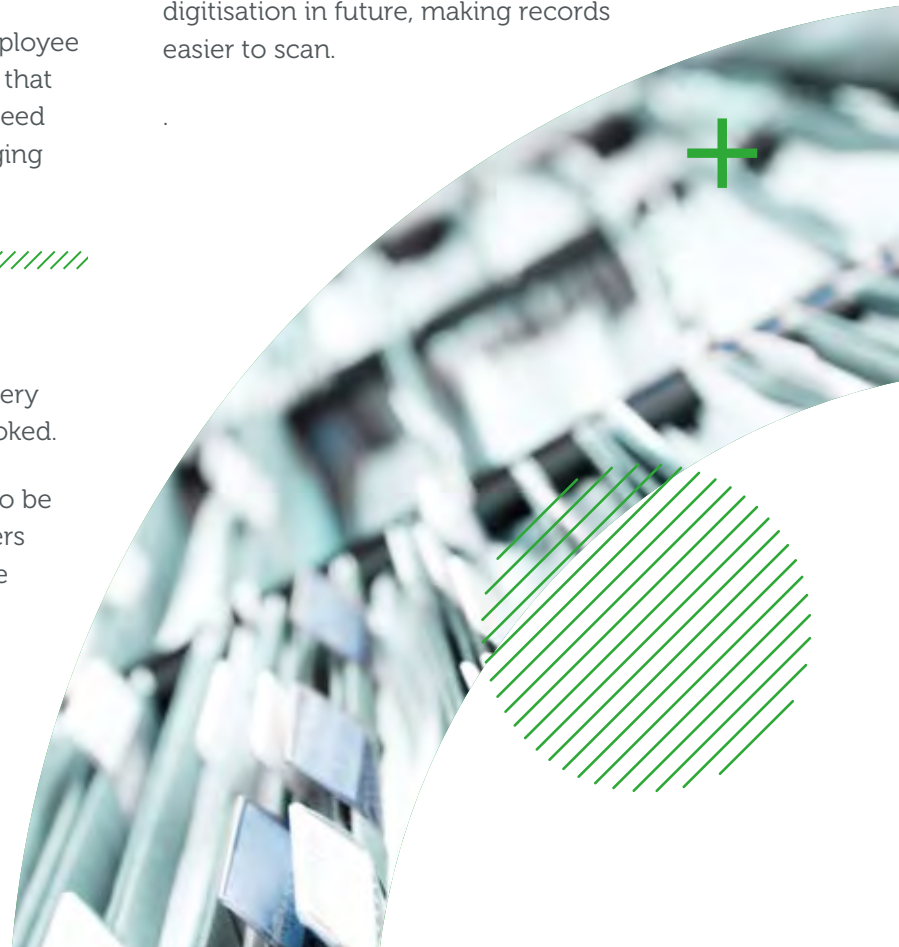
Everything that goes into making a file has to be bought and sometimes replaced. From folders to labels and spines to stickers, all have to be sourced and replaced from time to time.



Many Trusts take a casual approach to sourcing these items, but for a records management company scales of economy mean they are bought more cheaply, saving money.

There are staff costs involved in sourcing items and completing the procurement transactions, and also in handling, storing, managing and distributing the stationary when it arrives on site.

Standardising stationery across all sites is crucial, too. It helps reduce costs when it comes to digitisation in future, making records easier to scan.





The problems with self-storage

Perhaps the most inefficient way to store records is in self-storage units offsite, whether leased or owned.

This is a fixed-cost solution, which looks attractive - but an inventory is not fixed.

The best-case scenario is that the building is used at 100 per cent capacity, creating an efficient solution but a problem when new records arrive – and extra complexities when it comes to finding and picking records.

The worst case is it is half full but costs the same anyway and is neither secure or fire resilient – leading to insurance and data security risks.

An outsourced solution can be linked to requirement. It can respond to peaks, troughs and seasonal trends, offering transactional pricing.

This is particularly relevant when Trusts use leased buildings, which is frequent practice, and therefore have fixed costs associated to them.

Some of these buildings are onsite, for instance within the hospital compound or in portacabins (a phenomenon which sounds like it is from the 1970s but is more prevalent than you might expect).

Unveiling hidden costs

But when they are offsite, you also have to factor in the costs of driving to and from that building to collect and return records – and even the cost off staffing it.

The self-storage facilities, used are often the same kind of units used by the public to store excess furniture.

These are racked out by the Trust and people are sent from the main hospital site to pick them when needed.

On the face of it this seems a cost-effective solution on the accounts sheet, because the outsourcing bill is relatively small. But the costs of people, transport and stationery are hidden – and can be significant...



Chapter 2:

The misconceptions about outsourcing

There are many misconceptions around outsourcing medical records to off-site storage – and it's about time they were dispelled.

Restore Records Management has worked closely with the NHS for decades, providing a secure and cost-efficient solution to the complex process of patient record management.

Outsourcing medical records is an excellent way to increase efficiency, free up hospital space, save money and ensure patient notes are readily available. It can help reduce management overheads, enabling the hospital to focus on patient care whilst increasing compliance and improving risk management.

So, let's take a look at the most common myths and answer them one by one:



MYTH 1:
"Outsourcing records is more costly"

A Health Records Library often gets overlooked as an opportunity for cost efficiency, but in fact, outsourcing patient records usually delivers a significant cost saving.

By using off-site storage services, an NHS Trust can avoid the need for an on-site records library, creating more space and perhaps even reducing the need to build new wards.

Entrusting records management to an experienced team allows hospitals to cut down on temporary staff in the Health Records Library allows other employees to work more efficiently and focus on patient care.

Offsite facilities are optimised to store vast amounts of records and can handle high volumes of request activity, often with significantly fewer staff than a hospital might employ within the same function.



MYTH 2:
"Clinic prep can't be understood by somebody else"

NHS Trusts may feel that the clinic prep process is too bespoke to their hospital or Trust. How could anyone from the outside know what to do?

But with the right records management partner, with a team well-trained in compliance, it doesn't have to be that way. Restore Records Management, for instance, has been working with the NHS for more than 30 years. We learn about each department's rules for clinic prep, create a user guide to standardise the process and then diligently train our team to take the service off your hands.

By standardising records and the clinic prep process, we can make future digitisation more cost-effective.





MYTH 3:
“The supplier doesn’t care about our patients”

Clinicians may worry that outsourcing records would put sensitive medical information into the hands of a cold, uncaring business.

Many of the staff at Restore Records Management worked for the NHS before joining us, so understand its culture from both sides of the fence. They simultaneously recognise the sensitivities of patient care and how to make administration more efficient. It is our job to care, too, as a trusted NHS partner.



MYTH 4:
“Records must be kept on-site”

There’s a misconception that keeping records on-site means they can be accessed quicker.

But, by storing them off-site in a well-organised facility, they can be easily located and retrieved. It also increases compliance.

If all records are properly barcoded and catalogued it can provide better access than if records were held in-house. Due to a lack of resource, patient information can be disorganised in some hospitals and clinics. It is typically better to have the records catalogued in one place, where they can be quickly retrieved when needed.

NHS Trusts often worry about being unable to access files in an emergency and hold back from utilising off-site storage.

Our experience is that it is rare that files are required ‘right this minute.’ If records are needed quickly, they can be scanned on demand, and sent back to the Trust digitally. This is often a faster option than searching for them in an overstretched onsite library. Emergency physical delivery is also an option.



MYTH 5:
“Having patient records on-site means they won’t get lost”

Keeping all medical records on-site might sound like the best way to ensure nothing goes missing.

But without effective tracking of notes, easy access can mean that files are temporarily stored around the hospital in a non-compliant manner, which both presents a risk and limits access for others that may need the information they contain.

Trusts often need help to build better habits. Always returning records to offsite facilities after they are viewed ensures their usage can be efficiently logged – saving clinics the administrative headache of keeping up with the whereabouts of every file. You will always know where they are.

Statistics show that in some hospitals as many as 25% of patient notes are not delivered in time for the appointment. By comparison, Restore Records Management maintains 99.9% on time delivery – drastically increasing note availability for patient appointments.





MYTH 6:

“We might lose control of compliance by moving records off-site”

Understanding compliance is vital in the health sector, but it's a myth that storing offsite could threaten data security. In fact, the opposite is true.

There are many legal restrictions around medical records, how long they should be kept and who should have permission to see them, and a good offsite storage partner always focuses on compliance.

Look out for accreditations such as the BSI Partners in Excellence Programme, Cyber Essentials Plus, ISO27001 and compliance with the NHS Data Security and Protection Toolkit. .

Outsourcing can give a Trust better visibility of their overall records thanks to regular reports and management information that allows them to make informed decisions about the future of their records.

What happened to the NHS paperless dream?

Our estimate, based on our wide experience of working in the sector, is that reliance on paper in the NHS has gone from around **70% to almost 50%**, but it certainly hasn't gone away.

The focus has been on 'going digital' but there's a middle ground to aim for. For most Trusts it would cost 10s of millions of pounds to scan all their documents at a cost of £10-£15 a record. Most Trusts have at least a million records – and the larger ones considerably more.

Even those who in the past wanted to be exemplars of going digital didn't think about data capture.

They just scanned records to view as a PDF on a screen without thinking it through. That's actually even more clunky than having a paper folder. You have a 200-page PDF to search through – and many clinicians prefer a paper folder. A scan on demand service is better and more cost effective – because many records stored are never or rarely needed.

2013: The Health Secretary challenges the NHS to go paperless by 2018

2016: The NHS sets itself a target to be a paperless service by 2020 and commits £1.8bn towards achieving that target

2017: A report from Digital Health Intelligence suggested there was little chance of achieving that target before 2027

2019: Just one in 10 Trusts are fully digitised

2022: The government launches its Plan for Digital Health & Social Care. It sets a target of 75% of adults registered with the NHS app by 2024

2023: NHS Digital and NHS England merge



Case Study

What a hybrid system looks like in real life

The best way to explain how a hybrid system works is to look at one in action.

Restore Records Management has worked with a large number of Trusts on hybrid projects, including University Hospitals Coventry and Warwickshire, Moorfields Eye Hospital and Hillingdon hospital.

On-demand scanning can deliver the same end user experience as scanning everything, but is far more cost-effective

It is also possible to destroy paper records in line with retention policies, or once they have been scanned, reducing inventories.

County Durham & Darlington NHS Foundation Trust (CDDFT) is an excellent example following a project by Restore Records management to digitise the Trust's records.

CDDFT had a 'paperlite' vision rather than 'paperless' and we were able to provide advice on how that should look and exactly how many of the Trust's records should be scanned, and how many left in physical form (until the expiry of their retention period).

Find out how we delivered that solution, here:



County Durham and Darlington NHS Foundation Trust

Cost-effective digitisation and a 'paperlite' vision at County Durham & Darlington NHS Foundation Trust

County Durham and Darlington NHS Foundation Trust (CDDFT) is one of the largest integrated care providers in England, serving a population of more than 600,000 people and offering further community services to more than 1.2 million people.

We've been providing records management services to CDDFT since 2013 and took on a new contract to manage the digitisation of the Trust's records.

Top of the wish list was cost savings, standardisation of the record archive and to achieve paperlite operations throughout the Trust.



What were the challenges?

- > Patient files were stored in different filing systems across five locations, all at full capacity. With over 890,000 paper-based records stored in all, a centralised digital system was required to enable clinicians to rapidly retrieve and transfer medical files at the point of care.
- > All staff within the Trust required continued access to all necessary documents and resources during the project, with an average 2,000 file retrievals per day. Needless to say, safeguarding patient data and maintaining quality of care was crucial.



To empower a more cost-effective solution, a two-stage process was put in place:

Stage One – Physical Storage

Restore Records Management engaged with the Trust's existing records management employees, acting in a consultant position.

We developed an automated ordering system with a real-time feed from their PAS into our systems. This is key to managing the reduction of physical deliveries, routing requests for scanning or stopping the need for records altogether.

We also supported in:

- › Developing a full understanding of the archive, allowing for identification of records essential for digitisation.
- › Implementation of records management system, O'Neil, including correct application of barcoding technology across the archive to allow for accurate, live tracking of all records
- › Consolidating the archive where possible, minimising the overall required storage space and reducing transport costs
- › Uplift of records, where required, to either Restore Records Management off-site or alternative Trust premises
- › Implementing industry best standard for record storage to increase the longevity of paper records

Stage Two – Digitisation

Our specialists worked alongside the Trust to ensure a fully electronic Clinical Document Management System was developed. This ensured all records were searchable.

A database was then developed to ensure records would be digitally accessible whenever needed across the Trust. All systems and process were BS10008 accredited – Best practice for the implementation and operation of electronic information. This approach was developed to minimise overall costs while maintaining efficacy, and included:

- › Scan-on-demand – physical records which were requested following a certain date were sent for scanning, ensuring they were available digitally
- › Day-forward scanning – records were immediately scanned upon creation from the contract go-live date, supporting immediate access to new records across the Trust.



The Results

- › 900,000 - 1,000,000 files of the Trust's physical records, across 45 departments, are now stored offsite at a Restore Records Management facility. These patient records are predominantly legacy notes, stored and then destroyed in line with the retention policy. Boxes are consolidated to optimise space usage. This element of the project took nine months to complete.
- › Digitisation commenced at a rate of 2,000 files per day, and within 12 months, 366,000 patient files were scanned
- › Record retrieval volumes have reduced significantly since the on-demand scanning went live - and are now at approximately 42 files per day, saving money in the process.
- › As a result of the project, CDDFT gained a centralised electronic system which has given medical staff quicker access and transferability of patient information - improving the speed of decision-making. In addition to this, coordination of care and support between health providers has improved, providing the patient with a better experience.
- › Staff costs were reduced with savings reinvested into patient care. Real estate was repurposed for more productive frontline patient care services, and data security improved with fully auditable databases that comply with data governance.
- › Labour costs have been reduced for CDDFT, together with savings on internal transportation costs and a reduction in environmental impact. The Trusts receives monthly Management Information reports and service metrics giving them a full audit of their patient's records.

“ Restore Records Management has saved us money and vital space for clinical care. We now have quicker access to patient information providing the patient with a better experience. ”

Mark Herkes, Head of Health Records,
County Durham & Darlington NHS Foundation Trust



Chapter 3:

Driving efficiencies that improve patient care

The benefits of outsourcing the storage of patient records, moving them to a specialist offsite provider, go way beyond the aim of saving time and money. There can also be significant benefits for patient care.

These include:

1. Create space for new beds – 10,000 of them

Restore Records Management estimates the NHS could make space for at least 10,000 much-needed beds in the UK by moving more patient records offsite, and that's a mind-blowing statistic.

With Trusts across the country under pressure from all angles, including flu, long Covid and a post-pandemic backlog, the need for beds has never been greater. And yet many Trusts still have large in-house medical libraries onsite.

Based on data published by the NHS, Restore estimates that the average space taken up by records per Trust to be 1667 square metres – rising to as much as 6500 sqm for the biggest hospitals. That's almost as big as a football pitch (which typically measures 7140 sqm).

It's space that could be better used, because finding new space for beds when demand is high is not easy.

Our research shows this space could be used for 100 beds on average, and far more in many bigger Trusts.

When you multiply that figure by our sample of 136 Trusts across the country (not including ambulance, mental health and community health Trusts which hold far smaller medical libraries) it's a vast number of beds.

In fact, those figures are based on the space required for one-bed rooms with a generous floor area of around 16sqm. So, the figure could be much higher if beds were configured in wards.

2. No more lost or misplaced files

One of the most inefficient aspects of records management across the NHS is the number of times that files are lost or misplaced because of failures in the system.

Every time it happens, a new note is created and often it never gets married up with the original version.

This happens for a variety of reasons:

- › The note is out of the hospital
- › It has been misfiled and isn't in the correct place
- › It was taken from the Health Records Library when it was not supervised – so nobody knows where it is
- › It is sitting on a desk in a ward somewhere under a pile of paper
- › It has been collected early because it is needed tomorrow by a clinician.
- › It is sat with a secretary to type up the clinician's notes
- › One department holds onto the record because it knows the patient is reattending and have not considered that the notes may be required somewhere else.



When moving records offsite, every note is given a barcode and indexed along with the patient ID number. The records management system keeps a record of who requested it, when it was delivered and when it was returned. In essence, people will finally know where it is, reducing the need for duplicates.

There is a straightforward process to request a scanned or physical version of any record – and it can be delivered along with all other relevant notes for that patient.

Temporary notes can also be merged with the original, reducing the numbers of files – which also reduces storage costs. Your records management partner can also control when and where records are delivered, so everyone knows where they are.



3. A solution for loose filing

The process for handling loose filing, for instance paperwork created after an appointment (often the most relevant part of a medical record) can be chaotic in hospitals across the UK.

It's no exaggeration to suggest these notes often end up in trays or boxes on a desk somewhere and nobody can be certain where they are.

Eventually, a referral letter is created and sent back to the health records department to put in the file. But the system is inefficient at best.

By outsourcing document storage, that paper can be married up with the file as part of the clinic prep process – and included in the file when it is eventually requested. Clinicians have all the latest information required.



4. An end to notes retentions

It's a common practice in NHS Trusts for notes to be kept around the hospital by people who need them – making them inaccessible to others.

Perhaps a ward clerk puts it in their future appointment shelf, for instance. But when that file is needed by another clinic, it cannot be accessed. It's unlocatable because it hasn't been returned.

Around 25% of notes required each day can be unavailable in this way, which creates a major risk.

If the system is outsourced, the notes are returned as soon as possible and tracked – ready to be returned when another clinic requires them.

This can dramatically reduce the number of notes which are unlocatable.



5. More manageable files

There's a real issue in the NHS with paper files that are so big that they are almost unmanageable.

It's rarely necessary for 10 years of information to be included when a file is requested. It would be far more efficient to scan the most recent files and keep the others separately.

Restore actively manages the thickness and condition of files to ensure they are practical for use. Nothing is destroyed, historic notes are always available if needed. But having thinner files makes looking through key information far easier and makes future digitisation far more cost effective as only the relevant paper is scanned.



6. Develop clearer working instructions

Every NHS Trust has different cultures and guidelines when it comes to what files to scan or deliver, and often there are dramatic differences between departments and clinics.

Some Trusts say to deliver the latest notes plus one, others want all volumes, others just latest. Having a consistent policy is key.

Restore works with Trusts to produce agreed business rules and working instructions to iron out inconsistencies, we can also build in barcoded, consistent forms as part of this process. The work instructions are version controlled and used to support the training of our staff.

Standardising the records content increases efficiency prior to going digital and can dramatically reduce the cost of future scanning.

It's important that if Trusts do scan files that they only scan relevant information. The less they scan, the lower the costs.

When you consider that some files have 400-500 pages it can be a big saving. Three-quarters of that information is often not relevant.



7. Speed up retrieval of patient notes

Efficient retrieval is key to an optimised document storage programme, especially in the NHS.

Scanning on demand may be the answer. At Restore Records Management, for instance, we can scan documents on demand and deliver to site within three hours. In fact, our shortest timeframe for emergencies is 1.5 hours for physical delivery.

In our experience, it's rare that patient records are required instantly. In A & E, for instance, the priority is instant treatment – and if the Health Records Library was onsite, it wouldn't necessarily be open or staffed at 3am in the morning. For Trusts that do staff it 24 hours, it's a significant cost saving when records are outsourced, and this service is no longer required.

In fact, we work with the NHS to reduce emergency request files. Too often it's not an emergency which generates the request but bad practice. People forgetting to order files, for instance. Understanding the demands of each clinic and setting up tailored Service Level Agreements often mitigated the need for 'urgent' requests.

It's possible for an outsourced document management partner to offer 24/7 delivery of files at short notice – but more cost effective to avoid the need for it in the first place.

8. Auto generate your file requests

Another example of increased efficiency comes from auto-generated file request systems.

As soon as an appointment is made, the system makes a note to deliver the relevant patient notes ahead of appointment and in line with the Trust's Service Level Agreement with Restore. There is no human interaction required and no chance of it being forgotten.

There is a cost saving element to the service, too. When you consider staff often make 2,000 requests a day for files to be delivered, that takes up a lot of time. By reducing admin, NHS Trusts can reduce overheads and free up staff time to be redeployed on direct patient care.

This ordering system is key to standardising the use of medical records, including physical and scanned, by setting a timescale on how far in advance they are delivered ahead of an appointment.



Conclusion

By Stefan Chetty

There's no doubt that the NHS is moving towards a digital future, and there have been a flurry of announcements recently about Trusts and Integrated Care Systems launching their digital strategies.

But how many of them have truly considered how digital and physical can exist in harmony until the paperless day arrives?

The assumption that digitalisation can be achieved simply by scanning everything is a misunderstanding that means Trusts may fail to achieve their goals – and could prove a hugely expensive mistake for many...

This is the right time for NHS Trusts to look at the bigger picture and analyse how best to optimise their records storage, both physical and digital.

It's not possible, for instance, to activate a digital strategy without also thinking about change management or about real-life processes. But by looking after physical data in the right way, Trusts can smooth the way to digitisation in future and take a first step on the journey.

A digital plan that doesn't even consider physical data is simply not fit for purpose.

You only have to look at Trusts that scanned millions of records in the past, turning them into PDFs. It was an expensive process, but many doctors find the PDFs difficult to read and scroll through. They are too long and include information that is simply not required – and as a result they prefer a paper copy.

Real care needs to go into choosing which notes to scan and which to leave in physical files, ready to be scanned on demand or delivered when they are needed. Physical records can then be securely destroyed when the time comes, in line with the Trust's retention policy

It is also worth noting that having a digital strategy doesn't mean Trusts are ready to act on it. We have seen Trusts announce they were going digital 10 years ago but haven't yet scanned a single file – and they've wasted a lot of time engaging with suppliers about a plan to do so.

What's most important for NHS Trusts is to understand how to optimise their document storage, both physical and digital, to ensure it drives the best possible outcomes for patients and for clinical care.

By reducing costs, saving space and increasing efficiency, outsourcing the storage of patient records can achieve that goal – and pave the way for a smoother digital journey in future.



Restore

Records Management

Contact

Get in touch with the team for more information:

»»» 0333 060 8909

records@restore.co.uk

or visit us at
www.restore.co.uk/records

