

Korrekturhinweise

Can tech save the NHS?

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Begründungen

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The speaker says: "Three years ago Jeremy Hunt announced his challenge for a paperless NHS by 2018. This meant in practice that more patients could access their online-records, referrals could happen via email rather than letter and records could follow patients across any part of the NHS [...]." A proposal to reform the NHS therefore aimed to enable patients to get information more easily.

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The speaker says: "Now we have the pledge from NHS England to be paperless at point of care by 2020." The NHS's current plan therefore is to change to an online service system soon.

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Samuel Gibbs says: "So right now you may assume when you head into a hospital, that one, that everything you've ever done in the NHS or have been treated by, seen a doctor, had any sort of care, is at the fingertips of the doctors that are hoping to put you right now." People therefore tend to believe that doctors have quick access to all medical records.

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Samuel Gibbs says: "The one thing that you might know is that the Summary Care Record, the thing that your GPs hold, the GPs are the holder of your data as a person, person in the NHS I suppose." One of the GP's tasks therefore is to store patients' medical files.

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Samuel Gibbs says: "I mean, the problem is that we've seen the NHS go through several attempts to reform and move forward especially on the IT-front and there have been problems, understandable, it is a very, very complex organisation." In recent years, the NHS has therefore had difficulties when trying to improve things.

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The speaker asks: "What sort of benefits will patients get when this scheme is finished other than, I guess, having to speak to their doctors less?" Beverley Bryant says: "Well, the main job here is to allow a faster improved diagnosis, improve safety, for example electronic prescribing because the NHS organisations are joined up between diagnostic testing, outpatients, discharges, social care, etc." One major advantage of the reform therefore is that patients will be treated more efficiently.

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Beverley Bryant says: "Well, we've tried to do this in the past and we have not done a great job, to be honest. Our attempts have varied; in the early 2000s where we just threw money at it and there wasn't necessarily the expertise in the NHS to deliver it. Then we did the national programme for IT and the problem there was that we effectively imposed a technical solution on the NHS and the clinicians and doctor-nurses didn't have ownership of those solutions." Around twenty years ago, the efforts to reform therefore failed because they were carried out unprofessionally.

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Beverley Bryant says: "We had a mixed response, some picked it up, some didn't, but broadly, we didn't really get the clinical buy-in to the whole process that is fundamental to making this a success." Healthcare professionals who were confronted with the innovations therefore reacted in different ways.

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The speaker asks: “So what is different this time?” Beverley Bryant says: “So the approach this time is to say: We won’t tell you what to buy, we won’t tell you how to operate. We have a federated system, local organisations, but, we will help you, we will use money, we’ve been successful [...]” With the new attempt at reform, the NHS will therefore allow more freedom of choice.

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Beverley Bryant says: “We’ll also start to define standards that you have to adhere to electronically. So we’ll set through our commissioning and regulate relievers, conditions that hospitals and organisations have to meet for a digital future for their patients.” In future it will therefore be necessary for health facilities to fulfil certain requirements.