

# Software Usage in NHS vs Private Healthcare

A research project by Aderemi Onalaja

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## Objective

- Study how NHS software stacks differ across trusts and departments.
- Identify frequency of usage, pain points, and inefficiencies.
- Understand what each tool in the tech stack does and how they overlap or differ.
- Compare with private healthcare (as a side note) to provide context.
- Recommend ways to minimise the number of tools in use and reduce fragmentation.
- Highlight opportunities to implement AI tools where appropriate (automation, reporting, triage, admin).

## Research Methodology

- Participants: Nurses, Doctors, Administrative staff, Managers/Decision-makers across NHS trusts.
- Data Collection: Google Forms survey (short, 5–7 minutes). Responses automatically feed into a BI tool (Looker Studio, Power BI, Tableau).
- Analysis: Categorise tools by function (EHR, scheduling, admin, reporting, communications). Identify crossover and duplication across trusts.
- Comparison: Include private healthcare usage as a secondary benchmark for context.
- Outputs: Insights into why NHS software stacks vary (procurement, legacy systems, budget, training gaps).

## Draft Questionnaire

- What is your role? (Nurse / Doctor / Admin / Manager / Other)
- Which department and NHS trust do you work in?
- What software tools do you use daily in your role?
- How frequently do you use these tools? (Daily / Weekly / Monthly / Rarely)
- What are the biggest challenges you face with these tools? (Cost, onboarding, poor integrations, usability, slow performance, limited features)
- How long did it take you to feel confident using this software? (1 day / 1 week / 1 month / Still not confident)
- In your view, are the costs of the tools justified by the value they bring? (Yes / No / Unsure)
- How well does the software integrate with other systems you use? (Very well / Somewhat well / Poorly / Not at all)
- If you could change one thing about the tools, what would it be? (Free text)
- What alternative tools (if any) would you recommend? (Free text)

## Expected Outputs

- Dynamic dashboards showing NHS tool usage by trust, department, and role.
- Categorisation of tools by function (EHR, admin, analytics, communication, etc.).
- Analysis of crossover tools across NHS trusts, identifying duplication or gaps.

- Insights into reasons for variation in software stacks across trusts.
- Contextual comparison with private healthcare to highlight differences in adoption and efficiency.
- Recommendations to streamline NHS software stacks by minimising duplicate tools and consolidating usage.
- Identification of areas where AI tools could be deployed to improve efficiency.

## **Learning Outcomes**

- Developing a framework for categorising and assessing healthcare software tools.
- Understanding why NHS trusts vary in their technology stacks (procurement, legacy systems, budgets, training gaps).
- Collecting and analysing survey data across multiple roles and departments.
- Producing actionable recommendations to minimise software fragmentation and adopt AI solutions.
- Future deliverable: A matrix of recommended software solutions based on efficiency, cost, and AI-readiness.