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PERFORMANCE

GP systems

Automated check-in to liberate General Practice

Innovative workflow management technology that is cost neutral and drives automation within the organisation, can greatly assist in increasing productivity, enabling redeployment of staff and releasing more time to patient care, explains Bob Marsh, Director at healthcare technology specialist, Jayex. December 2010

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Sweeping change

NHS spending may have been ring fenced but sweeping changes are expected across both primary and secondary care in the coming years. Primary and secondary care organisations are being tasked with radical improvements in efficiency and performance, specifically through a reduction in back office, administrative functions.

Meanwhile, in the most radical shake up of the NHS, up to 500 GP commissioning consortia will replace primary care trusts and gain control of about 80 per cent of the £110 billion NHS budget, to spend on commissioning patient treatments and services, by 2013 — the first batch of 'pathfinders' were announced this month.

So just how are clinicians to balance the demands of patient welfare with this financial responsibility? How are they to improve effectiveness and efficiency whilst still meeting the needs of patients and responding to other key NHS initiatives including patient education and preventative care as part of the QIPP agenda?

With a government emphasising the realisation of back-office efficiency to minimise the impact on front line service delivery, the need to enable staff redeployment and/or natural wastage, NHS organisations need to look at ways of improving patient throughput without jeopardising patient care.

Automation delivers choice

Today, the vast majority of primary and secondary care NHS organisations still rely on manual processes for checking in patients. The result is not only a wait time of on average one to three minutes, but a distraction on reception staff time, and a further opportunity to spread germs — and increase sick days.

In an era of ubiquitous self-service, this archaic approach is fundamentally inefficient. Receptionists in both primary and secondary care are highly trained, multi-function staff. They handle not only in-bound patient registration but also phone calls, out-bound patient appointment requests and key calls regarding patient test results and consultant referrals. Yet during surgeries, their time is almost totally taken up by the mundane process of manually checking patient lists, or answering repeated questions about the length of wait.

By contrast, the adoption of self-service patient check-in via touchscreen terminals not only reduces the time taken per patient to

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around 10 seconds but can also provide each patient with information about how many other patients are waiting for that clinician; plus the average wait time. In addition to providing patients — especially the time-constrained such as those on a lunch break or trying to manage small children — with important information, this further reduces the number of worthless interruptions for reception desk staff.

Efficiency improvement

The time savings are significant: GP practices and secondary care clinics already using this technology typically find around 70% of patients opt for the self-service route. And one of the key reasons for this widespread adoption is the additional patient benefits it can provide.

For example, self-service patient check-in can be deployed in up to 30 languages, overcoming many of the communication barriers faced in a multi-cultural society. It also provides a far easier check-in for the one in seven patients who are hearing impaired.

Critically, by offering patients the flexible, easy-to-use option alongside standard reception services, GP practices are meeting the NHS mandate for patient choice and improving the patient experience, which has a direct impact on their QOF (Quality and Outcomes Framework) score and, hence, practice revenue stream.

But this technology offers far more opportunities to drive efficiency than simply freeing up receptionists' time. This workflow management technology can be extended to enable the doctors to significantly speed up patient throughput from waiting area to consulting room.

Using digital screens placed in the waitingroom, the doctor can automatically summon the next, checked-in patient. Replacing the time wasted by a doctor going to collect a patient from the waiting room in this way, typically saves around one minute per patient. Working on the basis of the average GP seeing 180 patients, that is an additional three hours each week to be spent either on clinical work, admin or in managing the new commissioning demands.

Preventative care

This technology can also help organisations across the NHS meet the remit of patient education. Replacing the old-fashioned, paper-based leaflets, the screens can be used to deliver tailored healthcare information. This can range from simple text-based messages about cancelling unwanted appointments to reduce the number of Did Not Attend (DNAs) to information about local health services.

Providing the dates of the next Well Woman and Smoking Cessation clinics is proven to overcome the natural resistance of certain demographic groups to seek help or information.

Furthermore, the latest LCD digital signage can be used to run highly intuitive videos produced by NHS Choices which address key issues such as diet and symptoms of illness. Educating the patients in this way is attractive and compelling.

With this preventative approach, the NHS can drive down unnecessary appointments — and reduce DNAs — whilst also encouraging patients to take control over their own health issues.

Conclusion

The next five years will be a time of extraordinary change for the NHS. And there will be huge pressure to reduce unnecessary manual tasks, improve the timeliness and relevance of clinical activity and reinforce the emphasis on prevention at every level of the health service.

Technology investment may be hard to justify today, but the ability to combine self-service patient check-in with improved education not only delivers the key requirement of patient choice but, critically, drives down back-office costs whilst freeing up clinician time.