

# Reflections on Computers Improving Efficiency in the NHS

by Dr. John Knox

The article and photos of the first mainframe computer in Hull being installed in Reckitt and Sons made me think how things have changed in the NHS since the introduction of computers to improve efficiency.

My business friends say 'expenses arrive on two feet'.

I came to the Hull A and B Group hospitals in 1970, before computers and even before the IBM golf ball typewriters. Kingston General Hospital had ten wards with general medicine, general surgery, psychiatry and geriatric medicine specialities together with physiotherapy, occupational and catering departments. A geriatric day hospital was built. The whole hospital was run very successfully by a single manager, LC Niles together with one PA, Margaret Woodward, two clerks, and maintenance staff.

The larger Hull Royal Infirmary was managed by a single manager, Jim Lyons, a PA and six clerks. The whole group was run from Park Street by Stanley Bates with a small back-up team. He was immediately accessible and received a single sum of money each year which he divided according to the perceived need of each specialty. Everyone got some development money.

Computers were introduced in many areas with each addition resulting in poorer and less information of the type we clinicians need. We lost the HRI boardroom used for meetings, taken over by six accountants with computers. This was followed by filling the old medical library with accountants with computers before taking over the entire Ford Chrystal garage next door and putting in 50 computers and staff. The management explosion continued, hospital staff were kicked out of their social club and the two squash courts to make room for more managers.

Consultants used to have their office and secretary on the ward where they were immediately available for advice to medical, nursing staff and relatives. They were evicted to a distant ex-nurse's home making them much less accessible. The hospital managers themselves, who were on the second floor of the tower block where you could just pop in to discuss problems, were also moved to the nurse's home. Instead of walk-about management which is

essential for any well-run business it was management behind physically locked doors.

Computers spread to the nursing staff who now have to spend several hours of each working shift recording every symptom under five different headings, every day. Visiting a ward you will see the nurses at the computers rather than giving patients direct care. This is mainly to protect the hospital from increasing litigation rather than helping patients. The hospitals had however put large A3 posters in every outpatient advising patients how to complain and to get legal advice.

Computers spread to the physiotherapy and occupational therapy staff. Every one of them had to give up half an hour of therapy at the end of the working day to record on computers who they had seen that day and what they had done. This created employment for more managers to analyse the data. There was however no feed-back or patient benefit. The result was less time for essential therapy.

'Efficiency Savings' were introduced to the NHS, year on year. This resulted in the closure first of one day hospital then the second day hospital. Both supported frail patients in the community and prevented hospital admissions. We then lost the two nurses who did immediate follow-ups of all geriatric discharges and again prevented readmissions. The occupational therapy department was shut down and the technician who would fit an immediate stair rail or step to facilitate discharges was lost. It then took weeks to get outside social services to carry out the job.

Primary Care Trusts (PCTs) were formed to negotiate for GPs in Hull and in East Yorkshire with expensive computer filled offices so they could negotiate with the hospitals and purchase care. The hospitals in turn had to increase their managers and computers to negotiate with the PCTs. These morphed in 2013 into the current commissioning groups with offices in Alfred Gelder Street and Health House, Willerby. It is estimated that 23% of the NHS budget is absorbed by these activities with no direct patient care. Is patient treatment helped?

"Expenses come on two feet", now with a brand new computer under each arm.