

What are the barriers to widespread adoption of TECS?

- The NHS has got to save money, not spend more
- Suspicion of gimmicks
- Staff are under pressure as it is – they don't need extra work
- Just a way of managing with fewer staff
- More dangerous for patients, as you don't see them face to face
- Plays into the hands of demanding patients who manipulate the system
- Creates inequalities between those who can work technology and those who can't
- Not included in business plans, so providers not required to use technology
- Too much paperwork to write new policies
- Not the usual mode of delivery, so better to stick to what we know
- Savings not proven, and even if they are made, they benefit someone other than the person who puts in the effort to implement technology
- Incentive schemes only short term – it all comes down to money
- Patients wouldn't like to use the technology

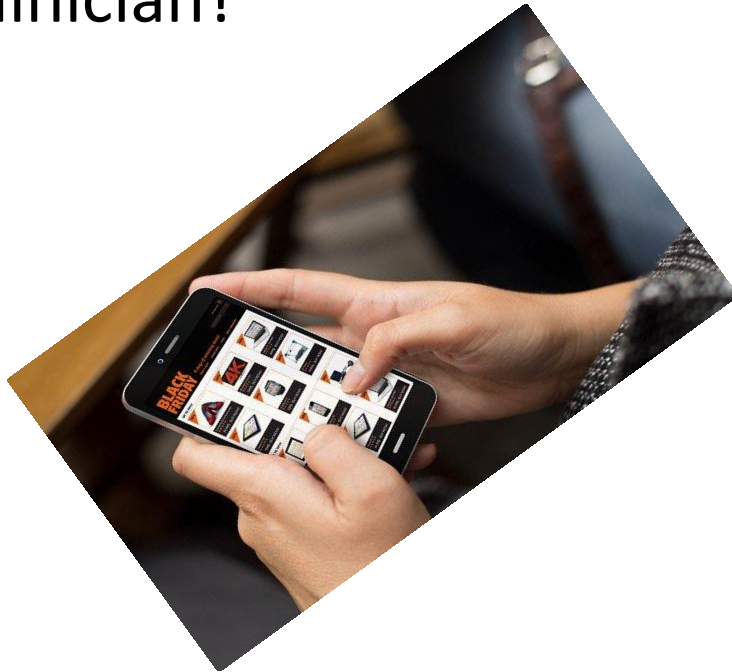
The NHS has got to save money, not spend more

- There has to be a reasonable chance that this technology will either improve patient care, save time, or save money



Gimmicks

- Does this technology improve care, or is it just being used to add a bit of variety to a Wednesday afternoon for a bored clinician?



Staff are under pressure as it is – they don't need extra work



Just a way of managing with fewer staff

- If it helps the current staff manage the numbers of patients, that's got to be good

More dangerous for patients, as you don't see them face to face

- Provide patients with better information, so they can care for themselves, understanding when further intervention is needed
- Trust patients

Plays into the hands of demanding patients who manipulate the system / it won't reduce the number of consultations / creates inequalities between those who can work technology and those who can't

- Skype appointments
- Access to appointments online
- Education to reduce inequalities – both patients and staff

Not included in business plans, so providers not required to use technology

Too much paperwork to write new policies

- Commissioning templates include technology
- Adapt policies already written

Not the usual mode of delivery, so better to stick to what we know

- Reaction of medical defence organisations
- Reaction of some clinicians – why? Fear?

Savings not proven, and even if they are, they benefit someone other than the person who puts in the effort to implement technology

- Changes in the NHS have encouraged some clinicians to raise self-interest as an issue. They need to be reminded that it is an achievement if patients are cared for better, and in time resources will be moved from one area to another

Incentive schemes only short term – it all comes down to money

- Incentive schemes to establish technology resulted in complete halt when money no longer provided
- Real spread of innovation involves inclusion of all team, not just one person, and motivation to use the innovation because of benefits to patient care



Find a champion – preferably one who isn't too 'techy'



Patients wouldn't like to use the technology

- Who lacks confidence? - Patients or staff ?
- Education of patients and staff needed
- Once people understand the simplicity of technology, most are enthusiastic

