

Written evidence submitted by Constantinos Regas and Georgia May (DTN0054)

1. We are both clinician-engineers working in the NHS, with degrees and careers in engineering and major projects before switching to medicine.
2. We have undertaken a study, using Freedom of Information requests, to find out how English NHS trusts have responded to a digital initiative launched by the previous Secretary of State for Health and Social Care. The policy aimed at replacing the “bleeps” (pagers) used by clinicians across various healthcare settings, particularly in acute hospitals. The announcement was made on 23 February 2019 with an implementation date of 31 December 2021¹.
3. NHSX (now part of the NHS Transformation Directorate) set up a procurement framework to assist NHS trusts². An exemption was provided in the policy for some pagers to be retained for emergency use.
4. The legacy pager technology was in widespread use. The person holding the pager is contacted by a call from a telephone extension in the hospital. When the pager sounds, it displays an extension number input by the caller. The pager holder then calls back that number to find out what is required. This process does not prioritise the urgency of the request or interface with patient records in any way. It merely informs the pager holder that someone is trying to reach them.
5. Some pagers are used for emergency purposes and can be set up to broadcast a short “crash call” message, such as for trauma arrivals in the emergency department or cardiac arrests elsewhere in the hospital. Pagers can also be used in some cases over long distances, for example for major incident alerting.
6. We have met with significant resistance from trusts in answering simple questions around costs, implementation timescales, etc., and therefore our work has not yet been published. However, we are able to summarise some emerging findings to date.
7. Trusts have adopted a number of approaches to the policy announcement:
 - a. Not responding to the policy;
 - b. Waiting until existing contracts expire;
 - c. Extending or renewing existing contracts or providers;
 - d. Replacing with mobile or DECT (digital cordless) phones;
 - e. Asking clinicians to install apps on their own phones for communications; and

¹ [Health and Social Care Secretary bans pagers from the NHS, 23 February 2019](#)

² [Clinical communications procurement framework, NHSX](#)

- f. Implementing new communication systems, with a range of functionality up to and including full interfacing with the patient record system.
8. Despite the NHSX communications framework having 24 suppliers of potential replacements for bleeps, most NHS trusts have used the same provider of their existing bleeps (one company on the framework), with an app being added to personal or trust-provided phones.
9. There was no minimum specification, such as interoperability with patient record systems. This was a missed opportunity to provide consistency across the healthcare system, to improve working practices and to improve patient safety across the NHS. (For example, deteriorating patients could have been automatically flagged to their clinical team.)
10. There did not seem to be a consistent policy on “bring your own device”, where staff are expected to be contactable through their own phone, rather than one provided by the NHS trust.
11. We have found a very wide variation in costs, both for legacy contracts and newly procured systems.
12. We hope that this summary provides the Committee with a useful case study on a relatively simple digital policy. We would be happy to provide the Committee with further information when our analysis has been completed.

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