THE LATEST FROM PULSE

Integration, connected pathways and productivity

Technology only helps when it fits the way clinicians already work.



Welcome to the latest Pulse update. There's one thread running through it: new technology only becomes useful when it is properly woven into everyday workflow. Here's what we've been up to, what's coming next and how you can join the conversation.

Pulse is evolving

Getting more from our digital systems means making them work better together. NHS England's focus on electronic patient record (EPR) optimisation reflects that need, with greater emphasis on usability, efficiency and the difference systems make to frontline care and productivity. An EPR isn't just for go-live. It's for life.

Pulse is evolving with it. We still bring together NHS-provided and partner-provided solutions, and we're adding more products and services developed by St. Vincent's. We're also expanding our integration and productivity support, so it works across different EPRs, alongside our Millennium solutions. The idea is practical: take a solution built for one organisation's local challenge, adapt it, and share it so others get repeatable results, with the clinical workflow and the patient at the centre. More customers are joining Pulse, which means more shared learning for everyone.

HOW PULSE WORKS

NHS provided

Owned and funded by the NHS. Free to access and use, with no service or warranty.

For example: the Imperial sepsis dashboard

Partner provided

Owned and funded by St. Vincent's or a partner. Licensed, with service, warranty and implementation support.

For example: the e-RS referral workflow, see case study

WHERE WE'RE HEADING

Q3 2026/27

Advice and Guidance and SPoA funding initiatives

Q4 2026/27

BaRS compliance and UEC integration

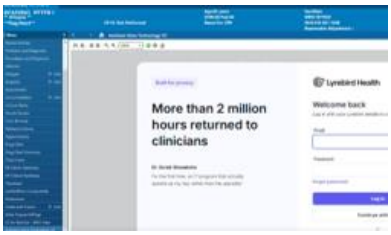
2027

Help us define what's next

Integration in practice

Innovation only really becomes useful when it is properly integrated into workflow. Ambient voice technology (AVT), which listens to a consultation and helps draft the record, is a great example.

Lyrebird and the clinical workflow



Our work with Kingston and Richmond NHS Foundation Trust on Lyrebird shows why integration matters. The Trust launched Lyrebird on 28 July, starting in its Emergency Department, and says it is the first trust to fully integrate AVT with its EPR. Our Integration Architect, Farhad Deilami, created the integration model, including the option to launch via a QR code on mobile devices.

Capturing a consultation is only one part of the story. Connecting reviewed documentation with the patient record is what reduces the work clinicians face afterwards. **Read the Trust's announcement**

The Pulse AVT Integration Service takes a phased approach, starting with reviewed notes and letters. Depending on your systems and the scope we agree together, it can grow step by step:

1
Reads from the EPR
Opens with the right patient, clinician and appointment.

→

2
Writes back notes and letters
Reviewed documents are saved to the correct record.

→

3
Updates structured data
Individual details are reviewed and accepted first.

→

4
Prepares actions
Orders and referrals are ready for clinician approval.

Clinicians stay in control throughout. Everything is reviewed, and normal EPR safety controls stay in place. We apply the same principles whichever AVT product and EPR you use, tailoring each design to your interfaces and workflows rather than tying you to one supplier.

Connecting information across systems

Lyrebird isn't the only example. Our integration architects have also delivered:

- proactive synchronisation of death status and GP alignment with the NHS Personal Demographics Service (PDS) at multiple Millennium Trusts;
- an improved community pharmacy integration and automatic (internal) referrals solution at Cornwall,(Pharmoutcomes and RiO);
- AI-driven clinical coding integration for Jigsaw Medical at East Lancashire; and
- BiDirectional Results Endorsement (PACS or Millennium).

Each solution tackles a practical part of the workflow, so information moves between systems with less manual handling and therefore more productivity.

Connecting pathways

A care pathway is the best-evidenced route to good care. When the digital tools along it join up, patients get a better experience and organisations work more efficiently.

Urgent care at Wirral



Wirral University Teaching Hospital, a long-standing client, is rolling out an urgent care streaming process in its newly opened Urgent Care Facility using a phased model, with full Millennium EPR integration and functionality set for the first week of November. Working with WASP, we are supporting the go-live of a Booking and Referral Standard (BaRS) integration, the national standard for exchanging referral and booking information between NHS systems. As part of the wider Pulse Transfer of Care Service, it automates the transfer of care, bringing triage information from NHS 111 and/or emergency department streaming into clinical navigation, and improves how patients being seen are managed with Millennium's FirstNet solution. It sits within existing Millennium workflows, reducing duplication and helping teams direct patients to the right service.

Triage information
From NHS 111 and/or emergency department streaming

→

Clinical navigation
BaRS referrals and bookings, within Millennium workflows

→

The right service
Patients are directed towards appropriate care

Referrals at Countess of Chester, and what comes next

At Countess of Chester Hospital NHS Foundation Trust, a largely paper-based referral process has been replaced by e-RS workflows embedded directly in Millennium. Delivered with WASP Software and HEI Global Health, it now runs across more than 60 specialties and departments.

85.7%
reduction in referral processing time

2 WTE
of admin capacity released for higher-value work

100%
operational adoption within eight weeks

> "Embedding referral management directly within Millennium has improved the consistency and visibility of referral pathways, helping reduce delays and enabling patients to move through the referral process more efficiently and safely."
>
> **Helen Brislen, Associate Director: Digital Transformation, Countess of Chester Hospital NHS Foundation Trust**

Countess of Chester is now kicking off its full SPoA project this month, building on the e-RS integration. **Read the Countess of Chester case study**.

Finding the right opportunities for productivity

We're developing a multidisciplinary approach to productivity, bringing clinical, operational and technical colleagues together to look at how your EPR and connected systems are really used. It starts with a diagnostic visit to explore the pain points your organisation has identified. Then we agree a new design and a delivery plan, with clear responsibilities and the resources to make it happen. It draws on our wider advisory work in digital maturity, strategy, governance, integration and transformation.

Two examples show the approach in action. The first is about connecting capabilities. With Red Rover Health's platform, one installation can support many vendor solutions without custom interfaces. The Federated Data Platform (FDP), for instance, needs to send appointments and orders into Millennium scheduling, and through Red Rover it works as an extension of the EPR rather than a separate system. The second is our implementation of the Imperial Early Warning Score package, championed by James Bird at the Oracle Health CNIO Special Interest Group. We are currently implementing the package at several Trusts, with requests to extend the scope of the solution.

What's new in Pulse

Three additions to the Pulse catalogue, offering practical support with clinical integration, specialist care and compliance:



ST. VINCENT'S

AVT Integration Service

Connect reviewed consultation notes and letters with your EPR, with room to go deeper over time.

View the flyer

ST. VINCENT'S · MEDISIGHT

mediSIGHT integration service

We're finalising our enhanced integration model for mediSIGHT, Medisoft's ophthalmology record, connecting appointments, documents and outcomes with Millennium. It will be available to all Millennium Trusts by the end of the year.

View the flyer

PARTNER PROVIDED · NAQ CYBER

NHS Regulatory and Accreditation Support

For health tech suppliers and NHS development teams. Policies, evidence, risks and clinical safety documentation in one place, so you create evidence once and reuse it across frameworks such as DSPT, DTAC V2 and DCB0129.

View the flyer

PULSE EVENT | DECEMBER 3 AT 1330

Join us at our next Pulse event on 3 December

What does integration really mean in everyday clinical practice? We'll explore it through real examples: urgent care streaming at Wirral and Lyrebird at Kingston and Richmond. Expect honest conversation about adoption, governance and how to show productivity gains, with time for your questions.

The question at the heart of it: how do you introduce new capability without making clinicians work around yet another system?

WHAT WE'LL COVER

- Why integration is now the issue, and the move from deployment to optimisation
- Urgent care streaming at Wirral
- Lyrebird at Kingston and Richmond
- Discussion: what separates an interesting technology from something clinicians will actually adopt?
- Your questions

Add the event to your calendar here

Browse the Pulse catalogues: · **Millennium** · **Nervecentre** · **Transformation and productivity**

Explore your workflow challenge with us: pulse-enquiries@stvconsulting.uk