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EXCLUSIVE

Four fifths of NHS trusts are still using pen and paper for record keeping, 25 years after first digitisation push

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Only about a fifth of hospital trusts in England are using fully electronic systems for clinical record keeping, an analysis by *The BMJ* shows.

This is despite ministers first setting out ambitions to digitise health service documentation 25 years ago.^{1,2}

An investigation by *The BMJ* using freedom of information (FOI) requests found that just 39 of 184 NHS trusts in England (21%) reported use of paperless systems to document clinical notes.

Just a quarter (45) reported using fully electronic systems for prescribing medications.

Clinical documentation in NHS hospitals has been undergoing “digital transformation” since 1998, when the government first declared its ambition to transition from paper to electronic records with its *Information Strategy for the Modern NHS*.¹

Shifting from paper to digital systems offers several potential benefits for the NHS.

Information can be shared more easily and quickly between clinicians, and patient data can be stored more securely with encryption and access controls. Electronic patient records also provide the foundation for further technological advancement, such as joining up disparate data across multiple healthcare organisations.

Successive governments have tried to unlock these benefits by pledging to make the NHS paper free (box 1).

But *The BMJ*'s data suggest that a fully paperless NHS remains a distant reality. Despite all hospital trusts having an electronic patient record in place, 79% (145) reported that they still relied on pen and paper to some extent for documenting clinical notes.

The figures have not shifted much since a similar *BMJ* audit of trusts in 2023, suggesting that the drive to digitisation in the NHS continues to stagnate.³

Curiously, the new FOI data show that more trusts reported using systems that were not fully electronic than in 2023. However, this difference probably reflects varying interpretations of survey questions and mergers of previously separate trusts, rather than trusts moving away from established electronic systems.

The BMJ sent its FOI request to 195 NHS trusts in England in October 2025, with some needing to be contacted again in February 2026. It received responses to at least part of the request from 188 trusts (a 96% response rate).

Local plans to transition to fully electronic system

A total of 145 trusts reported using a hybrid system of electronic and paper patient notes, with 32 specifying that these were primarily electronic. The vast majority of trusts using a hybrid system cited ongoing or future plans to transition to a fully electronic system.

However, some trusts are now nearing their third decade of digital “transition.”

For example, the Northern Care Alliance NHS Foundation Trust in Greater Manchester told *The BMJ* that patient notes started going digital at its Salford Royal Hospital site in 2000, but the trust's plan to transition to a fully electronic record is, now 26 years later, still “ongoing.”

Leeds Teaching Hospitals NHS Trust, which uses a mix of paper and electronic patient notes, reported a digital transition that was “incremental since 2003.”

James Paget University Hospitals NHS Foundation Trust in Norfolk and Airedale NHS Foundation Trusts in West Yorkshire also said their transitions from paper to electronic note taking systems began in 2012 and were “ongoing.”

Even among the 39 trusts that claimed to use fully electronic systems for clinical note taking, seven said paper was still used to record patient notes in some specific hospital departments.

And seven of the 45 trusts that reported having “fully electronic” systems for drug charts reported using paper charts in some departments.

The FOI data also show that many trusts use multiple electronic systems to record patient notes. Of the 156 trusts that cited the specific electronic system they used, nearly a third (49) were using two or more programmes.

But for some the number is much higher. Essex Partnership University NHS Foundation Trust said clinicians were using six programmes to record patient notes.

Using several systems can have a major impact on doctors' working lives.

Derya Nurlu, a specialty doctor in liaison psychiatry who previously worked at Essex Partnership, said that learning how to use multiple electronic systems can be “overwhelming and burdensome,” especially for trainee doctors who rotate every four to six months.

"It would take me the whole six months to fully master the electronic system I was using each time," Nurlu told *The BMJ*.

"This is a clinical burden, because most of our patients in psychiatry services are diagnosed with severe and chronic mental illness and sometimes have documentation that covers unusually long periods.

"Hence, it is quite important to be able to use these systems effectively, since we are expected to extract clinically relevant information during a limited time period to provide the best care possible."

Long waits for electronic systems that prove hard to use

Experts say a lack of investment is one of the reasons NHS digitisation projects are slow to take off.

"Funding for technology has to be balanced with other competing priorities in the NHS," said Pritesh Mistry, fellow in digital technologies at the health think tank the King's Fund.

Mistry added that shifting from paper to digital systems also required a significant overhaul of day-to-day ways of working.

"In organisations as complex and sensitive as the NHS, with a high risk of disruption of services, long timelines for deployment are understandably required," he said.

Even once electronic systems have been implemented, clinicians' attempts to use them may be scuppered by basic problems such as an insufficient number of computers or clunky user interfaces.

In cases where the technology "simply isn't good enough," it becomes necessary to resort to paper systems, Mistry said.

Clinicians' frustrations with NHS IT systems are well documented.⁴ Using electronic health records can be particularly time consuming, as clinical information is often fragmented across various platforms, requiring multiple logins for access—a common bugbear for NHS clinicians.

Automated templates for clinical entries can also be counterproductive, forcing users to complete mandatory sections that are not relevant and cost additional time.

Problems with usability can make clinicians resistant to using electronic systems, further limiting their potential effectiveness.

Flaws with "archaic" paper systems

However, those working with paper systems don't necessarily have it any easier.

Izzie Jordan-Evans, a foundation year 1 doctor at University Hospitals Sussex NHS Foundation Trust, told *The BMJ* that in her trust handover documents and drug charts are done digitally, but all clinical documentation such as clerking, ward round entries, and patient reviews is done on paper.

"Working in this way in 2026 feels increasingly archaic and at odds with the pace of modern medicine," she said.

"The time lost locating notes, trawling through pages of text, and deciphering handwriting is inefficient and can lead to clinical errors."

In contrast, Ryan Danvers, a foundation doctor at Manchester University NHS Foundation Trust, which was ranked the most digitally mature acute care trust by NHS England in April 2026,⁵ has only ever used electronic notes.

"Electronic documentation has enabled me to utilise automations and pro formas to reduce the administrative load attached to routine clinical tasks," he said.

"Considering the abundance of information doctors are required to collate for each patient, it astounds me that it is still relatively common practice for clinicians to be using paper notes."

AI scribes—the government's solution to a paper laden NHS?

The rise of artificial intelligence is changing how trusts approach digital transformation.

Unlike previous strategies, the government's 2025 10 year health plan for the NHS in England does not set targets for a paper-free health service but instead banks on clinical note taking being an obsolete task altogether by 2035, thanks to AI powered ambient voice technology (AVT).

AVT allows consultations between clinicians and patients to be written up in real time, with the algorithm listening in to the conversation via a microphone and transcribing it into clinical notes and letters.

Oxford University Hospitals NHS Foundation Trust was one of the first hospital trusts to trial AVT in 2025. It reported that the technology reduced documentation time for 86.9% of users, with over half saving at least 30 minutes a day.⁶

Megan Morys-Carter, director of innovation at Oxford University Hospitals, said the trust was planning to roll the technology out across the organisation after the success of the pilot. She emphasised, however, that clinicians must closely oversee any output generated by AVT tools.

"We believe it remains really important, particularly at this stage of development of the technology, to always have a 'human in the loop,'" she told *The BMJ*.

However, some experts have argued that the 'human in the loop' approach to using AI tools in healthcare does not necessarily work as a robust safety mechanism.⁷ They say it may instead serve to shift accountability away from makers of AI tools and towards the clinicians who use them.

And, even in the age of AI, paper documentation seems unlikely to become obsolete.

"The ever present risks of technology failure or cyberattacks mean paper is likely to remain an essential failsafe option to maintain services even after 2035," said Mistry.

A spokesperson for NHS England said, "Moving complex hospital services from paper to digital systems across all areas of care takes time, and trusts are at different stages of this process.

"The NHS is continuing to reduce its reliance on paper and invest in digital transformation to ensure better, joined-up care for patients and build a health service fit for the future."

A spokesperson for the Department for Health and Social Care said trusts were implementing digital transformation at "different speeds" but digital technology was nevertheless "transforming the NHS, helping staff deliver safer, more efficient care," adding, "While some trusts still maintain a mix of digital and paper processes, we will continue to promote the benefits of digital transition—for patients and staff alike."

Box 1: The long road towards a paperless NHS

- 1998—Tony Blair's Labour government publishes *Information for Health: an Information Strategy for the Modern NHS 1998-2005*, outlining plans for digital transformation in the NHS.¹ The goal is for all acute care hospitals to have “level 3” electronic patient record (EPR) systems by 2005 (level 3 systems include electronic clinical reporting and prescribing).
- 2002—Blair launches the National Programme for IT in the NHS, a £12.4bn investment over 10 years to revolutionise technology in the NHS, including introduction of EPR systems.⁸
- 2007—Speedbumps emerge. A report from the National Programme for IT says the Department of Health is “unlikely to complete the programme anywhere near its original schedule”⁹
- 2011—The National Programme for IT shuts down, having mostly failed to achieve its goals.
- 2013—St Helens and Knowsley claims to be the first hospital trust in England to stop using paper medical records in clinical practice.¹⁰
- 2013—Health secretary Jeremy Hunt challenges the NHS to go paperless by 2018.¹¹
- 2014—NHS England publishes the NHS Five Year Forward View, with the ambition to “exploit the information revolution.”¹²
- 2014—David Cameron's coalition government establishes the National Information Board, which will set out plans for achieving “fully interoperable electronic records so that patients' records are largely paperless” and electronic prescribing is “available routinely online everywhere.”
- 2014—The National Information Board publishes *Personalised Health and Care 2020: A Framework for Action*, a plan to deliver digital transformation as outlined in the Five Year Forward View. The report says that clinicians in primary, urgent, and emergency care will be operating without needing to use paper records by 2018 and that patient and care records will be digital, real time, and interoperable by 2020.^{13 14}
- 2015—The National Information Board requires all local health and care systems to produce local digital roadmaps, setting out how they will achieve the ambition of “paper-free at the point of care” by 2020.^{13 14}
- 2019—Theresa May's government launches the NHS Long Term Plan. The plan says all providers across acute, community, and mental health settings will be expected to advance to a core level of digitisation by 2024.
- 2018—NHS England says 88% of NHS trusts have EPRs in place and are on track to meet target of 90% coverage by December 2023.¹⁵
- 2021—The government and NHS England launch the frontline digitisation programme, with the goal of getting an EPR into every NHS trust by March 2025.¹⁶
- 2023—Nationwide EPR coverage target of 90% is met.
- 2023—A *BMJ* analysis finds that three quarters of NHS hospital trusts still use paper to some extent for clinical note taking and prescribing medications.³
- 2025—Amanda Pritchard, chief executive of NHS England, says there is no set date planned for the NHS to become paperless,¹⁷ and priority is rolling out basic EPR coverage to 100% of trusts.¹⁸
- 2026—Data from 184 NHS hospital trusts collected by *The BMJ* show they all have electronic systems for recording patient notes, but four fifths still use paper for some tasks.

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