



# NHS IT Review

- ◆ Dr Glyn Hayes
- ◆ President PHCSG



# The Talk

- ◆ Commissioning
- ◆ Remit
- ◆ Process
- ◆ Evidence highlights
- ◆ The Recommendations



# Commissioning

- ◆ June 2008
- ◆ Stephen O'Brien MP, Shadow Health Minister with responsibility for IT
- ◆ Parliamentary statement on an independent Review
- ◆ I was asked to be the independent, unpaid chair
- ◆ Agreed NOT an attack on NPfIT



# Remit

- ◆ Establish how clinical, public, and management needs can most effectively be met by IT
- ◆ Establish a vision for IT in health and social care
- ◆ Set out a strategy for achieving that vision
- ◆ Advise on actions for the current Government
- ◆ Advise on the policy options to be considered by an incoming Conservative Government



## Not a Blue Sky fantasy

- ◆ “If we did well what we know now that would create a more significant improvement in care than any major advance in medicine that is likely to occur in 20 years.”
- ◆ Prof Muir Gray




# The Team

- ◆ Dr Glyn Hayes  
Chairman of the Review
- ◆ Ian Shepherd  
Pharmacist, Chair PHCSG
- ◆ Richard Humphries  
Senior Fellow in Social Care at the King's Fund  
ex Director of Operations BLT.
- ◆ Gail Beer  
Associate Director, RCP Health Informatics Unit
- ◆ Prof Iain Carpenter  
Inaugural President of the Nursing and Midwifery Council
- ◆ Sir Jonathan Asbridge  
Director, RCP Health Informatics Unit
- ◆ Prof John Williams



# The Process

- ◆ Request for oral evidence a set of questions
- ◆ Oral hearings 
- ◆ Individual private interviews
- ◆ First draft – individual team members
- ◆ Combined work up
- ◆ Final draft to Stephen O'Brien 31st March

# Call individuals for oral hearings





# Highlights from the Evidence

- ◆ The LSP contracts have been a hindrance to the widespread use of IT in health
- ◆ Innovation is with the smaller suppliers but the ASCC is too restrictive
- ◆ The “one size fits all” approach to electronic records is not working
- ◆ The perfect is often the enemy of the good.



# Highlights from the Evidence

- ◆ Centralised storage of health records is not acceptable as people do not trust the Government
- ◆ Why do we have to throw away what is already working
- ◆ We want choice of systems
- ◆ US systems do not work in the UK



# Highlights from the Evidence

- ◆ The professions need to be consulted.
- ◆ The professions need to develop standards and educate new entrants
- ◆ Health Informatics is much more difficult than most people think
- ◆ Leave GPs alone, get PCTs off our backs



# Overall Recommendations



# 1. The patient must be at the centre of all information systems

- ◆ Only patient level operational data
- ◆ No dataset mentality
- ◆ Not tools to extract data
- ◆ Clear benefits to patient care



## 2. Renegotiate the LSP Contracts

- ◆ Wider choice of supplier
- ◆ Trusts select cost effective systems that cater for local needs
- ◆ Liaison between application providers and Trusts

### 3. Review National Infrastructure

- ◆ Consider alternatives to one monolithic central spine
- ◆ Localised databases with trusted clinicians
- ◆ Transfer data between them only when necessary
- ◆ Only centralise what has to be centralised





## 4. Central Standard setting and catalogue procurement

- ◆ To encourage smaller providers to innovate and compete to create local solutions
- ◆ Centrally defined national standards for functionality and data
- ◆ Funds for purchase should only be available to these systems



## 5. Devolve choice of system to local Trusts

- ◆ Each component of the NHS is slightly different from the rest
- ◆ Different Trusts have different needs
- ◆ With choice comes ownership



## 6. Enable local health communities to use integrators

- ◆ To manage the move from existing legacy systems to new systems
- ◆ Where Trusts do not have the skills



## 7. The cost effectiveness of the current National Programme

- ◆ No sight of contracts
- ◆ Scaling back central domination will be more cost effective
- ◆ Increased competition reduces cost
- ◆ Delays have increased spending; e.g. prescribing



## 8. The NHS must take a long-term strategic view

- ◆ Not driven by political or bureaucratic timescales
- ◆ IT benefits take time
- ◆ No policies should be made without an information strategy for it




# The Structure of the Report

- ◆ Exec Summary
- ◆ History
- ◆ Lesson Leant
- ◆ The Evidence
- ◆ Recommendations



# Strategy

- ◆ To improve of quality care - support Patient clinician interface
- ◆ Improve clinician awareness of the benefits
- ◆ Managers must see IT as a clinical tool
- ◆ Data quality must pervade the whole service
- ◆ A standard terminology and structure must be used
- ◆ Keep databases local



# The capture and use of clinical data

- ◆ Health data should be collected as part of the care process
- ◆ Avoid silos of data
- ◆ Management should derive their needs
- ◆ PROMS may help in management if appropriately tested
- ◆ Patient involvement should be explored
- ◆ Auditing such as PRIMIS + should be extended



# The Approach To System Architecture

- ◆ Trusts use of legacy systems can continue where relevant
- ◆ Executive should facilitate a choice of IT solutions for Trusts
- ◆ Further investigation is required into the use and role of personal health records
- ◆ Data must be stored and accessed locally on interoperable systems that release on the basis of patient need
- ◆ Open Source may be a valid and cost effective solution to procurement in some sectors
- ◆ A centralised IT support body should control standards for systems and ensure value for money only



# Procurement

- ◆ Centrally set standards and functionality for locally procured systems
- ◆ Assessment and accreditation of systems to prove that they conform to these standards
- ◆ A catalogue of successful systems with agreed NHS prices
- ◆ The Government should avoid signing any more large, central and inflexible contracts
- ◆ The quality of informatics staff should be strengthened so that local choice and procurement of systems can be supported by onsite expertise



# Social Care

- ◆ DH, DCSF and NHS Management Boards must talk to each other
- ◆ Information-sharing between health and social care should be mainstream
- ◆ The DoH should issue guidance that supports the development of consistent data standards across all 150 councils with adult social care responsibilities
- ◆ The DoH's role in relation to leadership and resourcing of information strategy work should be reviewed



# Management Of The Service

- ◆ IT is not a solution in itself, it is a facilitator and should be treated as such by management
- ◆ Patient centric management strategies based on outcomes, not targets, should be implemented
- ◆ Managers should exploit the potential for IT to enable the following:
  - Performance measurement according to outcomes
  - Information sharing
  - Training and education
  - The management and monitoring of resources and services across the Trust



# Leadership

- ◆ Local ownership will improve commitment at all levels
- ◆ The IT is primarily a change management programme
- ◆ Clinicians must be engaged in the Trust's change management strategies and selection of information systems
- ◆ Change management costs should be incorporated into Trusts' business cases.



# Information Governance

- ◆ Balance data sharing and patient confidentiality
- ◆ Mandatory training in information governance
- ◆ The clinician in charge should be responsible for the patient's record
- ◆ Data monitoring via the Caldicott Guardians must be strengthened
- ◆ Audit trails must show who has accessed any data
- ◆ Any breaches of permissions should to be assessed
- ◆ Build confidentiality into systems not apply afterwards



# Evaluation

- ◆ Should be systematic and on-going
- ◆ The views of end-users must be taken into account
- ◆ Must start before the beginning of a project
- ◆ Implementation of systems should not be a foregone conclusion
- ◆ Proportionate to risk, cost and complexity



# The Transition

- ◆ Complete PACs.
- ◆ Electronic prescribing systems in acute trusts
- ◆ Allow existing departmental systems
- ◆ Support the professional bodies
- ◆ Educate Trust Boards
- ◆ Develop HI professionalism
- ◆ Sort out Social Care IT at ministerial level



## Conclusion

- ◆ The Conservative Party response
  - Patients must rule?
  - Kill the Spine
  - Otherwise OK
- ◆ Conservative policy for NHS IT?
- ◆ Depends on who wins next election

