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Information flow to enable integrated health care: integration or interoperability

It is undoubtedly true that digital systems are a key enabler of the transformation that is needed in the NHS if we are to provide safe, high-quality, affordable care for all our patients now and in the future.¹

But standards for care records that ensure that the right information is captured consistently is fundamental to enabling clinicians and professionals to exchange information digitally. This is why the role of the Professional Record Standards Body (PRSB), which I chair, is so important.

We need to get the systems right and this means designing them with clinical need in mind. We also need to ensure that clinicians and professionals adopt standards as fundamental to the way they record and use information to improve patient care. Last week's report on medication errors, published by the Department of Health, reinforces this point.²

At PRSB we recently visited secondary care providers to determine factors contributing to successful digital transformation where information flows across a local health economy. With one voice they said involving local GPs was critical. PRSB has made a series of GP videos about the importance of information sharing after discharge from hospital, which can be viewed at <https://theprsb.org/aboutus/videos-2/>.

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Making technology-enabled health care work in general practice

As researchers working in the field of digital technologies in general practice, we did not recognise the landscape described in this editorial.¹ Lumping together approaches to healthcare delivery on the basis of them having the common element of being a technology implies an assumption that their effectiveness lies with the technology, which evidence indicates is not the case.

Most worrying is the claim that *'it makes sense to get on with it and transform our conventional face-to-face delivery of care in general practice to modes of TECS that meet patients' needs and preferences as well as being more effective and productive for general practice teams — mirroring how people have converted to using technology in their everyday lives'*. Evidence from research shows that in fact technology-mediated consultations may lead to more work for GPs, and are not necessarily preferred by patients.²⁻⁷ For several types of technology-mediated interactions there is not enough high-quality evidence to be able to claim a transformative impact.^{8,9}

There is a widely held perception that, when it comes to technology, evidence is unimportant and an assumption that all consequences of use are positive, in a way that would be considered completely unacceptable for other interventions such as pharmaceuticals. Deciding to proceed with something that does not have an evidence base, or goes against the evidence base, is irresponsible and does not represent good practice or commissioning. Sadly, it is commonplace.

We urge those interested in using or commissioning technological approaches to healthcare delivery in their own practice to consider each technology type on its own merits, with reference to the (growing) research evidence base for their use.

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