

The National Programme for IT in the NHS

INTRODUCTION

The main aim of the National Programme for IT (NPfIT) in the NHS in England (www.npfit.nhs.uk) is to provide better information for health and patient care, where and when it's needed. The programme should deliver:

- a fast reliable IT infrastructure,
- centralised electronic records for all patients, available to those authorised to see them (the NHS Care Record Service),
- support for new ways of working (electronic booking services and electronic transfer of prescriptions).

The NPfIT is a multibillion pound project, with the total value of contracts awarded so far at over £6 billion for the first 7 years.

CLINICAL ENGAGEMENT IN NPfIT

NPfIT has been criticised in the media for the perceived lack of engagement with health professionals. However, there have been recent encouraging signs that NPfIT is now actively seeking to involve and inform clinicians. As part of this process of clinical engagement, the RCGP were recently asked by NPfIT, to list the 10 ways in which effective IT could add real value to the professional lives of GPs. The RCGP's Health Informatics Specialist Group (HISG) was asked to contribute to this process as part of the College's overall response.

HISG'S 'TOP 10' REQUIREMENTS FOR NPfIT

1) UK general practice currently has the world's most advanced clinical systems. The NPfIT must:

- ensure that there is no loss of functionality in clinical systems through the replacement of current GP systems,
- have a contingency plan in place to manage the process of change and the risk of failure,
- ensure that education and training needs are fully recognised and delivered as an integral part of the plan.

2) Clinicians and clinical systems should be able to share health data appropriately by exchanging structured information to enhance patient safety and optimise GP business processes. Examples of this would

include GP-to-GP transfer of coded clinical information, a standard drug and appliance dictionary, and the use of Snomed CT for clinical coding throughout the NHS.

3) Electronic commerce already affects just about every aspect of our lives with rapid access to online and up-to-date information only a mouse-click away. The same should apply to health information.

4) In particular, we should have rapid access to information to support clinical decision making, wherever and whenever needed.

5) The IT infrastructure should support all the requirements for high quality, meaningful communications with other professionals — by exchange of both structured information (see '2' above) and text (for example, e-mail and instant messaging).

6) Interactive medical records that feature:

- complete up-to-date records available at all times and in all places and with relevant entries easy to find (for example, results automatically inserted into the electronic record in a useful way),
- the ability to automatically code and respond to plain text entries (also linked to decision support systems),
- improved ability to show context in the record (for example, coloured fonts for different users, and the ability to draw sketches/diagrams, and view and exchange complex files, such as imaging, in real time),
- provision of a segregated facility aide-memoire function that may be personal to a practitioner or group, in addition to the more public health record that is visible to others in the NHS,
- context-related diagnostic aids that automatically offer rating scales and algorithms when appropriate,
- context-related information and decision support that is presented at the time of need in an educationally useful format, understandable by patient and practitioner (including shared information aids that encourage shared decision making),
- tracking of clinical activity, providing alerts when risks are taken in prescribing (for instance), and providing feedback on practitioner performance (recording and

re-presenting analyses of habitual behaviour in common conditions),

- ability to record information so it can be rapidly retrieved, analysed, and interpreted giving a very clear idea of what we do well and what we could do better. To be able to demonstrate this to others.

7) Requirements for patients include:

- smart programmes that patients can use to enter their history details and present to the GP in a useful format before the consultation (patient data entry),
- e-learning materials for patients to supplement patient information leaflets,
- an increasingly well-informed population where individuals are empowered to find information relevant to their needs, leading to better informed choices and greater autonomy,
- preservation and strengthening of patient-centredness.

8) Ability to collate information from a wide range of sources to help audit outcomes of care and plan effective health services.

9) Support for personal and professional development.

10) Powerful measures to protect privacy alongside greatly enhanced access to information.

CONCLUSION

The NPfIT in the NHS will change the way we work and has the potential to deliver huge benefits to our patients and our own clinical practice. However, it is a project in which the risks of failure are considerable. We believe that the best chance of achieving success is for the NPfIT to actively engage with clinical professionals at all levels. There are encouraging signs that this is beginning to happen, but the risks associated with the project are still considerable.

The emphasis in our response is on IT and not on the data/information/knowledge to which we nevertheless allude. Even if all of these things, and more, are on offer, without education, training, and organisational change, they will not be fully exploited.

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