

Development of Health Informatics in England

There has been progress and much heated debate about the deployment and further development of health informatics during the last six years. ASSIST has contributed constructively to both the progress and the debate. It is members of ASSIST who have implemented much that has contributed to the progress in the NHS.

National Council had the opportunity to pose these four questions to Matthew Swindells and Gordon Hextall earlier this year. The answers provide an insight into the thinking behind the development of health informatics in England.

The reply was received as news about Matthew Swindells resignation from the Department of Health broke. It does give a clear idea of how the thinking has developed and could be useful in preparing for future local implementations.

Q1. Please would you provide a brief update on progress with the National Health Informatics Review? In particular, what might the implications be for:

- (a) the structures and responsibilities of NHS CFH, the Information Centre and DH informatics functions?**
- (b) the balance of NPfIT contract management and system delivery between the centre, SHAs and local health communities?**

The review is progressing well, and to time. We have engaged with over 1400 stakeholders, via 10 SHA events, direct CIO / CEO engagement, Department of Health (DH) Directorate involvement, with significant clinical influence and input from 122 members of the public. We have also been able to reach some of those who have not previously been engaged in a debate on information, demonstrating the increasing attraction that information is having.

The result will have a positive impact on NHS CFH, the Information Centre (IC) and DH Information Services. The proposals as they stand are for the three organisations to lead to a greater level of involvement and specialisation in what they already do, within a unified governance and line management structure, thereby improving decision making and reducing overlaps. This will mean NHS CFH takes on a bigger role delivering the national elements of non-NPfIT NHS IT programmes, as well as extending its role in being a centre of excellence for Project and Programme Management. It is more than a programme; it is an organisation, allowing it to plan on a more permanent footing. The IC is being positioned as the independent expert, overseeing the capture, coding, grouping and analytical access to data from the NHS and Social Care. DH Information Services will focus on supplying internal IT support to the DH. The benefit of these changes to NHS organisations is that the delineation between the three will become clearer, which is helped by the leaders of the organisations being part of the same management team for the first time. NHS CFH and the IC are also clear that their prime role is to work on behalf of and support wider NHS organisations.

In terms of contract management and system delivery, the review is looking to build on the progress of the National Local Ownership Programme and ensure organisations can take responsibility where they have the capability to discharge effectively their commitments. NHS CFH will increasingly move towards being a centre of excellence for professional IT skills that cannot reasonably be provided in every Trust and to support the NHS in delivering its objectives. We also see NHS CFH working more closely with the other central bodies such as the IC and the NHS Institute to ensure that it delivers information support, patient care and NHS management, not just technology. NHS CFH will work closely with the SHA CIOs to get the balance between central activity and local support right.

Q2. Following the successful development primary care electronic patient records, summary care records and PACS, what is your vision for the next steps towards a full, integrated electronic patient record spanning all care sectors? What can be done to regain ground in secondary care?

From the SHA events, it is clear that the NHS on the whole believe that the vision of carefully controlled secure access to patient records across organisational boundaries is still the correct one.

The challenges are the stepping stones to get to the vision. Our fieldwork, as part of the review, is key to what is available and acceptable to the trust; integrates the best of what we have; is flexible for reporting and local integration/interoperability; maintains the "single health record vision"; responds to user needs; with more clarity of what is delivered when. The Informatics Review will have a great deal more to say about this.

Getting Lorenzo Penfield Release 1.0 deployed and being used successfully in operational settings, and ensuring Release 1.0 of Cerner Millennium meets users needs are key. Broadly (and I know it varies substantially between each SHA) accountability and responsibility has been transferred to SHAs with the centre providing commercial, technical, programme office implementation support and IT exploitation where required. Success is jointly in the hands of both NHS organisations and NHS CFH, and I would encourage both to put their best people on our current biggest challenges.

Q3. What is your current thinking around developing the health informatics profession and around professional leadership? In particular:

- (a) What do you see as the biggest challenges and opportunities facing informatics practitioners?**
- (b) What are your views on the potential for national informatics development schemes, e.g. based on the finance and HR graduate training schemes?**
- (c) What contributions can individual Health Informatics professionals make to develop the profession?**

(d) What contributions might BCS-ASSIST and UKCHIP make?

- a) I see the biggest opportunity for informatics practitioners is to get off the back foot and become part of the strategic leadership of our organisations. Our history of having to prop up the underfunded, unreliable systems and the perceived delays with the national programme has made informatics a drag on progress in many areas. The evolving NHS: with complex pathways spanning multiple care organisations, world class commissioning driving a new type of healthcare planning and the Darzi Review putting quality and innovation front of centre make informatics fundamental to success. We need to be able to put together solutions that enable this progress, not be the reason why things don't happen. This will only be possible if informatics professionals understand their organisations and are part of designing the answers to the new challenges, not in a back room explaining why the technology can't support it.
- b) I think the informatics profession needs more than a graduate training scheme, though this certainly has a part to play and we will be recommending its expansion in the Informatics Review.

Developing informatics within the NHS requires two strategies – one targeted at developing a pool of specialists to work in our organisations, the other developing informatics skill in the general and management workforce. There aren't many people who have done what I did and passed through Head of IT on their way to being a hospital Chief Executive. However, there are hundreds who have come through finance, HR and even communications.

To develop the profession, I would like to see, not only a graduate training scheme and MSc's in Health Informatics, but modules in statistics and computing degrees and post-graduate courses that look at health issues and encourage a cadre graduate who think that their degree can be used not only to help banks be more efficient but to save lives in the NHS.

To develop general informatics skills, I think we need a pathway of accredited qualifications that run from teaching a clinic clerk how the information they capture fits into the wider picture, through to helping senior nurses and doctors understand the NHS's quality and financial data and ends by ensuring that executives and non-executives on Boards can use information to monitor their organisations' performance and take strategic decisions.

I am pleased that the NHS Informatics profession has been acknowledged to be part of the wider government IT profession. This is helping to put NHS professional leadership in the forefront of government. The Informatics Review will have something to say about this as well.

- c) I think that raising the status of the health informatics profession is ultimately down to the people in it. If I am honest, I see too much schadenfreude across the profession at delays in the national programme, data issues or technical problems. It is normal for journalist or IT consultants to talk up failure and talk down success – that is their business; when we do it to ourselves we are shooting ourselves in the foot. We need all the fine minds in our profession to be focused on identifying and solving problems and being drivers for change and improvement in the NHS.
- d) I think the BCS – ASSIST and UKCHIP could take a leadership role and make an important contribution to developing and assuring the standards that I talked about in an earlier answer and as role modes for the future informatics professional – progressive strategic awareness and a catalyst for change.

Q4. Are there any other messages you would like to get to BCS- ASSIST members?

The National Programme for IT is an exceptionally complex programme with fantastic benefits in terms of lives improved and lives saved. The development of informatics to support world class commissioning and the focus on quality measurement and improvement that will emerge from the Darzi Review will be at least as complex, challenging and important as the National Programme.

There has never been a more exciting time for informatics in the NHS.

Now is the time for Informatics Professionals to step forward and give the leadership that their organisations need.

Press Release

[ASSIST and UKCHIP issued a joint press statement about the resignation of Matthew Swindells that stated:](#)

“ASSIST and UKCHIP are very disappointed to hear the news that Matthew Swindells is moving on from the role of acting CIO having completed the informatics review he was originally commissioned to undertake. From our involvement through input to elements of the review and from a growing relationship with Matthew (he is a confirmed speaker for ASSIST’s annual conference on 22nd May), we were optimistic about a future with him as CIO in the NHS. Because of his personal knowledge and skills in this area, he is clearly a strong advocate of the importance of Health Informatics and of informaticians throughout the NHS and a keen supporter of the development of that profession. We look forward to reading the Review when published and to working with whoever is appointed to this vital leadership role. We wish Matthew every success in his next role and look forward to future opportunities together to develop the Health Informatics profession.”