

The Go-Between

Information for Information Users

Issue 103 December 2011

Season's Greetings!

The Go-Between wishes its readers a happy Christmas and a prosperous 2011!



The Go-Between would like to hear from potential contributors. Articles should be on health informatics related matters and around 250-400 words in length. Copy deadline for Issue 104 is **20 January 2012**.

For contributions etc. please write to the Editor (address on back page).

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ICT Transforming Healthcare

Information and communication technology (ICT) is widely utilised in the commercial sector to support both day to day business operations and whole scale business transformation. However, in the health sector, whilst ICT is commonly used to deliver discrete applications such as the picture archiving and communication system (PACS), its full potential for service redesign is largely yet to be realised.

Reliable ICT is an essential component of any forward-thinking business in the 21st Century, and a vital component to the delivery of modern health care.

Nottingham University Hospitals NHS Trust (NUH) is an example of where ICT has been used to engineer change and to begin to revolutionise service delivery. The Trust realised that to meet its strategic objectives it needed to improve productivity by making major changes to working practices. Due to the sheer size of the organisation the management team realised that this could only be achieved through the significant underpinning of the day-to-day work of the Trust with new technologies.

The A&E department has been faced with the challenge of managing a forecast patient growth of 5% per annum over five years, with the department already operating at near maximum capacity. An operational review was undertaken and found that the department suffered from severe communication problems, caused by the sheer size of the department, which delayed patient care and put the Trust at risk of breaching government access targets for treating emergency patients.

A review took place and the findings included:

- slow and inaccurate information processes with ad hoc growth leading to multiple information systems holding inconsistent data
- 'significant... risk to clinical service delivery from a growing reliance on information provided through ageing and increasingly unreliable technology' noted that staff were using outdated stand-alone equipment that led to duplicate data entry
- found that integration across departments was rare, leading to multiple patient data entry and limited knowledge of bed status
- highlighted the minimal system integration across two sites.

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Lighting the Way – The Operating Framework for 2012/13. See page 3.

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Utilising telephony services provided by fixed and portable handsets, the new system enables staff to instantly contact any other member of the A&E team – wherever they are located within the department and beyond. The new processes make finding and speaking to people much more efficient and add governance to person-person processes. The solution includes a range of 'smart' messaging options, including automatic updates from clinical systems, and the ability to provide the location and work status of users.

The health technologies deployed include:

- *Wireless data access* to give staff access to information systems at the point of care
- *Wireless telephony, unified communications and presence* to show real-time availability of staff and to enable staff to be contacted wherever they are in the hospital
- *Cisco Unified Application Environment*, a messaging system linking A&E to Pathology and Radiology systems for notification of when results are ready and patients ready for collection from X-ray
- *Radio Frequency Identity (RFID) and tracking* to enable geographic location of equipment.

These changes have fostered a more collaborative working environment with all staff working together to ensure the new system's success. They have also resulted in an increase in patient satisfaction due to shorter waiting times and improved comfort levels.

Shortly after implementation the benefits were already evident, including:

- A reduction in the patient journey time of 23% for adult patients and 33% for paediatric patients
- An increase in productivity of doctors treating minor injury patients equating to a potential time saving of over seven hours per day or one doctor per year
- Cost containment that will allow a full return on investment in the new technology to be realised in just 14 months.

Health organisations such as Nottingham University Hospitals NHS Trust no longer see ICT as purely an overhead but as an investment in each efficient and effective working.

More information: www.accaglobal.com

N3 Conferencing

Many NHS Trusts are already using video conferencing and are seeing the benefits in saving time and money, as well as enabling improved clinical outcomes for patients.

The NHS is one of the largest contributors to CO₂ in the UK and video conferencing has been shown as a key technology in reducing travel and carbon footprint. The N3 Managed Video Conferencing Service will provide all the benefits of existing systems with the additional benefits of a national NHS directory, 24/7 help desk, free calls and an easy-to-use on-line booking system. Video conferencing calls are free over the N3 network.

Video conferencing can be a simple conversation between two people point-to-point or involve several different sites multi-point with a number of people at each site.

The *N3 Managed Video Conferencing Service* is easy and simple to set-up (there's one common NHS platform with no expensive infrastructure to purchase) and easy-to-use and supported by 24/7 online and telephone help. There is

a choice of well featured competitively priced endpoint equipment to choose from.

There are two versions of service; the Managed Service and the Pay As You Go (PAYG) Service.

The Managed Service is designed for regular users - there is a one off set up charge and an annual fee for each end point. It is a fully supported service including access to N3 Meeting Manager which is an easy-to-use on line call booking system.

The Pay As You Go (PAYG) Service is designed for occasional users (less than 45 minutes a month) of video conferencing. There is a one-off set up fee and a per minute charge for each end point.

N3 MeetMe is an audio conferencing service. It is an instant conferencing service with useful features to enable highly productive meetings with up to 40 participants. No prior booking is required and conferences can be established in the time it takes to inform participants. The service is easy to use and it's available at any time, every day of the year.

N3 MeetMe enables the interaction with colleagues and other agencies from a local meeting room. The MeetMe service delivers benefits that directly support the QIPP initiative in the NHS

More information: <http://www.n3.nhs.uk/>

IM&T Enabled Service & Cost Improvements

Currently both frontline clinical services and corporate services such as IM&T are faced with a twin dilemma of how to achieve tough service improvement and cost saving targets, whilst maintaining a level of service that meets growing service and service user expectations. It is not unusual that these targets are treated on a departmental basis with little opportunity or incentive for working together to achieve greater value.

Medical Mosaic worked with South West London and St George's Mental Health NHS Trust to understand how IM&T can be seen as an enabling service to help deliver both frontline service improvements and the cost savings. This was undertaken through a joint workshop with one of the borough directorates. The challenge of the workshop was: can they do this better together, than apart? For example, how can use of technology enable significant service-preserving cost improvements in a front-line Directorate? And, if so, how might the cost improvement value be shared between them?

The workshop was to initiate this objective, by pursuing a range of technology-enabled Service Improvement Programmes (SIPs), agreement to the principles of sharing the SIP value and a commitment for establishing a programme of work.

In advance of the workshop all participants were briefed and had their views sought as to potential opportunities and barriers. At the workshop a short-sharp study of five technology-enabled projects was undertaken. A sub-group examined each of these projects, exploring its potential, identifying the processes that would be impacted, understanding the potential capacity and cost-saving benefits, the wider service benefits to service users, areas of implementation that would need attention, potential timescale, risks and, finally, assessing alternative ways of securing the benefits (if any).

There were three key outcomes from the workshop:

- A decision in principle was made by the Directorate, as to whether the proposition merited further development – typically, to advance to business case stage.
- Outline principles were identified, for sharing of risk and cost improvement value, between the IM&T department and the directorate.
- Attendees were particularly pleased to have had the opportunity to have worked together. In particular to have the opportunity to plan ahead to achieve improvement targets which are becoming increasingly hard to identify as the four year SIP programme progresses.

More information: <http://www.medmosaic.co.uk>

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Technology Enhanced Learning

In November the Department of Health published guidance on “technology enhanced learning” to enable the NHS to deliver high quality, cost effective education, training and continuous development to the workforce.

Presented as a framework, the guidance identifies six key principles recommending that technology used as part of a learning solution for the benefit of patients should:

- be patient centred and service driven
- be educationally coherent
- be innovative and evidence based
- deliver high quality educational outcomes
- deliver value for money
- Ensure equity of access and quality of provision.

There are a number of recommendations:

- As part of a managed learning process and where appropriate, healthcare professionals should learn skills in a simulation environment and using other technologies before undertaking them in supervised clinical practice.
- Local networks of healthcare, social care and education partners should identify a strategic lead for technology enhanced learning with responsibility for ensuring appropriate use, value for money, equity of access and demonstrable benefits to patients and service.
- Those purchasing technological solutions to support learning should undertake regular review to ensure that they continue to meet clearly defined patient and service need, support the health and social care workforce in their specific learning objectives and provide value for money.
- Healthcare, social care, and education providers should provide appropriate access for all their students, staff and trainees to a system to manage, record and evaluate their learning for example through a learning management system.
- Organisations involved in developing curricula or similar learning frameworks should identify a strategic lead for technology enhanced learning.
- Those responsible for developing curricula or similar learning frameworks should recommend what role simulation, e-learning or other technologies should play to support learning and assessment. They should highlight and describe the opportunities for the use of technology. They should indicate how to facilitate

multidisciplinary and inter-professional learning in the delivery of their curricular or similar learning framework outcomes.

- The use of simulation, e-learning and other technologies should be achievable and clearly mapped to specific learning outcomes in identified areas of the curriculum or learning framework.
- Simulation, e-learning and new technologies should not be used as an end in themselves, but appropriately integrated in a blended approach to learning and implemented to address specific learning or clinical needs.
- There should be a clear statement of the purpose of the facility, equipment or content identifying the target group(s), expected learning outcomes and, where appropriate, guidance on its use.
- Healthcare, social care and education providers should ensure that educators and trainers are competent to use the required simulation facilities or equipment, e-learning and any other technological tools.
- Healthcare, social care and education providers should work collaboratively to share resources, to maximise their purchasing power and increase opportunities for multidisciplinary and inter-professional training across the entire care pathway.
- A national register covering e-learning modules, simulation scenarios and toolkits should be maintained to provide the facility to search for existing tools or projects in development.
- Healthcare, social care and education providers, either individually or working collaboratively, should search the register before developing or procuring any new technologies to support learning to reduce duplication and secure value for money.
- Content to support e-learning on computers or mobile devices should be developed according to agreed technical standards to ensure easy access across different learning management systems.
- Healthcare, social care and education providers should ensure that they can demonstrate equity of access and quality of provision through effective local educational governance mechanisms considering feedback from students, trainees and staff, and to the satisfaction of the relevant professional regulator, where applicable.

More information:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_130924

Operating Framework 2012/13

The Operating Framework for the NHS for 2012/13 sets out the plans for the NHS in England for the forthcoming financial year.

To improve services for patients, there are four key themes for all NHS organisations during 2012/13:

- putting patients at the centre of decision making in preparing for an outcomes approach to service delivery, whilst improving dignity and service to patients and meeting essential standards of care;

- completion of the last year of transition to the new system, building the capacity of emerging clinical commissioning groups (CCGs) and supporting the establishment of Health and Wellbeing Boards so that they become key drivers of improvement across the NHS;
- increasing the pace on delivery of the quality, innovation, productivity and prevention (QIPP) challenge; and
- maintaining a strong grip on service and financial performance, including ensuring that the NHS Constitution right to treatment within 18 weeks is met

There are specific Information Strategy requirements in the Operating Framework.

Choice will be of little value to patients without meaningful information. NHS organisations need to prepare for the forthcoming Information Strategy for Health and Social Care and work to:

- give patients better access to their records;
- provide information on outcomes to support choice;
- support integrated care through enabling the appropriate sharing of information between organisations; and
- allow for better use of aggregated information.

The Government earlier this year set out a number of key NHS datasets that have been identified for public release and these will be added to during 2012/13. NHS organisations must ensure the availability and quality of these data sets.

Patients who have been written to about the Summary Care Record should have a record created by March 2013 at the latest. Data is being published on the proportion of patients with greater control of their care records and the Department of Health is considering the feasibility of making this an entitlement from 2013/14.

No single technical change has greater power to improve the integration of services than the consistent use of the NHS number. NHS organisations are expected to use the NHS number consistently in 2012/13 and commissioners should link the use of the NHS number to contractual payments in line with the guidance. There will be punitive contract sanctions for any organisation not compliant by 31 March 2013.

The protection of sensitive patient information remains a top priority for the NHS. Incidences of data loss continue to occur and in some cases these are both significant and clearly in breach of national guidelines. Data loss is not acceptable where adherence to agreed national policies would have prevented the breach. It is an expectation that all organisations are vigilant at all times and to ensure that appropriate governance policies and guidelines are implemented and followed in practice. This is particularly important during this time of change and transition.

More information:

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digi_talassets/documents/digitalasset/dh_131428.pdf

News in Brief

Prescribing & Dispensing

The Business Services Authority is undertaking a project to modernise the prescribing and dispensing information systems provided by NHS Prescription Services. The project will be in two parts: Phase one complete for the beginning of 2012/13 and phase two begins in 2013/14. See: www.nhsbsa.nhs.uk/PrescriptionServices/3486.aspx.

Telecare / Telehealth Database

The Kings Fund has setup a free on-line database, resource for anyone looking for information on telecare, telehealth and the management of long-term conditions. The database is updated weekly and holds 1,000 records of publications, journal articles and web resources. See: <http://kingsfundlibrary.co.uk/telehealth/telehealth.html>

Informed NHS Customers

The Department of Health announced in November a number of initiatives to support the NHS as an informed customer for IT, ensuring that local decision-making about procuring new systems delivers value for money for patients. A joint initiative with eHealth Insider (EHI) will give NHS local commissioners and Trusts free access to information on the systems and suppliers installed across the NHS, providing detailed insight into the systems options available to them, applicable standards, and the feedback of real users. Accessible via the EHI website, the information will provide the opportunity for NHS Trusts to give their feedback on suppliers in relation to provision of systems to support patient care.

Diary

- 31 Jan 12** **Confidentiality and Information Governance, IOC London**
http://www.healthcareconferencesuk.co.uk/confidentiality_information_governance
- 21 Feb 12** **BCS/IET Turing Lecture 2012 "From Cryptanalysis to Cognitive Neuroscience", IET London**
<http://www.bcs.org/category/16216>
- 9 – 10 Mar 12** **Health & Informatics 2012, Birmingham**
www.in4matics.co.uk
- 28 - 30 May 12** **BCS Annual Conference, Manchester**
<http://www.greenitexpo.com/>

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