A Presentations to ASSIST by Prof. Denis Protti, Univ. of Victoria, Canada
“Local Clinician Involvement in Clinical Information Systems:
a luxury or a necessity?”

An enthusiastic audience of nearly 100 clinicians and health informatics professionals from across the Yorkshire, Trent and North Western Branches were privileged to hear Professor Denis Protti lead a wide-ranging discussion on two occasions this October on clinician involvement in selecting and implementing clinical systems. His presentation is attached.

Victor Peel: ASSIST North West

Following his presentation in Yorkshire, Brian Derry (Member Yorkshire ASSIST Committee and National Council) writes:

“The question of whether clinical engagement is a luxury or necessity might seem, as our colleagues across the Atlantic would put it, a “no brainer”. But Professor Protti advanced compelling evidence from Denmark, New Zealand, the USA and even our own little island to demonstrate just how critical such involvement has been to successful systems delivery and take-up. The international lessons highlighted various means of achieving this end. The most appealing was the Dane’s funding of multi-disciplinary clinical and informatics task groups to meet in the South of France: we have much to learn from our Scandinavian colleagues!

Professor Protti then facilitated a stimulating debate, drawing contributions from a wide cross-section of participants, including practising clinicians from the primary, community and acute sectors. Among the points which emerged were:

- The importance of engaging clinicians is clearly recognised by NPfIT. After a late start, real progress is being made, underlined by various public statements, and evidenced by the involvement of the Royal Colleges and by the approach of the Design Authority.
- There is, however, a real need to engage a broader church of clinicians than the “usual anoraks” known to NHSIA and to give them the time to do this properly. Medical Directors, Chief Nurses, PCT PEC Chairs and other local professional leaders need to be engaged influential advocates.
- While the Royal colleges are clearly actively contributing to the national programme, this is not the same as local engagement: it is local engagement that will achieve local delivery. Selling NPfIT to clinicians is a clear responsibility of local informatics professionals but to do this they themselves need to feel more fully engaged in the national programme.
• There is irrefutable evidence that the successful delivery of clinical systems also depends crucially on top management buy-in and adequate funding. NPfIT is only happening because these two critical success factors have been secured but the quid pro quo is the need to demonstrate significant delivery within 2 years. The procurement timescale had constrained clinician engagement; remedying this will be a major priority during implementation.

• Concerns were expressed about clinician capacity to contribute so much, so quickly. Evidence from abroad highlighted the crucial importance of substantial investment in implementation, including on locums and other means of freeing clinician time. NPfIT has necessarily been concentrating on procurement; much now needs to be done to ensure the service’s capacity and capability to implement ICRS, e-Booking etc to deliver benefits to patients.

• Clinicians may feel challenged by having to sharing their records and professional judgements with one another and with patients. Past successes, e.g. in the Wirral, were founded on the sensitive development of mutual trust. This is at odds with the more threatening current political environment of clinician league tables and of “naming and shaming”.

• The importance was recognised of understanding and responding to the different clinical cultures. This was highlighted by contrasts between the ways of working, styles, IM&T history, care settings and professional environments of the primary, community and acute sectors. One size may not fit all.

This was one of the best and most eclectic informatics debates that I have witnessed anywhere.”

The Yorkshire, Trent and North Western Branches of ASSIST are indebted to Professor Protti for making the time to share with us his knowledge, expertise and insights, and for so skilfully getting us to think through for ourselves some of the important lessons for NPfIT.