A major redesign to replace the fragmented infra-structure is under way and expected to be completed some time next year. A limited redesign should, however, be available now to overcome some of the problems in the short term. The content will eventually be concentrated on a single ‘virtual server’ comprising a series of Windows 2000 servers located in 22 new data centres. A new search engine is being procured which should make searching more effective.

The new data centres will also house the infrastructure for the 22 NHS Direct call centres including the CAS triaging software. The first, in Wakefield, was due to be complete in early July 2001.

**Poor record keeping and negligence claims**

The National Audit Office (NAO) has published more evidence that poor record keeping by NHS bodies has been a contributory factor in over 40% of medical negligence claims. The report, *Handling of clinical negligence claims in England*, points to the experience of the NAO’s Welsh Office, where it was found that a significant contributor was the incidence of potentially avoidable errors by clinicians and others associated with administrative communications, or wider system issues.

In a survey of 94 claims for negligence, 39 were found to have originated in errors of procedures of a non-clinical nature. Fifteen of these cases were found to involve poor documentation of clinical procedures undertaken, with instances involved poor documentation of communications with patients and 23 involved poor communications, either between clinicians or clinicians and their patients. In some cases losing the patients’ records disadvantages the case for the NHS defence.

There is no single source of information about claims managed by individual trusts, currently exceeding 10,000 per year. The database of existing liabilities held by the Department of Health, does not include reliable information about when claims were made against trusts or health authorities. Therefore it is not possible to calculate the precise length of time that claims take to settle. NAO assessed that the average time from claim to settlement was seven years, rising to more than ten if brain damage was a factor.

The NAO recommends that the two organisations most involved in defending the NHS in negligence claims, the NHS Litigation Authority and the Legal Services Commission should draw up action plans with targets and hold regular meetings to consider general concerns in concluding cases.

**NHS Direct**

There have been complaints about misdiagnosis over the telephone for patients using NHS Direct. However, many of the problems pre-dated the implementation of the latest £22 million clinical decision support system to assist nurses with diagnosis. The system is already improving the accuracy of diagnoses made over the telephone, according to the national medical advisor for NHS Direct, Mike Vaughan. It is helping nurses identify more accurately when callers need to be referred to GPs. The system also enforces national standards to ensure that the advice is consistent across the country.

NHS Direct Online provides some of the information available over the telephone and there is currently a pilot project ongoing to implement NHS Direct online through touch-screen kiosks in public places for people without their own Internet access. The kiosks incorporate a printer to allow people to print out advice and some also have a phone for calling NHS Direct for further information. Kiosks also provide local information for users, but to do this they are essentially Windows PCs. This means that they are not as robust as other workstations and they do not respond well to the ‘abuse’ they receive from the public. However, because they have touch-screen systems they are easier to use for the public who may not be used to the Internet and applications software.

**Analysing data on databases can help spot fraud**

Data in databases can be analysed to identify fraud. For instance in the USA Medicaid has been using technology to identify doctors who are claiming fraudulently. Medicaid pays doctors and other health practitioners retrospectively for work they have carried out on people who qualify for their free care system. The doctors have to submit their bills to a local state office for payment. The government had known for a long time that some doctors had been entering fraudulent claims, but were only able to catch a few of them, most slipping through the net.

In Utah all records of doctors’ claims are kept centrally on a huge database. The state decided to