Unity and collaboration: a national perspective

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Simon was asked to summarise the conference and relate it to what is going on, what should be going on and what we need to do in the future.

I intend to do two things. First to attempt to sum up what I genuinely believe has been an excellent conference. Second, to reinforce some of the important points, made by Graham Wright, about the national networking that is going on and some of the genuine influence that groups like the Nursing Specialist Group are having.

Key themes

The focus of the two days has been most encouraging. I remember in 1993 at the 'Healthcare Computing Conference' listening to the nursing themes. That was when Don White gave the only paper of that Conference that really was not directly about systems. The paper won the second prize. Since then, most HC's have had a few papers dealing with the people and cultural issues. But I believe this is the first time where we have really significantly moved the ground to put the technology in its appropriate place as a tool. This conference has focused on some of the very important issues about practice and information in support of practice.

I think Bill Dodd's paper provided a good start. He emphasised the sharing of information and in doing that was very clear about purposes: information collected for use, once and securely.

Keith Oswin then reinforced what he saw as the move for systems to support operational care. One thing I picked out from that presentation was that the acute sector certainly has a significant challenge. I believe we have about a quarter of the acute sites in the kind of position that Keith describes. They have, through investment over the previous ten years, put in place some significant building blocks. In Bill's diagram they are about to go into those top two or three levels of EPR. They can probably do it because they can be incremental about it and take fairly small steps and make the business cases.

I am not convinced how prepared we are to help the remaining 75% of acute sites. Those which have not made that investment over the last eight or ten years. Moving
that ground is a real challenge and we will need to address procurement processes, general business cases and become more adept at using the Private Finance Initiative.

I attended the International Classification of Nursing Practice presentation on hol. It was very useful, because it actually brought up another theme continued by Jeanette Murphy and others. I am very interested in the ICNP work and hope in the UK that we can make a real contribution in its evaluation and testing. But I have one worry about what I see as part of its origin, which I think is something that came out in Paula Procter's presentation. ICNP must focus on the needs of nursing practice and not dwell on professional justification. I believe it is moving on and that we can get a lot out of it.

This conference has emphasised the delivery of care and practice and challenged tribal boundaries between professions, and across organisations. Jos Aarts, helped by looking at the balance between the technological aspects and the organisational and human ones. Although it was great to see two companies stood together, I expect something different from every Mike Bainbridge presentation, so it was no surprise. He and Alison Young emphasised that we must not be constrained by either professional or organisational boundaries.

Paula Procter's points made a real connection between practice and information. I felt, it was not that there were things wrong with some of the models, of how we should be thinking about care within the process, but the awful mistakes that we made in assuming the old documentation supported that process. Then we computerised the documentation. I can say it because I was there, as a Regional Resource Management Nurse Co-ordinator.

Carol Coopers presentation will be helpful to home users. The Department of Health system does not, at the moment, allow me to connect to the Internet. I can go to the Library and do it. Her approach, the layman's guide, I found particularly valuable. The NHSnet still has some real problems, but they are solvable and they have got to be solved. Groups like the Nursing Specialist Group need to keep up the pressure for answers.

Security is a real issue and everybody has got to think very seriously about it. If we cannot get the right kind of linkage between our educational establishments and the NHS we are never going to achieve the ideal of education leading practice. John Besignano's presentation looked at a very practical application to directly support patients.

So as far as I'm concerned, I these are probably the best two days of papers I have heard at a BCS Nursing Specialist Group Conference for a very long time, and I've been to quite a few of them I have to admit.

National perspective

Just a few comments about the national perspective in networking: about updating and reinforcing some of the opportunities that are around. I first joined the British Computer Society of Nursing Specialist Group in 1983, in its fairly early days and had the number 17 on my membership card. First some background for those who were not around at that time. I strongly believe one of the reasons the Nursing Specialist Group of the British Computer Society (NSG) set itself up was because
there were a number of nurses who were very frustrated that their professional bodies were not doing anything around information. There had been quite a bit of lobbying. Even after the NSG was set up, some of its key people, such as Maureen Scholes and Claire Ashton, went to see colleagues at the Royal College of Nursing. They did not get very far. So the contribution of the NSG, over a long period of time, should not be underestimated.

Over the last two years, since the Nursing Professions Information Group was established, the ground in other areas has begun to move. NPIG involves the Royal College of Nursing (RCN), the Royal College of Midwives (RCM), the Health Visitors Association (HVA) and the British Computer Society's Nursing Specialist Group (NSG).

To me three things have begun to happen. The Strategic Advisory Group (SAGNIS) has handled some of the politics very well. It has worked at getting some things onto the NHS Executive's agenda. But it has been NPIG and related groups who have filled in the detail once things reached the agenda.

The Nursing Professions Information Group is making good headway. The Group tabled a paper at SAGNIS that picks up one of the conference themes. One that Nick Hardiker, and a few others, have been pushing for a while. It was about doing some of the basic record work and to stop looking at clinical systems, and the electronic patient record, as a repository of historical information. The professions want something done about information to support the delivery of practice and to make the links. That paper will get picked up at the December meeting and I'm sure will have an effect on the 1997 central agenda. So there is genuine influence.

There are two other ways in which this networking is beginning to make a significant headway. For the first time, within the three professional bodies at their various council levels their own members, from the Nursing Professions Information Group, are actually changing their bodies' views to this issue. Now the RCN, HVA and RCM are all starting to listen to their own membership about when information issues need to be plugged into their agenda. I think that is important.

The third area of progress relates to conferences. The NHS Information Management Group's Head of its Communications Programme has, for a long time, supported relevant conferences. Sometimes through sponsorship, but more often through exhibition stands. What is encouraging is that at the RCM conference the IMG stand was staffed by midwives from NPIG. A practical example of making the right connections.