BCS Nursing Specialist Group consultation response to

Liberating the NHS: An Information Revolution

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BCS Nursing Specialist Group response to the DH Information Revolution Consultation

Q1 What currently works well in terms of information for health and adult social care and what needs to change?

The information structure today has been developed through small 'tinkering' over many years of organisational changes and does not meet the information for health needs. Information tends to exist in isolated silos and information systems need to be re-defined through a comprehensive map of information flows rather than mechanisation of current information processes.

Information systems need to support the patient journey from before the first contact with a health professional (in terms of health promotion) through primary care, to acute care and back into primary and social care.

Q2 What do you think are the most important uses of information, and who are the most important users of it?

If examination was to be made of the major points of health contact for the public, patients and their carers, it would be clear that they are clinicians other than doctors. In the community, more consultations and appointments are taken by nurses than GPs. The role of the community nurse is increasing due to greater use of home care; in secondary health care the unique role of the nurse is to act as the information advocate of those in his/her care and yet information developments to date have chosen to ignore this vital role, leading to information not being recorded appropriately at the point of care.

Q3 Does the description of the information revolution capture all the important elements of the information system?

How the information is collected at the point of care needs to be addressed. There needs to be wider inclusion of clinicians other than doctors as they maintain the information advocate role and thus are key to the collection and recording of quality data/information. The system needs to be reviewed; merely replacing the current paper forms with a system that transcribes the same information through a computer screen is just mechanisation.

Q4 Given the current financial climate, how can the ambitions set out in this consultation - to make better use of information and technology to help drive better care and better outcomes - be delivered in the most effective and efficient way?

In order to deliver quality health care supported by information and communications technology we need to carry out an information mapping exercise for tomorrow's health and social care, not just transplant a current poor paper system onto technology.

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Q8 Please indicate any particular issues, including risks and safeguards, which may need to be taken into account in sharing records in the ways identified in the consultation document.

Sometimes we use competition as a constrainer whereas it should be an enabler. The NHS is unlikely to retain the monopoly over health care provision as care moves further into the community. The whole of the risks and safeguarding section assumes no change to the current monopoly position, though it should. Additionally, it is important to not only consult the Royal Colleges, but also the nursing community. In this respect it must be noted that the Royal College of Nursing and the Royal College of Midwives are not the standard-setting organisations for nursing and midwifery, nor do they determine curriculum or disciplinary matters.

Q15 What additional information about outcomes would be helpful for you?

We fully support the transparency brought about through publishing outcome information. This needs to be delivered through a variety of digital media including the television along with some essential guide(s) as to how interpret the information.

Q18 What are your views on the approach being taken and the criteria being used to review central data collections?

We fully support the notion of reviewing central data collections and in essence can see no difficulty with the approach being taken. However, once we get into the realms of central data collections, data may lose the local significance and any aggregation will affect the information collections.

As stated earlier, information needs to be collected at the point of contact/care and yet there seem to be concerns around collecting data from individual health care records. These concerns need to be overcome as, otherwise, there is the risk of duplication of records to meet the information outcome requirements - a significant cost factor that can be avoided if appropriate information systems are implemented and accessed.

Q24 How can health and care organisations develop an information culture and capabilities so that staff at all levels and of all disciplines recognise their personal responsibility for data?

The importance of information needs to be included in pre-registration education for health care professionals. To date this has not been done very effectively.  

Q25 As a clinician or care professional, how easy is it for you to find the evidence you need to offer the best possible care and advice? What could be done better?

A two-pronged approach may work well. Education is essential, and pre-registration should include this as an essential element of programmes, with which to bring qualified staff up-to-date where

necessary. Coupled with this should be an exploration of ways of making access to information as efficient as possible.4

Q26 Clinicians, practitioners, care professionals, managers and other service provider staff will be expected to record more data and evidence electronically. How can this be facilitated and encouraged? What will be the benefits for staff and what would encourage staff to reap these benefits?

If someone finds value in a role or task, then there is a greater likelihood of the person completing the task. Mechanised transcription of paper forms and documents to a computer screen will not have high value.

Directed education in information and its management needs to be included in pre-registration and preparatory courses, along with updates for current health and social care workers.

Q27 What are the key priorities for the development of professional information management capacity and capability to enable the information revolution?

The development of information knowledge ontology, information wisdom and a realisation that IT and bio technology are constantly moving forward.