

## Review

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Given the confusion and general furore surrounding the National Programme for IT (NPfIT) the decision to produce a Special Edition of JIT in 2007 was both worthwhile and timely. The Special Issue section of the journal comprises seven papers plus an editorial devoted principally to the National Programme. These papers, taken together, provide an overview of the National Programme as a whole, its scope, organization, and huge budget.

In brief, NPfIT comprises four central elements: electronic transfer of prescriptions, an electronic appointment booking system, a care record system and electronic digital image transfer. These are to be supported by a nation-wide IT network and infrastructure. The project was scheduled to take 10 years at a cost of \$6.2 billion. It is the world's largest civil IT programme.

For readers not especially familiar with the NPfIT, probably the easiest place to start is with the paper by Currie and Guah (Conflicting institutional logics: a national programme for IT in the organisational field of healthcare: pp 235-247). Because of the author's institutional approach, and with the aid of several very helpful diagrams, the structural characteristics of the Programme are immediately apparent, that is the large and small institutional players, their motivations, roles and relationships one to the other, as well as the scale and shape of the sub-programmes. The paper also clarifies the different institutional logics at work and from these begins to explain just why the Programme is so contentious and complicated. A critique of the Currie and Guah paper by Mark follows (Modernising healthcare - is the NPfIT fit for purpose?: 248-256). The paper also points to its own conclusion, namely that the interests of the patient in the healthcare system are being "outweighed" by those of the professionals and institutions, and that this is reinforced by the NPfIT, in particular the "the objectified disembodiment rather than the embodied subjectivity of patient experience"(p255). A feeling I can testify to personally.

Two papers draw explicitly on socio-technical theory for their analyses. Clegg and Shepherd (The biggest computer programme in the world ... ever! : time for a change in mindset: pp 212-221) review some of the hard won socio-technical lessons already learned on large-scale projects, and identify reasons why large projects might be even harder in the NHS. They conclude that nothing less than a new mindset is required. In support they have drawn up a list of searching questions for senior managers to answer when embarking on ambitious projects, coupled with ideas for a new set of performance metrics to reflect the broader socio-technical view. As they correctly remark "People and managers are often strongly driven in their behaviours and priorities by the metrics that are used to evaluate and manage them" (p219)

Eason (Local sociotechnical system development in the NHS National Programme for Information Technology: pp257-264) considers the possibilities for the design of social and technical systems in their local context, based on the fundamental sociotechnical principle of "simultaneous exploration and design of both the technical and social sub-systems" (p257). His conclusion is not comforting. "... there are some features of the National Programme that create the potential for local design and many that do not." (p263)

Hard on their heels, from a sociotechnical viewpoint, is Brian Randell's paper (A computer scientists' reactions to NPfIT: pp 222-234). Although not claiming a sociotechnical position, or any theoretical position as such - the paper is positioned as a personal view - the analysis and conclusions embody both experience and common-sense. The dangers of centralisation for safety

and privacy, the advantages of evolutionary acquisition for both user confidence and acceptability and the benefits of “constructive review” (p222) are easily supportable by those of a sociotechnical turn of mind. As is the conclusion that “...one can (with difficulty) achieve any two of (a) high security, (b) sophisticated functionality, and (c) great scale - but achieving all three is currently (and may well remain) beyond the state of the art.”

Cordella (E-government: towards the e-bureaucratic form?: pp265-274) challenges the fundamental premises on which transformative government is based. Cordella suggests instead an explicitly bureaucratic form.

On a more positive note, Sean Brennan’s paper (The biggest computer programme in the world ever!: pp 202-221) attempts an unbiased view in the face of extreme and not always knowledgeable criticism of the BPfIT. As he remarks “Jumping on a critical bandwagon for the sake of it is not helpful.” (p211). Carefully analysing different aspects of the Programme, Brennan does find good things: more sophisticated procurement practices, growing support amongst clinicians and the fundamental support which the programme will provide for a changing model of patient care. The Introduction by Sauer and Willcocks (Unreasonable expectations - NHS IT, Greek choruses and the games institutions play around mega-programmes: pp 195-201) also forcefully points out that some of the difficulties of the NPfIT are in fact common to all mega-programmes which “... never go to plan or achieve what they originally promise” (p200). Expectations are simply too high. “... it is too easy to engage in games of deception of both self and others”(p199) as to the value of a project, and many of the parties are complicit in this deception. As they percipiently remark “It is time for game playing to end and mature interaction to begin”(p199). Quite.

Overall the issue is well worth reading. Both for its insights into the National Programme itself and for a clear impression of the role that a sociotechnical approach might have played - but didn’t really.

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