Comments

By the time this newsletter arrives on your desk the BCS_ASSIST annual conference - which for the second year is part of the health informatics congress (HC2011) - will be underway, if not over. I hope the content, on personal and professional development, was useful to you. The autumn conference, which will be in October at the time of our AGM, will examine the impact and implementation of the national information strategy.

In 2010 at our conference we debated “Information governance kills patients”. We know that it kills patience but the conclusion of the debate was that it can also kill patients. It can be a tedious subject for many - an impediment that can inhibit improvements in the delivery of health care, where the debates can appear esoteric and endless. Yet it does affect us all.

I might be less tolerant than most people (I am told it goes with my age!) but I find cold calling extremely annoying. I have done my bit to reduce the number of these calls by registering with the telephone preference service (TPS) but I continue to be interrupted. When I ask if the caller has heard of the TPS I get an apology and the line goes dead, but by that time I have been interrupted. There also appears to be a growing tendency for UK companies to outsource their cold calling overseas as a means to circumvent the TPS. It might be that the companies just sound British and have a London office.

I have recently changed my ISP and with the service came an email address. It is an address I do not regularly use and check infrequently. I have though had an email confirming a booking, one from a financier in the Channel Islands, one from a woman thanking me for arranging an event and several from a distant firm of solicitors. They were all probably simple mistakes, like many I have seen over the years in the health service but in the NHS the consequences can be much more serious.

How do we inculcate a sense that this matters and is not merely a bureaucratic burden that has to be endured? With difficulty, going by the experience of Sheila Hill.

Privacy is an issue that will not go away. We are more aware of it and become irritated when our privacy is compromised. Secondly, more information about us will have to be shared to deliver integrated health and social care. Such sharing will be good for us. However, if the trust we have in the NHS is abused, or the information is used inappropriately, integrated care will be jeopardised.

Perhaps we need a professional informatics model with formal registration. Such an approach might work for those who have some specific knowledge and embrace a leadership role. The delivery of care will be dependent on many lowly paid people for the foreseeable future. On the job training with regular refresher training could be the only way to ensure there is a reasonable chance of maintaining confidentiality. One challenge will be to make the refresher training interesting so that those being trained engage with it rather than regard it as a tick-box ritual in which they are compelled to partake.

John Leach

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The articles in this newsletter are attributed to authors. Where no attribution is shown, they were drafted by the editor, often using notes and material supplied by other members.
Agency Workers Regulations (AWR) – in brief

Legislation introducing the AWR is due to come into force on 1st October 2011. This may affect your business and recruitment practices.

At this point there is no immediate action that you need to take and also no major cause for concern regarding timescales. It is however important that you understand the issues and consider how best to make sure your organisation will be compliant.

The final guidance from the government is not yet available; this is due in March or April 2011. Once available this will give final clarity to the “grey” areas that exist within the legislation.

What is AWR?

The Agency Workers Directive is a piece of European legislation which became law on 5th December 2008. All EU member states have 3 years from that date to implement the Directive via their own national legislation. The Regulations will give agency workers the right to the same basic working and employment conditions they would receive if they were engaged directly to do the same job; this is limited to conditions that relate to pay and working time, if and when the worker completes a “Qualifying Period” of 12 weeks in a particular job. Agency workers will also be entitled to access on-site facilities provided by an organisation to its own workers and to be advised of vacancies which arise in the business from the start of their assignment.

Will agency workers be entitled to the same rights and benefits of employees?

The new regulations will not change the employment status of agency workers who will still not have the rights to claim unfair dismissal, redundancy pay or maternity leave. Nor will agency workers be entitled to the benefits such as occupational sick pay, company pension schemes, financial participation schemes and bonus payments based upon organisational or company performance. These are considered a reflection of the long term relationship between an employee and an employer. Agency workers will therefore remain a flexible labour resource for hirers.

What will the agency worker be entitled to after the 12 week qualifying period?

Agency workers will be entitled to the same basic pay and working conditions. This includes the basic hourly rate and any additional entitlements that are linked to the work done by the agency worker during an assignment. It will include the same overtime and shift allowances, unsocial hours premiums, payments for difficult or dangerous duties and lunch vouchers. Bonuses which are directly attributable to the quality and quantity of work done by an agency worker will also be included. Agency workers will also be entitled to the same rest breaks and annual leave allowance.

There are some benefits which agency workers will be entitled to from day one of an assignment. Firstly, you will need to ensure that agency workers are made aware of vacancies that arise in your organisation. Secondly, agency workers will also be entitled to access a number of collective facilities including crèche and childcare facilities, canteen facilities and the provision of transport services but access to these can be refused if there are ‘objective grounds’ for doing so. ‘Amenities’ e.g. subsidised gym membership, season ticket loans and childcare vouchers are out of scope.

Can we circumvent the Directive by employing temporary workers directly?

Unlike workers employed directly, agency workers do not have rights to claim unfair dismissal, request maternity or paternity leave or claim redundancy pay. This makes them a flexible resource for employers to meet unexpected peaks in demand and cover for absences. Employing workers directly, even on zero hour contracts, means workers may qualify for those additional rights. The regulations will not change the employment status of agency workers who will continue to be a more flexible resource than permanent workers employed directly.

What does it mean for you as a hiring manager?

There is much written on this subject on the web site www.bis.gov.uk of the Department for Business, Innovation and Skills. www.bis.gov.uk/policies/employment-matters/strategies/awd is the full reference, though it is available from the home page or using a search engine.

However, Max20 are taking a proactive approach to these regulatory changes and would be happy to visit you and discuss the implications for you and your organisation. Max20 will be running a series of seminars to cover detailed implementation strategies and Q and A sessions.

For further details or an informal chat about the Regulations please contact:-

Jenny Nugent on 0161 941 5026 or e-mail jenny@max20.com
Who’d be a SIRO?

How did it happen?

A discussion around the executive table regarding the latest national requirement for a named individual to fulfil yet another ‘must have’ role of Senior Information Risk Owner (SIRO) led to me being unanimously recommended for appointment by my colleagues. Some might say I am too slow at diverting eye contact to the floor! So there it was I was it, what did ‘it’ involve?

Some three years down the line, I’m still discovering how to wear my infamous ‘SIRO’ cap. Renowned for comments starting ‘with my SIRO hat on …’ my colleagues are often heard to groan. But I am now much more aware of information security – often to the embarrassment of friends and family who have casually walked away as I’ve challenged hotel reception staff on what exactly they want a photocopy of my passport for, what are they going to do with it and where will it be stored in the event I do allow them to copy it!

On occasion I have been viewed by clinical colleagues as a ‘job’s worth’, for my questions about when it is OK and not OK to take photographs of patients (or parts thereof) on a mobile device. My enthusiasm for everyone to complete the on-line Information Governance (IG) training modules is not shared, would you believe, throughout the trust. I have the pleasure of chairing the IG committee and the Data Quality group, both viewed by most who attend as necessary evils. There we cover all the policies required to support the IG agenda, IG incidents, risks, action plans and so on … not what many would describe as positively stimulating briefs! So why when we have what are deemed to be appropriate controls and procedures in place do we still have occasions when emails go to the wrong recipient, letters are delivered to the wrong address and faxes sent to the wrong numbers, to list but a few examples?

My response is simple: it has always happened and probably always will. What has changed is we are more aware and rightly less tolerant of it. Humans are what we are; we get it wrong on occasions, sometimes because of a genuine mistake, sometimes because we don’t know better, sometimes because we think we know best and sometimes because we simply just don’t think. Rarely, though, in my experience is it through malicious intent.

The challenge as SIRO is to accept that mistakes can and will happen, and work with colleagues to try to minimise the risks. Technology can help but its not infallible, for example encryption software can significantly reduce the risks but it does not remove them completely. Staff can be trained, and of course we have now got the on-line tool to help – but individuals learn in different ways, and then there’s the old chestnut of you can lead a horse to water … but how do you make it drink, so it fully understands and will remember and enact the learning?

IG incidents and risks should be included within every organisation’s over-arching risk and governance arrangements, and yet when we have an incident we must score it differently to the way we were used to internally, as we have separate national guidance on how to score IG incidents and classify them as SUI’s (serious untoward incidents). We have a more powerful Information Commissioner with the ability to levy fines on organisations for non-compliance or breaches.

So venturing into the new world of the information revolution where information is to be shared more easily and yet securely. How will this work? How does it balance with the national pseudonymisation solution and the dissolution of national IT systems? More will come on this I’m sure as the national information strategy unfolds. In the meantime I’m readying myself for more to come. The reality is the IG and security agenda is here to stay, which for me means the annual SIRO report to the Board of Directors, the assurance statement in the annual report, the annual submission of the IG Toolkit, the privacy impact assessments, risk assessments, information asset registers, information flows, mandatory training for all staff, political and media interest, increasing public awareness; oh and don’t forget, the rest of the day job!!

My advice to all those current or potential SIRO’s out there – give the IG agenda your respect, time and commitment - or failing that maintain strict eye contact with the floor when your CEO asks who will do the job. Get a good team around you, who know more than you but also understand the business … and don’t forget your on-line annual training to prove you’re qualified to do the job!

Sheila Hill
Director of Performance & Service Improvement Walton Centre NHS Foundation Trust Liverpool
Lesley Cooke interviews Phil Paterson in an occasional series for ASSIST.

Lesley: Many readers of this newsletter will have come across Phil as he is just about to retire following a 43 year career in Health Informatics. Most recently Phil has been the events coordinator for the North West ASSIST branch and for the National Council. If you have been to an ASSIST event in the last few years there is a really good chance that Phil has played a key part in making it happen. He has also built excellent relations with sponsors and made an important contribution to funding these events.

In recognition of Phil’s outstanding contribution he was awarded lifetime membership of ASSIST at the National AGM last year.

Throughout the interview, you will notice that Phil uses this opportunity to pass on lessons from his vast experience from which we can all benefit.

Lesley: Did you study for a degree?

Phil: Yes I did physics and oceanography at Liverpool University in the 60s, the era of the Beatles and Shankly. I was awarded a 2:2 probably because I was spending a lot of time playing football, singing (a group of us still play guitars together) and drinking. How I ended up in computing beats me because I didn’t even attend the optional computer course as it was held on Wednesday afternoons, which as everyone knows, is for playing sport and socialising!

Lesley: What was your first job?

Phil: I seemed to have a choice of going to Antarctica, becoming a civil servant or joining the computer industry and I noticed that computing seemed to pay 50% more. I got two job offers: ICT and English Electric. The ICT job was based in the North West and the English Electric job was based in London, which would make my social life and football difficult, but the English Electric job was more systems analysis than programming, and it paid more so I took that. Having completed the graduate training programme and been assigned to the public sector division I found myself as a systems analyst and onsite project consultant at Sheffield Regional Hospital Board helping to get their first computer installation up and running for payroll and creditors in the finance department. Ironically, these two companies merged and became ICL, which is how I ended up working for them.

Then I was sent all over the country: back to London (twice), Stoke (where I was in the inpatient team on the experimental hospital computer project that gave rise to IRC PAS), and then Harrogate, where the Leeds Regional Hospital Board was procuring and installing a big “1900” mainframe upgrade. So by now I am well established in health especially in the North and the Midlands.

Phil’s top career tip: Be prepared to venture into the unknown if your employer offers you a good opportunity; they wouldn’t offer it if they didn’t think you could do it and they are unlikely to leave you completely unsupported to ruin the company/organisation by getting it all wrong.

Lesley: So you found yourself in health by chance?

Phil: Yes. It was never a vocation and I never wanted to be the best techie but I did want to use systems analysis to help people exploit what computers can do. Over the years that led me into a mix of customer support, applications development, project management and eventually into marketing.

Phil’s top career tip: It seems to be that if you don’t know exactly what you want to do, make your choices based on your values and your guiding principles and everything will probably work out OK. If it doesn’t work out do something: agitate, get moved and end up back on your track.

Lesley: What motivates you to come to work?

Phil: To earn a living but I also wanted to do something that I could be good at and that I would enjoy. That’s why I turned down a job as a factory manager – I knew I would hate that.

Phil’s top career tip: To be successful you do have to be happy and content. So do your homework carefully and check out all the options. But you do sometimes have to put yourself out, you need to work hard and travel around to get different experience.

Continues on page 5
Lesley: Are you happy with where you are now and what you have achieved in your 43 year career?

Phil: Yes I have had a very varied career and learnt lots of things that have been useful in work and in life, for example project management has been a thread right throughout my career and I use some of those organising skills now when arranging ASSIST events.

I went all over the world with ICL Health International Division. I’ve been to Spain, Madrid three times, Berlin, Belgrade, Brussels, Gent, Dublin and New Zealand: a curious mix of enjoyable and terrifying experiences.

You asked me if I was happy with where I am now – well yes because I played football last week!

Phil’s top career tip: Keep going – it’s surprising what you can achieve if you try.

Lesley: What twists and turns led to you becoming the Events co-ordinator for ASSIST north west?

Phil: In 1996 the ICL Heath business was sold to Siemens and in 1998 the NHS decided not to fund further development of the ICL OPEN PAS so some of the ex-ICL staff were made redundant, including me. I looked on this as an opportunity and was happy to take my chances out in the health computing industry. I set myself a six month limit to find my next role and started with B-Plan just six months and one day after taking redundancy. I agreed to take a considerably lower remuneration package than I had been used to because I was joining a small new company that I expected to help grow to be bigger and consequently reward me as well – which it did.

Phil’s top career tip: Sometimes you need to make sacrifices now, offset against plans for gains in the future, and use your skills to grow a long term idea or project.

Working at B-Plan I met up again with Vic Peel, whom I had known earlier in my career, who introduced me to ASSIST. Working at B-Plan was quite a culture shock. I had come from two really big companies to a very small organisation where if you wanted something doing you just had to do it yourself. I suppose I enjoyed 80% of the time but 20% was very stressful so I decided to work with B-Plan for 5 years and then do something else before I got too old. I took a three month break to rest and recharge and then set up my own business in January 2004. I called it Phil Paterson Marketing and did what I knew which was marketing consultancy, exhibitions, conferences, events management and writing publicity and press materials for a small number of clients.

At that time Vic Peel was the event co-ordinator for ASSIST North West and was about to retire to his house in France. He introduced me to the committee who agreed to take me on and the rest as they say is history!

Phil’s top career tip: Stay in the business that you know best and use all the connections that you have made throughout your career. That’s why it is so important to act professionally at all times and to be polite and not to make enemies as you never know who you will bump into again in the future.

Lesley: So here we are Phil with you retiring after 43 years service to Health Informatics. Where would you like to be in 5 years time?

Phil: Alive!

Lesley: I sincerely hope you will be and knowing you I am sure you will be as busy as ever playing in the band, organising something or other and playing football. Thank you very much for sharing your career history with us and may I wish you, on behalf of all ASSIST members, a very long, healthy and happy retirement.

Lesley Cooke and Phil Paterson on an ASSIST exhibition stand in November 2009.
Informatics Professional Development

For those with long memories, the term “Informatics” was first used in connection with NHS Information Management and Technology (IM&T) policy by Frank Burns, circa 1997, and yet it still appears to be a concept that many outside the profession struggle to understand. The definition most commonly used is:

Health Informatics comprises the knowledge, skills and tools which enable information to be collected, managed, used and shared safely to support the delivery of healthcare and promote health.

And the sorts of jobs you could expect to find under an informatics umbrella include:

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<tr>
<th>Director of Informatics</th>
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<td>Information Manager</td>
<td>Manager</td>
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<td>Head of IT</td>
<td>Security and Confidentiality</td>
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<td>Network Manager</td>
<td>Manager</td>
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<td>Business Analyst</td>
<td>Performance Analyst</td>
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<td>Coding Manager</td>
<td>Informatics Project Manager</td>
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<tr>
<td>Data input clerk</td>
<td>Knowledge Manager</td>
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<tr>
<td>Service Desk Support</td>
<td>Clinical Informatican</td>
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In other words – it covers a large, complex and increasingly important group of staff. Amongst this group, there will be roles (such as Network Manager) that may differ little between, for example, a hospital trust and any organisation in the private sector. However, there will also be roles that will only be found in a health setting; hence it is difficult if not impossible to make generalisations about such a heterogeneous group of people. Similarly the education, qualifications and training will differ and routes of entry into the world of Health Informatics are many and varied. It is easy to forget that health informaticians also work in the private healthcare sector, supplier community and academic institutions where training is developed and delivered.

Despite that difficulty, two organisations work directly with this complex group on matters of professional development – BCS ASSIST and the United Kingdom Council for Health Informatics Professions (UKCHIP). ASSIST has existed since c1993 and has recently fully integrated with and become a member group of BCS Health. UKCHIP has existed since c2003 and remains an independent organisation whilst working closely with BCS ASSIST.

I have been amazed over the last few years, and particularly the last 12 months, when I have been fortunate to talk to a range of people from current informatics staff, senior civil servants, Chief Information Officers and Directors of Informatics, that confusion between the roles of BCS ASSIST and UKCHIP still persist. Despite neither organisation having a large marketing budget to get key messages out into the relevant domain, the differences are summarised below:

BCS ASSIST is a membership organisation – you pay your money and you join the professional association for those working in and for informatics in health and social care. Its objective is to develop professionalism and professional standards, and to work with other bodies including the Government to provide a voice for informatics professionals. ASSIST’s strengths are its longevity and experience, delivery of relevant local and national events, regular publications, opportunities to respond to national consultations plus the brilliant informal networking opportunities presented by its active branch structure. Being part of BCS Health also bring other benefits such as free access to BCS events and discounted rates for other levels of BCS membership.

UKCHIP is the registration body for those working in Health Informatics, whether for the National Health Service, the private health care sector or commercial suppliers to the health market. As a registration body, you cannot simply pay the fee and join, you have to complete a very straight forward registration document (available on-line) which provides evidence of your expertise and experience and demonstrates your fitness to practice. This application is independently assessed by specially trained and experienced senior practitioners in Health Informatics. Your name is then included on a public register, maintained by UKCHIP, and in registering, you sign-up to a professional Code of Conduct and a structured Continuing Professional Development (CPD) plan. Registration with UKCHIP demonstrates your commitment to CPD and professionalism, as well as demonstrating to your employer and, increasingly importantly, the public, that you are a professional abiding by a Code of Conduct.

The UKCHIP vision is that health informatics is recognised as a valued profession in both the public and private health care sectors throughout the United Kingdom and that all people in the UK who spend a substantial proportion of their role working in health informatics will be registered with UKCHIP, and thereby certified as professionals who meet defined standards of professional conduct and competence.

It is a vision with which it is hard to disagree and yet UKCHIP has struggled to achieve high-level endorsement for this vision, which tends to beg the question – why? There is a robust business case to support this vision, but unless swathes of people working in informatics decide to register in the very near future, then UKCHIP will need pump-priming funds to become autonomous and to sustain and develop professionalism within the NHS, social care and the private sector.

Without explicit endorsement from senior figures in the NHS, UKCHIP registration will remain a personal commitment and act of faith. Until professional registration is recognised by employers, the public and the top-level decision makers in the NHS as absolutely necessary, many people working in informatics will see little benefit in registration and there will be no national approach to professional informatics standards and conduct in the UK. As an informatics professional and an NHS patient, we all have a role to play in changing this situation for the benefit of ourselves and the public.

Tony Eardley
Chair - UKCHIP
Are prescribing habits influenced by information/communication??

An article in the Public Library of Science (PLoS) Medicine journal entitled, “Information from Pharmaceutical Companies and the Quality, Quantity, and Cost of Physicians’ Prescribing: A Systematic Review” explored the relationship between pharmaceutical companies making information available to medics and their prescribing habits. This is available at [http://www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.1000352](http://www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.1000352)

The conclusions of this study might carry across to health informaticians, with the pharmaceutical companies being replaced by technology companies. This is not to say anything is amiss but there are risks that we should explicitly acknowledge and manage.

**Summary of article**

In 2009, 3.9 billion drug prescriptions were dispensed in the US alone and US pharmaceutical companies made US$300 billion in sales revenue. Every year, a large proportion of this revenue is spent on drug promotion. In 2004, for example, a quarter of US drug revenue was spent on pharmaceutical promotion. The pharmaceutical industry claims that drug promotion helps to inform and educate healthcare professionals about the risks and benefits of their products and thereby ensures that patients receive the best possible care. Doctors, however, hold a wide range of views about this activity. Meanwhile, several professional organisations have called for tighter control of promotional activities because of fears that pharmaceutical promotion might encourage doctors to prescribe inappropriate or needlessly expensive drugs.

The study asked if there was any evidence that pharmaceutical promotion adversely influences prescribing. In this study the researchers undertook a systematic review to examine the relationship between exposure to information from pharmaceutical companies and the quality, quantity, and cost of physicians’ prescribing.

They searched the literature for studies of doctors who were exposed to promotional and other information from pharmaceutical companies. They identified 58 studies that included a measure of exposure to any type of information directly provided by pharmaceutical companies and a measure of physicians’ prescribing behaviour. All but one of these studies suggested that exposure to drug company information was associated with lower prescribing quality or no association was detected. In the 51 studies that examined the relationship between exposure to drug company information and prescribing frequency, exposure to information was associated with more frequent prescribing or no association was detected. Thus, for example, 17 out of 29 studies of the effect of pharmaceutical sales representatives’ visits found an association between visits and increased prescribing; none found an association with less frequent prescribing. Finally, eight studies examined the relationship between exposure to pharmaceutical company information and prescribing costs. With one exception, these studies indicated that exposure to information was associated with a higher cost of prescribing or no association was detected. One study found that doctors with low prescribing costs were more likely to have rarely or never read promotional mail or journal advertisements from pharmaceutical companies than doctors with high prescribing costs.

With rare exceptions, these findings suggest that exposure to pharmaceutical company information is associated with either no effect on doctors’ prescribing behaviour or with adverse affects. As most of the studies included in the review were observational studies—the doctors in the studies were not randomly selected to receive or not receive drug company information—it is not possible to conclude that exposure to information actually causes any changes in doctor behaviour. Although these findings provide no evidence for any net improvement in prescribing after exposure to pharmaceutical company information, the researchers note that it would be wrong to conclude that improvements do not sometimes happen. The findings support the case for reforms to reduce the negative influence on prescribing from pharmaceutical promotion.

**What does this mean for Health Informatics?**

Suppliers of goods and services will always seek to influence potential purchasers to buy their products. Those of us in the health informatics profession are susceptible to the same human frailties as everyone else. We need to be aware of this and act appropriately. Many of the goods and services we buy are subject to formal tendering arrangements, as they are infrequent large purchases rather than frequent relatively small purchases. Procurement law and Governance help maintain transparent integrity on all sides.

The NHS is delivered by public, private and third sector bodies. Similarly, ASSIST has national partners who share our aims to improve the delivery of health care through the application of health informatics. When they support ASSIST to run events they gain exposure; that is everyone at the event knows which partners are helping. They also gain knowledge of the latest thinking which provides them with an insight of how they should develop their products so they are more useful to the delivery of health care. Many members of ASSIST work for suppliers, and others have worked both in the NHS and private sector and continue to oscillate between the two. The benefits of these arrangements for members of ASSIST is enhanced CPD.

National Council believes it has got the balance right with its relationships, both maintaining ASSIST’s independence and public service values, and working constructively and pro-actively with private sector organisations who share our values and goals of making the best possible use of informatics to improve NHS. National Council is grateful to those members who have suggested how these relationships can be improved further and it welcomes feedback.

*John Leach*
The development of an Informatics Skills Development Programme in the North West.

I have been chair of the ASSIST North West branch for many years and have been working to establish a formal programme of Health Informatics Workforce development. I was prompted to this action by observing the well resourced and structured development that exists for finance staff in the region. “It’s not fair” seemed to come from my lips more often than when I was a child.

Health informatics staff in the North West, and elsewhere, achieve their own continuous professional development in a wide variety of ways ranging from academic doctorate, masters and first degree courses, specific supplier courses, learning at “Nellie’s” elbow, informal learning at ASSIST events, formal training delivered by INFFocus, and Trust based training.

Although it is acknowledged that health informatics is a very young “profession” it is frustrating that there is no formal structure, standards or support for staff in the way that there is for finance staff development. This is illustrated by the different ages of the national membership organisations that support both staff groups (finance and informatics) as Healthcare Financial Management Association (HFMA) celebrates it’s 60th birthday this year and ASSIST is still less than 20 years old. This lack of a formal structure or framework allows patchy development of health informatics staff across the North West.

During 2009 and early 2010 a series of informal meetings took place to explore potential solutions to this problem. Many of these meetings were in the bar at the HFMA / ASSIST conference in Blackpool.

In due course, a proposal to develop a health informatics workforce development programme was presented to NHS North West. Mark Ogden, Director of Finance and Debbie Bywater, Deputy CIO have been very supportive and the proposal was approved by the North West NPHT Board in July 2010. Since then the following key activities have been achieved:-

- A North West Health Informatics Workforce Development Board has been constituted to oversee and govern the development of the Programme. This comprises directors of finance plus directors and associate directors of IM&T. It is chaired by Mark Ogden and I am a member representing ASSIST. We have now met twice and there is considerable enthusiasm for the project.
- A business case is being developed which will identify potential options for delivery of such a programme together with associated funding models.
- A baseline census of the health informatics workforce across the North West is being collected. At the moment I could not say how many health informatics staff are employed in the North West.
- Once the Board has decided on a suitable delivery model, the real work will begin in identifying a set of learning and development opportunities which will meet the needs of the current priorities and challenges. The intention is to fill major gaps where there is no current development being offered. This might include providing skills development for staff to cope in a more commercial environment, for example.
- We are also working with the Department of Health to ensure that any national programmes of work can be applied in the North West, for example, the Careers Framework for Health Informatics staff.

I am very grateful to all who have contributed to this project and I am confident that we will be able to design a sustainable model for Health Informatics workforce development in the North West. The model will be of interest to other ASSIST branches and other regions and I would be very happy to discuss in more detail if required.

Lesley Cooke
Chair ASSIST North West
February 2010

Measuring the Health of the Public

The United States spends more money on health care than any other country in the world, but life expectancy in the United States ranks 49th among all countries, and infant mortality rates are higher in the United States than in many less affluent countries. A report, published in September 2010, argues that America’s relatively poor measures of population health stems, in part, from inadequacies in the country’s system for gathering, analysing and communicating health information that focuses not just on clinical care but on the underlying factors that contribute to poor health, such as behaviour, lifestyle and social determinants. For more details see http://www.rwjf.org/pr/product.jsp?id=71551.