Advisory structures on information

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Summary A description of the current structure for providing advice on clinical information issues in England.

European colleagues find the structure of government in the UK and the location of responsibility for health something of a puzzle. So do many in the UK. The introduction of information technology has also been complex with pilot projects scattered across the various health services. This article offers an introduction to some of the formal routes for advice and influence.

Health care organisations have been slower to introduce information systems than commercial ones like banks and supermarkets. Financial systems have been in use for some years within hospitals and community units. There has been less success with clinical information systems.

Over the last few years external bodies have emphasised the need to achieve the best value for money for patients and the public. Their views have influenced the health services in the UK. The Audit Commission, with its national projects followed by local audits to apply the findings, has examined several information and communication issues, including nursing systems. The National Audit Office has reported on the way the government departments, in England, Wales and Scotland implemented government policies (Northern Ireland has its own Audit Office). Its memoranda and published reports are considered by the Public Accounts Committee in Parliament. In the last three years it has been particularly critical of some of the major information technology projects in England such as Hospital Information Systems. The pressure has been to provide more clinical benefit from major investments.

Northern Ireland, Scotland and Wales include health within their national structures. The Minister of State for each country has to provide designated services from an allocated budget. Each country has its own central health team, including chief officers for the main health care professions. Each country devises national strategies including those for healthcare and for information. Each country has moved at its own pace, particularly in the introduction of the purchaser and provider roles.

With the Parliament in London the English structure seems to get greater attention, particularly from the national press. The 'National Health Service' tends to get used as an umbrella term to include all health services in the UK when, strictly speaking, it refers only to England. The NHS Executive's Information Management Group has taken the lead in developing the infrastructure which the other three countries have
observed and learnt from its successes and failures. They then plan their own structures. Observers from the other countries are often invited to attend meetings in England in order to keep in touch with developments.

Advisory structures for health information issues have developed to help the Chief Nursing Officer (CNO) and the Chief Medical Officer (CMO) for England to provide policy advice to ministers. In the last two years these structures have been developed to ensure a greater emphasis on clinical systems. The large multi-disciplinary Clinical Systems Group was convened in October 1996. It is jointly chaired by the CNO and CMO.

The CNO also chairs the well established Strategic Advisory Group on Nursing Information Systems (SAGNIS). The Group has distributed its strategy for the nursing professions and commissioned several pieces of work to explore relevant information issues in greater depth. Resulting publications include 'Sources of Reference Relating to the Use of Informatics by the Nursing Profession' and 'Strategic Guidance on the Effective Use of Information to Support the Management and Delivery of Nursing and Midwifery Care'.

Clinical advice

Three groupings of clinical staff have been established over the last two years and send representatives to the Clinical Systems Group. The Nursing Professions Information Group (NPIG) will be familiar to readers of ITIN as the NSG representatives use its columns to keep members in touch with developments. The Clinical Professions Information Advisory Group and the Medical Information Group represent their own complex constituencies. See figure 1.

![Diagram](image)  

Figure 1. Outline advisory structure on clinical information to the Department of Health in England
These groups are asked to nominate representatives to NHS Executive IMG infrastructure Programme and Policy Boards to ensure clinical views are represented. As the professional organisations cover the UK the representatives may come from any of the four countries. They speak for their profession, rather than from a national perspective. It is tacitly recognised that developments in England may be adopted or adapted for later use elsewhere.

**Professional organisations**

In parallel with the government advisory developments the major professional organisations have been developing their own internal networks to bring together those with an interest in information management and the application of information technology to health care. This allows them to feed in views through their membership of the three Advisory Groups. On NPIG each of the four organisations has three representatives and one deputy.

In the last year the Health Visitors Association set up a Special Interest Group in Information. Presentations on information issues at its national conference have been well attended and the SIG's membership has grown steadily. In January the HVA changed its name to the Community Practitioner and Health Visitors Association.

Initially the Royal College of Midwives set up an Ad Hoe Group on Information and recently this has been recognised by its Council as a formal information group. It brings together officers and members to discuss the development of information for midwifery and related issues such as patient privacy.

The Royal College of Nursing has a part-time nurse adviser post covering information in nursing and another part-time post working on international information issues. Members of the College have the IN Group (Information in Nursing Group) to bring together those with an interest in information. This is one of four general groups, along with ethics, research and the history of nursing. There are over ninety specialist professional groups and RCN members can belong to several at once. Groups plan an annual programme of work and may publish newsletters and hold conferences. In addition the RCN Council has several standing committees to advise it. The RCN Research Committee has established a sub-group to explore information issues. A workshop in November resulted in a detailed report to the Research Committee and the adoption of an action plan.

The NSG asked some of the leaders of its Focus Groups to act as its representatives at NPIG. This was to ensure that there would be well defined networks of members with a shared clinical interest to support their work and provide a pool of potential nominees to IMG Boards and Projects.

Membership of the BCS Nursing Specialist Group allows those who are members of professional organisations to enjoy a further forum, particularly in considering more technical information issues. NSG members have worked hard behind the scenes to help their professional organisations to appreciate the importance of information and its management now and for the future.
National advice

The Nursing Professions Information Group has devised an action plan and presented its proposals to SAGNIS. One aspect for development will be links to the networks of interested members within each professional organisation.

The Chairs of MIG, CPIAG and NPIG plan to meet to discuss the possibility of working together on issues of common concern. The Clinical Systems Group has also sought to use these channels for practical help with exploratory projects to assess the scope for more detailed research on some of the issues around the transfer of clinical and personal health data between professions. In 1996 members of NPIG attended the annual conference of their organisation and joined the IMG staff on the NHS Executive stand to hand out leaflets and answer questions from members. It is hoped that similar arrangements will apply in 1997. There are now more opportunities than ever for those in clinical practice with an interest in information to get involved and influence the shape of the future. Potential clinical system users - please have your say. NSG members can join the appropriate Focus Group and brief the representatives to NPIG either directly or through the NSG Executive Committee meetings.

References