Patients can now receive emails in hospital

Is the NHS really becoming more patient centred? Hospitals in Liverpool (Royal Liverpool and Broadgreen Hospitals) have a system which allows email messages to be sent via a form on the hospitals’ online visitor information page. They are then printed out on special stationery and delivered (or faxed through to patients) by local volunteers.

The patients really appreciate the service. On any one day there are a few messages, but when celebrities are in hospital the numbers have increased markedly.

The service, set up by the hospitals’ IT team, has run without any major problems. The only problem the volunteers report is occasional difficulty in tracing a patient. If they cannot deliver a message the volunteers always contact the sender and often manage to get the extra information needed to ensure the patient gets the messages.

Praise for NHS Direct

NHS Direct has been investigated by the Commission for Health Improvement (CHI). CHI have given a positive assessment of NHS Direct, highlighting how the service is valued by the public and has staff that are proud to work for it.

CHI looked at 20 of the 24 NHS Direct sites in England and Wales and included the web-based service NHS Direct Online. The CHI report makes it clear that in the short time NHS Direct has been running it has made a big impact and the future investment in the service indicates the ongoing commitment to it. The service is giving careful consideration to the issues that it is facing and found positive and successful ways to develop.

There is a high rate of consumer satisfaction, with over 90% of callers saying they were “completely satisfied” or “satisfied to some extent”. Less than 0.1% of calls are met with an engaged tone, meaning that the infrastructure supporting the service is robust – and it will have to develop to cope with increasing use of the service.

There are, however, some issues that must be worked on, for instance the service’s public profile is not as high as it could be and that media attention is only focused on it when things go wrong. There is also a lack of clarity around the responsibilities of the different bodies involved in running NHS Direct – the Department of Health, the Welsh Assembly Government and the host trusts that employ staff.

The Consumer Association have said that the CHI report does not give a true picture of NHS Direct, as recent research carried out by Which? Magazine has found that the staff frequently fail to spot potential emergencies and leave patients waiting too long for medical advice. Which? say that the high satisfaction ratings probably relate to how friendly the staff were or how reassured the patient felt, rather than whether they have been given good advice. The Consumer Association has urged the Department of Health to ensure that there is a safe, responsive and reliable service.

The NHS information portal to answer third party requests for information

As the nhs.uk portal increases the collection of information about services on its site individual trusts will be able to refer any requests for information on the NHS Information Authority. The site will allow a postcode search facility for local health facilities and information on the performance of all English Trusts.

The requestor has to give a legitimate reason for wanting to use the information before being able to gain access, allowing requests for information for commercial mailshots to be refused. There may also be links with Yellow Pages and ThomsonLocal services to increase the potential ways of disseminating the information.

Trusts have to keep the information up to date and there is a facility available from nhs.uk for trusts to have five days help each year from an agency
temp to update and input data. The information is important as it links to other initiative to ensure that there is increasing patient choice. The nhs.uk website is a useful gateway to information that exists elsewhere in the NHS as well as to other NHS information authority initiatives such as the e-booking programme announced in October.

The e-booking programme will offer patients a choice of four or five hospitals and booked appointments when they need a referral from their GP. There is a current national consultation exercise on choice equity and responsiveness and this is looking at radical proposals for increasing choice across a whole range of NHS services.

The e-booking service is to be developed and will have to overcome three challenges. First, on the technology front, the national application had to be developed and all primary and secondary care systems had to be e-booking compliant. This involved working with local organisations to develop local solutions. Second, significant change will be needed to ensure organisations are ready for e-booking. Third, the service will have to be publicised to everyone, patients, professionals and relevant organisations as most people will not have heard about it.

National electronic booking system contract awarded

SchlumbergerSema has been awarded the contract to provide the NHS with the electronic booking system, which will be the first national booking system in the world. This is in line with UK governments wishes to make the NHS responsive and patient-centred.

Electronic booking will enable patients to choose which hospital they would like to attend at a date and time to suit them, from a range of options around their locality. New software will be available to more than 30,000 GPs, connecting them to around 270 acute, community or mental health hospitals, so that patients are able to exercise this choice at the point of referral.

The new system will be introduced throughout the NHS in England with the first electronic bookings expected in summer 2004. Implementation should be completed by December 2005.

Early work on five enterprise communities and 38 ‘shadow sites’, piloting aspects of electronic booking, have demonstrated that the concept is very popular with patients. Its introduction is likely to lead to a reduction in the number of patients who fail to attend their appointments. Other benefits include the facility for GPs and consultants to correspond electronically about specific cases.

SchlumbergerSema has been providing consulting services to the public sector for more than 20 years. The company has participated in IT programmes at the heart of modernising health services around the world including in the UK. Electronic Patient Records Systems, Electronic Transmission of Prescriptions service and the NHS Strategic Tracing Service. In France, SchlumbergerSema designed and implemented the French health smart card system, SESAM Vitale, while in Sweden it has introduced mobile technologies enabling healthcare professionals to access patient records securely via portable computers.

For more information see the Department of Health website at http://www.doh.gov.uk/ipu/programme/pressrelease081003.pdf

National programme for IT is inherently risky and ambitious

Peter Gershon, chief executive of the Treasury’s Office of Government Commerce (OGC) described the National Programme for IT (NPfIT) in the NHS as inherently risky and ambitious whilst giving evidence to the Public Accounts Committee at the House of Commons.

The conservative MP and PAC member Richard Bacon, expressed his concerns about the scale and complexity of NPfIT. Given the number of reports produced about public sector IT projects (one of the latest being the National Audit Office (NAO) report on Libra (the computerisation of the courts system) that recommend breaking down big projects into smaller units and designing business processes in parallel to procurement and implementation the MP wanted to know why this was not happening with NPfIT.

Gershon mapped out the measures that have been put in place to manage risks, stressing that the NPfIT was not a single project but a series of phased projects within an overall programme. For instance electronic patient care records will evolve
over time, the whole record will not be computerised on day one. In a phased approach it is envisaged that that specification will evolve over time and the implementation of these systems will be on a trust by trust or surgery by surgery basis.

The OGC boss also stressed that the NAO and NPfIT had agreed that the development would be evolutionary, with no big bang implementation. Based on past reviews of projects the NAO and OGC have also developed a list of ‘eight common weaknesses’. For the so-called key mission critical projects of government, of which clearly the NHS programme is part, the accounting officer has to sign a letter of assurance at particular phases in the project that the project does not exhibit any of these common causes of weakness.

Gershon then went on to say that if the NPfIT fails it will be for new reasons. The trouble with projects is that there is no guarantee of success until you have finished.

Will ID cards deter health tourists?

The newly published governmental plans published in November, make it clear that it wants to introduce identity cards which will be used eventually to establish entitlement to free healthcare and deter health tourists.

The first phase of the plans will establish a National Identity Register and introduce more secure passports and driving licences incorporating biometric technology. The second phase of the roll-out will lead to 80% of the adult population carrying cards by 2013. A full debate will have to be had in both houses of parliament before the cards become compulsory.

The cards could be used to help people prove their identity to access free services, although people without cards will not be prevented from accessing emergency services, and those on low incomes and other vulnerable groups would not be disadvantaged.

The government says that by giving a clear indication that a person is not entitled to free non-emergency treatment, the card will help to combat so-called health tourism – the practice of entering the UK with the specific aim of using the NHS without proper entitlement. Such abuse is reported to be putting pressure on a range of services from kidney dialysis to maternity care in some areas.

The plan is opposed by human rights campaigners who said that all the evidence from other European countries suggests that ID cards are expensive, ineffective and damage community relations. Opinion polls in the UK have shown that several million adults would refuse point blank to carry one.

New body required says the King’s Fund

A King’s Fund report “Government and the NHS: Time for a new relationship?”, has called for a new body that could lead to the NHS agreeing realistic improvement targets and then take responsibility for delivering them, but it will need legislation to be set up. Government would then be able to focus on developing wider health policy instead of meddling in health care services on a day-to-day basis, which the present system encourages.

The report calls for a new, relationship between government and the health service. It would involve a more transparent and inclusive approach to setting expectations for national policy, and would enable greater ownership by NHS staff of targets for improvement. It would also enable Parliament to play a much greater role in holding both government and the NHS itself to account for their respective responsibilities.

The new agency would bring health care into line with a wide range of public services, including higher education, housing associations and broadcasting, which are now either funded, delivered, or regulated through agencies working at arm’s length from government.

Under these proposals, the NHS agency would take responsibility for seven main functions, including allocating funds to the NHS and delivering national targets and standards for the service. The proposals would require ministers to put objectives for the agency’s work, including targets and standards for the health service, before Parliament. The agency would have a requirement to report to Parliament at least annually and to be subject to regular review by parliamentary select committee. Parliament would hold the chief executive to account, and would work towards integrating regular scrutiny of the NHS with parliamentary debate. For more details see the King’s Fund
website at http://www.kingsfund.org.uk/

More information about UKCHIP

UKCHIP is a newly formed body to develop professionalism in health informaticians. This includes all those working in ICT, health records, knowledge based services such as librarians, clinical informaticians, including managers of these staff. It is for those working within the NHS and the private sector.

Its primary function is to hold a register of those who have been accredited as health informaticians. It will also de-register any registrants who fail to maintain adequate professional standards.

Determining the standards for registration and setting up the procedures has taken longer than anticipated. Piloting is now underway but it is not expected that full registration procedures will be made public until January after the next UKCHIP Council meeting.

The National Patient Safety Agency (NPSA) has offered to host the formal launch of UKCHIP and this will take place once full registration procedures are in place. For more details visit the UKCHIP website http://www.ukchip.org.uk/

Results of NHSU Consultation Exercise

The NHSU has recently published a summary of responses to its consultative development plan, ‘Learning for Everyone’. The consultation exercise, and the research on the results undertaken by MORI, aimed to secure a wide range of views from people in health and social care on how to develop the NHSU. The consultation included:

- 16 regional listening events across England
- Two national listening events with both statutory and voluntary organisations
- Internet consultation
- Telephone interviews with NHS staff and members of the public
- Qualitative research such as focus groups with NHS staff and patients

The results showed that, overwhelmingly, stakeholders support the concept and vision of NHSU, particularly the ambition that learning should be for everyone. There is a consensus for a new type of learning and training organisation, one capable of tackling the inconsistencies characteristic of current training and learning in the NHS. Respondents commented that NHSU would need to be an innovative organisation in the way it facilitates change if it is to succeed.

Expectations in this respect include:

- Working in partnership with those already providing training
- Tackling problems while at the same time acknowledging and disseminating good practice
- Working with organisations within and outside the NHS
- Being clear that its fundamental goal is to improve patient care and being able to demonstrate that this is so
- Recognising it has the potential to have a broader impact on the NHS than just being about training and development

Those taking part in the consultation welcomed NHSU’s decision to consult at an early stage and expect to continue to be involved as it develops its plans. Encouragingly, very few responses were hostile to the idea of NHSU and those that were tended to reflect cynicism about further change in the NHS and/or concern that NHSU is essentially a political creation. Some feedback expressed concern about how NHSU might develop, with particular issues being:

- Raising expectations beyond NHSU’s ability to deliver
- Being over-ambitious and failing to maintain a clear focus
- Duplicating existing provision and therefore not being distinctive enough

Interestingly, the title ‘NHSU’ divided stakeholders. Some thought the concept of a university as adding credibility and status, while others were concerned that it may be seen as elitist and exclusive.

A number of potential barriers to success were identified:

- Enhancing capacity, money, protected learning time and backfill for staff while training
- Tackling that NHS culture which tends to treat training as an add-on
- Promoting access, including being sensitive to different ways and types of learning
- Developing communication, initially in terms of clarifying what NHSU stands for

Respondents felt strongly that NHSU must clarify
how it intends to add value to what already exists. Much of the feedback concerned how NHSU will model itself in terms of being a broker, commissioner or provider of training. The first two are reasonably well accepted, and the NHSU could be seen to add value. The third, however, was thought to be more contentious, because of the potential for NHSU to duplicate, or replace, what is already provided.

Bob Fryer, NHSU Chief Executive, said, ‘I am very grateful for the time, effort and care given by so many to this important process. Our current thinking has taken account of the views and opinions that we have received and we will give them detailed consideration in our first three-year strategic plan, which we plan to publish in Autumn 2003’.

More details can be found at the NHSU website at http://www.nhsu.nhs.uk/involved/involved_065.html

**Guidelines to become paperless**

To help health care professionals (specifically doctors) to work in a paperless office, but ensure that patient confidentiality is guaranteed at all times in the electronic patient records, new guidelines have been produced by the Royal College of General Practitioners Health Informatics Standing Group and by representatives of the BMA’s General Practitioners Committee. The guidelines Good Practice Guidelines For General Practice Electronic Patient Records version 3 have been sponsored by the Department of Health.

Many Doctors are already working in paper free offices/surgeries and updating their patient records electronically. These guidelines are at the forefront of a new period in the NHS’s drive for new technology and information systems. Gradually more and more health procedures will be carried out electronically – not only for patient records, but as a booking system for appointments and much more. The guidelines are comprehensive in their coverage - accessing the information, patient consent and data transfer, proposed checklists for paperless practices, and training.

It aims to ensure that all staff involved are fully aware of the procedures that need to be in place to ensure that the paperless practice is a safe practice. More details and a copy of the guidelines can be found on the Department of Health website http://www.doh.gov.uk/pricare/computing/

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**First Annual Conference for Caldicott Guardians in Health and Social Care**

The first annual conference for Caldicott Guardians in health and social care was held in October 2003. The programme, speakers’ notes and handouts are available on the Department of Health website at http://www.nhsia.nhs.uk/conf201003.asp for anyone wishing to find out more.

**Two New Groups To Help Shape NPfIT**

Two new groups have been set up to help shape the future of the National Programme for IT (NPfIT) in the NHS. One group will further extend and formalise consultation with healthcare professionals and the other will advise the NPfIT on involving the public.

The National Clinical Advisory Board will represent healthcare professionals and will include GPs, consultants, nurses, dentists, health visitors, midwives and pharmacists. It will be chaired by Professor Peter Hutton, Chairman of the Academy of Medical Royal Colleges.

Professor Hutton said the purpose of NCAB was to listen to health staff and shape the way the Programme develops, in partnership with technical experts.

The Public Advisory Board is chaired by Marlene Winfield OBE, Head of Public Engagement for NPfIT, and consists of individuals from patient, carer and citizen groups including the Patients Association, the Long-term Medical Conditions Alliance, Help the Aged, Mind, Mencap, Islington Health and Race Forum, Carers UK, the National Consumer Council and the Consumers’ Association.

Marlene Winfield said it was equally important that patients, carers and the public had a say in the way new services are set up and used. The Public Advisory Board will help ensure that this happens.

For more information go to the Department of

**Fears of patient abuse of e-mail not realised**

The Paola Alto Medical Foundation (PAMF) introduced a service on the PAMF website to allow patients unlimited messaging access to the foundations’ health care professionals for $60 per year. Many of the health care professionals were worried that the system would be abused.

However evaluation of the service has shown that patients switched from using the phone or visiting the foundation to using email wherever possible. They used the service to book appointments, receive advice and send notes about progress. Over 15,000 users have signed up and 23% are over 60 years old, challenging the assumption that only younger age groups use online services. A recent survey showed that the health care professionals were also satisfied with the system.

PAMF use technology in many ways to help reduce errors and improve patient safety. Information at the point of care is the key factor in ensuring patient safety.

The system can help support professionals in a number of way - the different forms of decision support being characterized as:

- “Watch out”. Messages that alert staff to potential problems such as drug allergies or interactions.
- “Health reminders”. Prompts to take preventive steps such as flu vaccination.
- “Excuse me”. Warnings and alerts about abnormal laboratory results or worrisome trends in vital signs. This is the kind of information that tends to get missed at hand-off where error rates increase.
- “Would you consider…? Messages offering alternative treatment based on best practice. For example, a doctor can be prompted to prescribe a newer drug with fewer side effects or a lower, but still effective, dose of a particularly costly drug.
- “Evidence shows”. Reinforcements of clinical guidelines.

More information can be found at the PAMF website at https://mychart.sutterhealth.org/pamf/default.asp

**Sources**

The information in these news pages has come from a variety of sources including computer weekly (http://www.computerweekly.com), e-health media (http://www.e-health-media.com), the NHS Information Authority (http://www.nhsia.nhs.uk), the Health Informatics community of the National Electronic Library for Health (http://www.nelh.nhs.uk/) and Future Health Bulletin (http://www.headstar.com/futurehealth). More details of the above and many other stories can be found on these websites.