Stakeholder involvement in NPfIT

There is to be a review of the arrangements for involving stakeholders, including NHS organisations and staff and patients, to support the effective implementation of the NHS National Programme for Information Technology (NPfIT).

There have been criticisms of the national programmes approach to involving clinicians and key aspects of the implementation of NPfIT. As part of this new approach the national programme is to create a new Front Line Support Academy to help NHS leaders with new technology.

The Academy will include simulators to mock up health service environments like hospital wards and GPs’ surgeries. Clinicians will be able to learn how best to use new systems with actors playing the role of patients. The first students are booked to begin in mid-May.

The health minister has acknowledged that the scale and complexity of the programme mean that there will be uses to deal with as the work progresses, but that the important thing now was to engage and build trust with a wide range of stakeholders.

Deputy Chief Medical Officer, and joint Director General of the national programme, Professor Aidan Halligan said the implementation phase had now been reached: “We are, if you like, in the departure lounge ready for the next part of the journey. We know that our work will only succeed with the support of the medical community and patients alike.

Professor Halligan said he was committed to “broader and deeper dialogue”, and would be meeting and talking with people, inside and outside the health service, beginning with a tour of frontline trusts over the next month.

Guidance for GP system choice

Practices will not be forced to switch to new systems until a “a clearly better alternative” is available together with a proven route to migration.

The new guidance has been produced by the joint IT committee of the BMA General Practitioners Committee (GPC) and the Royal College of General Practitioners in conjunction with NPfIT.

GPs are going to be the only professional group in the NHS to have a guaranteed role in evaluating new systems because as well as practices having a choice of systems the GPC will have a guaranteed role in the assessment of any new alternative systems.

The guidance makes it clear that all LSPs (Local Service Providers) must support the clinical systems that GPs want. There can be no replacement of existing systems unless clearly better alternatives are available and a tested, safe process for migration agreed.

The joint guidance states, “Practices with RFA99+ accredited systems with which they are currently happy should not agree to transfer to an alternative system as long as their current supplier has confirmed their desire to make their system “NPfIT compliant”.”

General practice system are yet to become “NPfIT compliant”. The details of the requirements and process for achieving compliance are only starting to become available (the guidance provides a list of systems that are expected to be made NPfIT compliant – see below).

“NPfIT compliant” systems is taken to mean systems able to communicate with the NHS Care Records Service (also known as the spine) to the degree required to support phase 1 releases of the spine software including compatibility with the eBooking and ETP services.
The guidance clearly acknowledges that the NPfIT will result in the replacement of many existing systems: “The National Programme for IT may, in due course, require the upgrade or replacement of existing GP systems with some inevitable disruption to GP practices in order to lay the foundations for much improved patient care across the whole health and social care community.”

Those practices without RFA99+ accredited systems should seek the advice of their primary care trust (PCT) who should be able to offer a “limited” choice of RFA99+ accredited systems.

The joint guidance states that all significant suppliers of GP systems have indicated their willingness to meet this requirement in relation to their systems “subject to detailed agreement with NPfIT”. They are listed as:

- EMIS LV Version 5.2 and above
- EMIS PCS All versions
- EMIS GV All versions
- Healthysoft Healthysoftware Version 5
- In Practice Systems Vision Version 3
- Microtest Practice Manager 2 Version 161 and later
- Microtest Evolution Version 1.0.0 and later
- The Phoenix Partnership SystmOne All versions
- SEETEC GP Enterprise Version 1.7 and later
- Torex Synergy
- Torex Synergy (Enterprise)
- Torex Premiere
- UCL Chime GP Care Version 4 and later
- Exeter Protechnic tbc


Practices seeking advice or wishing to provide information about local activity at odds with the guidance are asked to contact rmerrett@bma.org.uk.

Electronic records for the USA

A position of national health information technology coordinator has been created by US President George W. Bush last week created the position of national health information technology co-coordinator. The post holder will have the goal of making electronic medical records available to all Americans within 10 years.

The aim of promoting a “fully wired, integrated, paperless system” in healthcare by 2015 is supported by members of all political parties in the USA. The Department of Veterans Affairs, which has a vast, interconnected health IT infrastructure enabling practitioners to access patient records from any of the more than 700 hospitals and clinics within the system, was held up as an example.

The health IT co-coordinator, whom it is expected will be appointed within three months, will report directly to the secretary of the Department of Health and Human Services (HHS). This person will direct all HHS health IT programmes to make sure they are compatible with similar initiatives in other federal agencies.

Many health IT groups have provided positive feedback about the new post and its aims. However some organisations have cautioned that there must be financial incentives for healthcare providers to adopt IT.

**NHS could lose its IT staff**

At a conference on ‘the Healthcare IT Revolution: what’s happening to people?’ it became clear that there are problems in recruiting and retaining necessary staff in some parts of the country.

One NHS IT project manager said that they had lost 10 out of their team of 15 people. Work done by the NHS Information Authority (NHSIA), indicate that high levels of staff turnover are not uncommon. In some groups it was running at over 40% per year. Reasons given were low status, poor development and lack of career pathway before low salary. There is also a high degree of uncertainty amongst staff. The local service providers (LSP) seem to have different approaches to recruitment of staff, with some ‘making people aware of options and choice’ whilst others have no poaching deals with their alliance partners.

**Professionalisation of health IT**

It is apparent that the NHS is trying to address some of the career concerns of staff and protect the public with efforts to professionalise health IT, or health informatics.
Part of the problem, the ASSIST chairman explained is that there are currently few objective benchmarks to indicate whether a healthcare IT professional is competent.

He said that the formation of UK CHIP (Council for Health Informatics Professions) in March was a huge step towards professionalisation. Registration with UK CHIP is currently voluntary. However in four years time registration becomes mandatory and then there will be the possibility of de-registration.

The NHSIA had originally estimated that 20,000 staff would be involved in health informatics, but this has been revised to somewhere between 60,000 to 80,000 people. Initial figures did not include people like coders or medical records staff.

In addition to being a founding member of UK CHIP, the NHSIA has developed a set of national standards for health informatics, made up of approximately 130 units.

The NHSIA has also been working closely with universities and the NHSU on developing health informatics courses. There are now eight or nine universities around the country where students can gain professional qualifications from the NHSIA and UK CHIP.

**Patient Information Toolkit For Emergency Care**

A Patient Information Toolkit for Emergency Care Staff was launched by Jonathan Asbridge, Patient Experience Champion for A&E, at the Patients Association Annual General Meeting in London.

The toolkit suggests a range of programmes to make the patient more informed, to ensure that they understand what is happening to them and why, to enhance their experience of emergency care. In addition the toolkit should help staff to learn and build on their successes.

The toolkit is available on the Department of Health website in an interactive format, and offers practical support and guidance to help local NHS improve the information provided to patients receiving emergency care.


**www.nhs.uk/jobs is launched**

The online recruitment service for the NHS, allowing the public to search and apply for NHS jobs on one website was launched in April 2004.

The trial of the site was very successful with hundreds of thousands of visits to the site in the three month trial period. 500 jobs were advertised, 24,000 job seekers registered with the service and over 3,000 applied for jobs online.

Over 100 NHS organisations have signed up with the service. The Department of Health figures show that as many as a quarter of a million people find new jobs in the NHS each year. It is hoped that the service, which will streamline and modernise the service, will speed up the recruitment process.

The site is at www.nhs.uk/jobs

**Electronic X-rays**

Picture Archiving and Communications Systems (PACS) is to be rolled out from this summer. The roll out will start with five Local Service Providers (LSPs) and in three years the coverage will be national.

The development of PACS will mean that images, such as X-rays and scans, will be stored and mailed electronically rather than printed on film and filed manually. The system should enable faster diagnoses to be made.

The companies to supply PACS are:

Fujitsu with GE for the Southern Cluster
BT with Phillips – subject to contract – for the London Cluster
Accenture with GE - subject to contract - for the East and East Midlands Cluster
Accenture with GE - subject to contract - for the North East Cluster
CSC with Kodak and ComMedica for the North West and West Midlands Cluster
By placing PACS in minor injury units and in rural areas many journeys to hospital should be saved. The digital images will be able to follow the patient and professionals treating the patient will be able to access them wherever they are based. Instant (or fast) access to images should also mean that patients will no longer have to wait for films to be moved from one department to another. The system should also remove the need for repeat x-rays thus reducing radiation doses.

There should be a benefit in terms of resource use, as hospitals will no longer have to pay for film for development and printing. In addition the negotiations across the whole service means that there is a substantial reduction in the average price of PACS and they will be fully compliant with the NHS Care Record Service.

**EU wide e-health ‘Action Plan’**

As one of a number of schemes to encourage member states to cooperate over health care the EU has proposed an e-health “action plan”. The plan is an attempt to make sure that new technologies, such as digital patient records, can work across Europe.

The European commissioner for enterprise and the information society, Erkki Liikanen, has said that systems should be about patients, not technology. E-health can help reduce errors, speed up treatment and offer important cost savings.

Elements of the EU roadmap include:

- better provision of information to patients on how to get treatment in other member states.
- coordinating the evaluation and assessment of new health technology
- making the most of new IT, and better integrating e-health policies and activities across Europe

The Commission wants to make Governments and the public more aware of the benefits of e-health. The action plan will cover measures to set up interoperable health care systems; online and digital patient records; and teleconsultation and e-prescribing services.

For more information go to: [www.kablenet.com](http://www.kablenet.com)

---

**Should cancer websites be quality assured?**

A large number of cancer sufferers rely on the internet for support and advice. Unfortunately the information on the sites is of very variable quality.

Researchers from Plymouth Peninsula Medical School looked at 32 different websites. Most of the sites gave reliable and useful information, especially in the area of prevention. However when looking at the use of alternative therapies there was little agreement between the alternative cancer treatments and cures recommended by the sites. Some sites actually recommended unproven or dangerous therapies, gave misleading information and actually advised against the use of conventional therapies. None of the sites warned that some alternative cures have been demonstrated to be ineffective.

Two sites, Quackwatch ([www.quackwatch.org](http://www.quackwatch.org)) an American non-profit organisation that fights medical fraud, and Bandolier ([www.jr2.ox.ac.uk/bandolier/](http://www.jr2.ox.ac.uk/bandolier/)) an independent source of evidence based healthcare information in the UK were both singled out as being excellent.

The internet is an important way that the public can easily access information which can empower and inform patients, but only if the information is of good quality. The researchers recommended that all of the sites be subject to quality assurance checks to validate the information given, and accredited accordingly.

Leading cancer charities agreed with the researchers’ conclusions.

**Hospital uses novel way to buy drugs**

Portsmouth Hospitals NHS Trust has saved £640,000 by inviting 26 pharmaceutical suppliers to submit best offer tenders for generic drugs in an online auction. The auction was run using Exchange and Sourcing modules from Oracle E-business suite.

Initially there was some hostility about introducing more price competition and some of the bigger suppliers did not get involved. However 185 tenders were submitted and the best mutually acceptable deals agreed.
Suppliers have been used to entering into these ‘reverse’ auctions for other procurements but it was more problematic with the drug market. The trust is planning to run more auctions and hopes that they will provide a model that can be used by trusts and other bodies.

The cost saving is equivalent to running a 20 bed ward for one year and will be used for services that directly benefit patients.

**Health advice in telephone directories**

NHS Direct information is to be printed in Thomson Local telephone directories in England.

The directories include easy to use, step by step healthcare advice and information for the 25 most common adult and child health problems. They also provide advice on how to treat symptoms at home.

There is also Department of Health campaign messages, including tobacco education, immunisation and Get the Right Treatment. The latter is a campaign to inform people about the range of healthcare options available and how to use local services appropriately.

The information will go out to 18 million households in England over the next year. An overwhelming 90% of respondents in a Choice Consultation Survey said that they needed more information to make decisions and choices about their treatment or care.

The self help guide has been popular and demand from the public has always exceeded supply. Being able to provide the information in a telephone directory is an excellent way to reach into people’s homes.

**Chair of clinical advisory board resigns**

The body for ensuring clinician involvement in the development of NPfIT, the National Clinical Advisory Board (NCAB) has resigned.

Professor Peter Hutton said that in the light of recent events, i.e. Professor Aidan Halligan’s new role taking the lead for ensuring clinical involvement, that it would be easier if the chair of NCAB was vacant.

Professor Hutton, chairman of the Academy of Medical Royal Colleges, was appointed to chair the NCAB in October 2003. The membership of the NCAB consists of nominees of professional bodies with heavy representation from the Royal Colleges, together with representatives of the Healthcare Commission, the NHS Confederation and National Patient Safety Agency.

Most of the detailed work of NCAB is done by its working groups, which have been established in areas including: patient consent and records access; cancer treatment and access; PACS and radiology; GP to GP transfer of care and medications management.

Although reports indicate that the working groups were making solid progress one of the most consistent criticisms of the national programme has been its failure to engage with clinicians.

At Healthcare Computing 2004 last month the national programme consistently cited the figure of 2,000 clinicians having been consulted with, in response to criticism of lack of clinician involvement. However, a markedly different line was taken by Professor Halligan who stressed that what really mattered was not how many clinicians had been spoken to but how many had actually heard and become engaged in meaningful dialogue.

**Head of communications appointed by NPfIT**

James Herbert, a former army officer, BBC broadcast journalist and ex-head of global media relations with oil giant Shell, has been appointed as the NPfIT communications director.

The role of the post holder is to ensure that all stakeholders across the country are effectively engaged by the NPfIT. Engagement will build support for new IT systems, new ways of working and new ways in which patients will interact with clinicians. Benefits of the new systems will be realised for both patients and NHS staff.

There have been persistent criticisms of poor communications and a failure to engage with clinicians and other NHS staff since the launch of
NPfIT. It has been argued that effective communications and detailed consultation were initially traded for speed to rapidly mobilise the programme.

At the outset, in December 2002, the head of NPfIT, Richard Granger, made it clear that those seen to brief against him, or rock the boat did so at their peril. The promise of large contracts, confidentiality clauses and tight gagging clauses in contracts has kept a lid on most dissent from many suppliers.

However, following the completion of the procurement phase of the programme in January 2004, the promised fresh start on communications has been slow to materialise. The national programme has begun to make more briefing materials available to NHS staff, such as last month’s Making IT Happen newsletter, but continues to adopt a largely defensive approach to communications. There is scarce information about large areas of NPfIT such as the position of legacy suppliers; how the change management associated with new systems will be delivered; details of contracts signed; and technical details of the data spine or the data that will be contained on NHS Care Records Service.

**Video conferencing for children**

The neurology unit in Ryegate Children’s centre has introduced videoconferencing to allow children who need to be constantly monitored to spend more time at home.

The long hospital stays required for children with serious neurological diseases can be traumatic for them and their families. However using standard video conferencing technology real time images and sound are sent from a monitor in the child’s home to another monitor in the neurology unit. The quality of images of the video link was good enough to make useful diagnoses and suggest immediate alterations to treatments if necessary.

Being able to care for a seriously ill child at home improves the quality of care and support given to the families. They are able to lead a normal life for as long as possible and cope better at home. The link to the hospital allows parents to feel more secure and less anxious and isolated than they might otherwise be.

The first family to be connected reported less stress caused to their child as a result of cutting down the travelling to and from the hospital. Further families are now being connected to the unit and other specialties are showing an interest in using the system.

**Virtual partnerships in Northern Ireland**

‘Wellnet’ (http://www.wellnet-ni.com), is a website set up to foster virtual partnerships between health and other public sector bodies in Northern Ireland.

Wellnet operates the ‘Investing for health’ partnership in the Northern Ireland Eastern Health and Social Services Board area, and aims to encourage partnership working to improve health. It provides a platform for discussion, good practice examples and details of relevant local activities across education, health and social services.

The initiative aims to keep people enthused about partnership working and combat low turn-out at meetings. The website allows people the opportunity to participate in the partnership at a time and place that was convenient for them.

However the developers have found that encouraging registered partners to use the web site has been hard, with participation in discussion being the most problematic area.

Among problems encountered include a lack of computer access in some communities and encouraging managers familiar with the traditional approach to move to an online approach.

Wellnet has around 140 registered users, each of whom have a user name and password. Each user enters their own data about their organisations and the project they are involved with under the categories of project; geographical location; or issue.

**Online self harm site**

The two-year National Inquiry into Self-harm among Young People (http://www.selfharmuk.org), which held its first meeting this week, has launched a ‘call for evidence’ online to gather experiences and published work on the subject.
The inquiry, which aims to better understand the causes of and help prevent self-harm, has been set up by two charities, the Mental Health Foundation (http://www.mentalhealth.org.uk) and the Camelot Foundation for young people at risk (http://www.camelotfoundation.org.uk). It has already been “inundated” with responses, most of them by email, according to Dr Marcia Brophy, project manager at the Camelot Foundation.

The inquiry asks for young people; their families; policy makers; frontline staff; and senior managers in the health; social care; and voluntary sectors affected by self-harm to offer their experiences.

One of the project’s aims is to obtain a clearer picture of the scale of the problem of self-harm. “This is still a subject very little is known about in terms of causes and prevalence,” Brophy says. She says hospital Accident and Emergency and psychiatric departments have traditionally been one of the main sources of statistics on self-harm, although according to responses to the inquiry so far, most young people do not attend hospital as a result of self-harm.

The inquiry will eventually create a pool of information and best practice resources on the web, including a user participation forum will create a ‘safe space’ for young people.

If you have anything to add please use the website

**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.