briefing

The 2008 Health Informatics Review

Key points

- Lack of progress with key aspects of the National Programme for IT, particularly the NHS Care Records Service, has caused major problems for NHS trusts.

- Trusts are to be allowed to implement interim, local IT solutions that are consistent with the overall strategic objectives and solutions.

- The Department of Health and NHS Connecting for Health have important roles to play in developing e-learning and ensuring informatics is an integral part of basic training for new NHS staff.

- A more strategic and coordinated approach to reporting and information requirements aims to reduce the burden of data collection on NHS organisations.

Health minister, Professor Lord Darzi's NHS Next Stage Review, published in June 2008, highlights the challenge of "health in an age of information and connectivity." The need for information is a recurring theme in his report. Patients and the public need information to make choices and clinicians, researchers, planners, managers and regulators need it to improve services.

The Department of Health's Health Informatics Review outlines the informatics requirements of the NHS Next Stage Review, including the information technology, processes, analytical tools and techniques, governance and skills needed. A more detailed, technically-based implementation report is expected in autumn 2008. This *Briefing* summarises the key points of the review and gives the NHS Confederation's view about what still needs addressing.

Background

The informatics review set out to do three things:

- assess the supply of, and demand for, information across the NHS and social care, so that the data collected can be used to provide useful information

- make sure that the framework for the NHS Care Records Service (NHS CRS) and the Secondary Uses Service is in line with current and future policy

- ensure clear and appropriate informatics governance within the NHS and the Department of Health (DH).

The range and quality of information available needs to be enhanced and integrated into all aspects of health and social care. In particular, the review makes proposals to provide clear central leadership and accountability, strengthen local ownership and responsibility and develop strategic links with policy. For example, in future, DH policy will include routine informatics assessments so that any information requirements of new policy are considered from the outset.

While there is broad support for the overall vision of delivering the healthcare records service, there are some major challenges to be addressed. Stakeholders acknowledged the progress on some national systems and services to date – such as the Picture Archiving and Communications System (PACS), the private, secure N3

Developing and delivering effective local solutions

Trusts need to develop interim solutions that meet immediate local needs. These solutions must make patient information available across different systems, care providers and settings.

Stakeholders' concerns about some products in the existing programme and the need to do more to enable trusts to realise the benefits of the programme earlier are recognised. Proposals include:

- local informatics plans which set out a 'roadmap' for achieving both interim and strategic system enhancements and a commitment to effective information governance

- interim solutions to deliver immediate benefits pending delivery of strategic systems, which must converge with local informatics plans and strategic solutions

- SHAs and NHS Connecting for Health working together to identify best practice case studies on IT systems that could provide effective local solutions in the interim.

SHAs and NHS Connecting for Health have key roles to play in working with the local NHS and suppliers to develop local plans.

Local informatics plans
Solutions must be acceptable to the NHS and demonstrate a clinical benefit. The functionality to meet clinicians' needs should be identified and the review has already done so for secondary care. These 'clinical five' are:

- a patient administration system integrated with other systems and sophisticated reporting

- order communications and diagnostics reporting, including all pathology and radiology tests and tests ordered in primary care

- letters with coding – discharge summaries, clinic and accident and emergency letters

- scheduling – for beds, tests, theatres etc

- e-prescribing, including 'to take out' (TTO) medicines.

Local informatics plans should identify a roadmap for achieving these key elements for secondary care as soon as possible. They must also identify how community services will be supported with primary care and other local services in a more integrated way.

Delivering effective solutions
There is value in building on examples of local systems that are already delivering real clinical benefits, in order to promote effective interim solutions. NHS organisations will be encouraged to consider the opportunities they have for using these products and services within the context of local informatics plans. Proposals include:

- the DH and NHS Connecting for Health investigating options with suppliers to gain access to appropriate interim solutions that deliver real clinical benefits for the NHS

- SHA CIOs working with NHS Connecting for Health to develop and publish case studies of best practice IT systems that can be adopted as interim solutions

- consideration of 'enterprise-wide' procurements where appropriate.

SHAs have a key role to play. Interim solutions will require local and SHA sponsorship, and will need to be locally funded. SHAs and PCTs will decide, in the context of local information plans, how the adoption of any interim solutions will be implemented locally. The DH will also publish plans for the next steps together with SHAs.

network and NHSmail – but were concerned that their current requirements are not being effectively met. Of particular concern is local delivery of NHS CRS into acute hospitals, which has not progressed quickly enough.

Key themes

There was consultation with a wide range of stakeholders. A number of challenges emerged, across eight key themes:

- owning the big picture, including strategy and future objectives

- addressing potential future skills shortages

- getting the most benefit from systems

- increasing trust in information and information management

- delivering effective solutions and closing gaps in data coverage

- improving access to information

- overcoming fragmented governance and reporting arrangements

- agreeing common standards.

The importance of information

The need for high-quality information in the NHS and social care has never been greater. There is an increased demand for information to inform patient choice and professional-led quality improvement. Alongside this, providers and care pathways are more diverse and increasingly cut across health, social care and geographical boundaries. Patients expect integrated care, with shared information, but this is often not the case.

The scope of NHS Choices and HealthSpace should be developed to provide patients with access to more information to help support choices about their care including, in time, social care and access to their summary care record. For patients with long-term conditions, early implementation of a shared record will allow them a more active and participative role in their care.

Strategic direction

The strategic system for informatics includes a combination of the electronic care record, the Secondary Uses Service and NHS Choices. NHS Choices, HealthSpace, homecare and other related services, for example NHS Direct, should be integrated and should provide a coherent set of information resources. Key factors in achieving success are:

- leadership from senior managers

- developing informatics capability

- creating public and clinical confidence in systems

- delivering the right solutions by:

  - sharing best practice on implementation

  - enabling supplier improvements

- building informatics solutions to support well-organised, integrated services provided by a range of organisations

- involving all stakeholders in planning and implementing the resulting programme.

Providing leadership

Effective leadership at national and local levels is vital for embedding good informatics within the planning and delivery of NHS services.

It is envisaged that informatics will be appropriately represented on key decision-making bodies. The DH has already created the post of chief information officer (CIO) for health, who will be part of the NHS board and will have responsibility for information, governance and assurance. Strategic health authorities (SHAs), primary care trusts (PCTs) and trusts will be expected to have their own CIOs to contribute fully to strategic leadership and board decisions.

Governance arrangements
Governance arrangements are key, both nationally and locally. Arrangements to support decision-making, risk management and planning at local trust level should be reviewed and made available at all levels to ensure clarity of roles and accountabilities. SHAs may have a role in supporting and coordinating this.

The Information Governance Assurance Programme's intensive review of NHS information governance arrangements should bring about further improvements. Proposals include:

- developing a clear information governance framework for the NHS

- requiring all trust statements of internal controls and annual reports to have information governance assurance

- creating a national framework for the encryption of data

- eliminating the need to exchange clinical and other sensitive information through the use of exchangeable media such as CDs.

Developing informatics capability

There are significant informatics skill shortages at all levels within the NHS. National leadership is needed and

proposals are outlined to develop informatics capacity throughout the NHS. These include central support for local delivery of training, through e-learning and distance learning as well as working with royal colleges to incorporate IT training into the basic training of new clinical staff coming into the NHS.

Training must be available at the most appropriate time for both existing and new staff, including trust boards. Cultural issues, such as the relationship between new systems and new ways of working, must also be addressed.

Confidence in the system

Patient, public and clinical confidence in the security of electronic patient information is critical to the success of the National Programme for IT (NPfIT). More needs to be done in this area.

Confidentiality
There are concerns from patients and staff about the confidentiality of personal information held within the NHS CRS and the national reporting capability through the Secondary Uses Service. The NHS Care Record Guarantee for England has gone some way to addressing this, but a campaign is proposed to raise awareness and strengthen public and staff confidence.

The NHS CRS will eventually embrace all providers of care to NHS-funded patients, including social care, the voluntary and independent sectors, and local dental, pharmacy and optician services. All providers should have to adopt the same high standards of information governance and confidentiality as a condition of access to NHS records.

Improving the use of information

The use of information and the quality of data collected needs to improve. This includes making better use of data that is already collected and consolidating data from existing sources, including workforce and financial systems. Current informatics initiatives will continue, with increased emphasis on:

• the role of patients and carers and the choices they make

• integrating informatics across health and social care

• further developing information reporting facilities

• working with other national bodies.

Early outputs from the review will concentrate on exploiting data that is already available for analysing clinical performance. However, a national quality framework for clinical quality metrics will be established to support institutional and international comparisons. Selected indicators are already being piloted in the north west of England.

The NHS Information Centre will have a key role in promoting standardisation, improving data quality and encouraging data reuse. It will also enable and actively promote access to national and other information sources.

Data quality
Improvements are needed in the quality, completeness and timeliness of data collected through all systems to ensure it can be better used. Measures are proposed to strengthen data quality reporting. The Care Quality Commission could have a role in determining the extent to which providers are required to supply

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enhanced and accurate data in order to be registered. This would support approaches to regulation using information-led assessment of risk.

Clinical dashboards
The DH will work with trusts to develop 'clinical dashboards' to help clinical teams focus on improving local quality of care. The dashboard – a simple graphical display that shows progress on a small number of key indicators – will provide clinicians with:

• high-quality information

• appropriate access to data

• meaningful national and local clinical indicators.

Pilots for dashboards are currently being developed.

Staff portal
A secure staff portal – mystaffspace – is proposed to provide a one-stop shop for NHS staff to access key information sources that support the delivery of high-quality care. The portal will be extended to include specific features for clinicians and to act as an entry point to the professional portfolio, which will support appraisal and revalidation.

Avoiding duplication

The proposed strategic approach to reporting should help to reduce duplication and the burden of data collection. Information would be collected as a by-product of other systems, with better integration and consolidation of data. An information collection point on which the DH,

the Care Quality Commission, SHAs and PCTs can all draw is important.

NHS Connecting for Health and the NHS Information Centre will work with other key national bodies – such as Monitor, the Care Quality Commission, NICE and the NHS Institute for Innovation and Improvement – to achieve a consistent approach to providing advice, support and appropriate monitoring on progress.

Developing standards

Informatics standards for all information and data are needed to establish a coherent reporting system for all areas of NHS activity and performance. The DH will:

- conduct studies on the information needed to support the delivery of care pathways for coronary heart disease, stroke, diabetes and dementia

- carry out a full review of the existing NHS data model

- implement a rigorous process to ensure existing standards are adopted

- ensure that proposed new standards are planned and coordinated to minimise the burden of collection on the NHS.

Confederation viewpoint

We welcome the change in philosophy that allows local flexibility for trusts to develop local solutions to meet their immediate IT needs. Lack of progress with NPfIT, particularly the NHS CRS, has caused major problems for trusts and the pragmatic approach set out in the review is helpful. Where trusts

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adopt local solutions, they should not be penalised for not taking the current NPfIT preferred systems which have failed to deliver the required functionality when promised. All NHS organisations should now be able to innovate and to integrate local solutions and systems, supported by business cases.

The review sets out some helpful proposals to support the better use of information and information technology to improve the quality of patient care. However, this is the third official report in three months to look at these issues, following the National Audit Office report on the progress of NPfIT and the independent report evaluating the NHS Summary Care Record Early Adopter Programme. The reports have common themes but the informatics review does not address some significant issues identified in other reports. These include fundamental concerns about NPfIT and NHS Connecting for Health's approach to change management, the technology provided by local service providers, and the current consent model for the NHS CRS. Those responsible for implementing the review must ensure that there is a consistent and clear approach to resolving the issues and concerns raised by all these reports.

The review rightly highlights that informatics is not only about information technology, but is also about what information is collected, how it is used and how reliable it is. The NHS Confederation has identified significant overlaps and duplication in reporting requirements for NHS organisations, so we welcome this more strategic approach to information and reporting requirements, although there have been a number of previous promises in this area. We particularly welcome proposals to develop common standards and definitions and steps to minimise the burden of reporting within the NHS. The NHS Information Centre will have a key role to play in achieving this, particularly in developing data re-use through a properly governed data 'syndication service'.

We also support the review's focus on improving data quality and making information more accessible to researchers, analysts and organisations. The development of clinical quality metrics and clinical outcome measures is particularly important because it will allow benchmarking of services.

As with other recent reports, the review identifies significant informatics skills shortages within the NHS and highlights the importance of getting staff buy-in for achieving the programme's objectives. While individual NHS organisations can help address this issue by providing training for their staff, action is also needed at a national level. The DH and NHS Connecting for Health have an important role to play in developing e-learning and working with other agencies to ensure that informatics

is an integral part of the basic training for all NHS staff.

Some of the review's recommendations require new resources, but there is no indication of where these will come from. Some require policy decisions and

wider consultation and will be taken forward by the Health Informatics Review Implementation Programme. It is vital that this programme engages widely and effectively with trusts and other NHS organisations to ensure it delivers real and sustainable benefits for patient care. Early clarity

is needed on the obligations that the review's proposals impose and the next steps for local trusts and NHS organisations.

For further information on the issues covered in this *Briefing,* please contact frances.blunden@nhsconfed.org

Further information

Health Informatics Review. Department of Health, July 2008
www.dh.gov.uk/en/Publicationsandstatistics/Publications (Gateway ref: 10104)

High-quality care for all. NHS Confederation briefing on the NHS Next Stage Review, available at
www.nhsconfed.org/publications

The NHS Confederation

The NHS Confederation is the only independent membership body for the full range of organisations that make up today's NHS. Our ambition is a health system that delivers first-class services and improved health for all. We work with our members to ensure that we are an independent driving force for positive change by:

• influencing policy, implementation and the public debate

• supporting leaders through networking, sharing information and learning

• promoting excellence in employment.