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The National Programme for IT One year into implementation

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Scale

- Patient-based focus using high quality clinical systems
- Delivering
  - Safety of care
  - Added value for clinicians
  - Value for money
- In England….

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Healthcare has changed

Paper is no longer ‘fit for purpose’

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It is unethical to carry on doing what we are currently doing…

Professor Muir Gray

01/10/2004

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Connectivity

- Guaranteed access to medical record for people who need it, when they need it
- Removing organisational barriers
- Removing geographical silos and escaping ‘the buildings’
- Catalysing communication and enhancing care delivery
- Email (where appropriate)
- Access to Knowledge
- Linkage to clinical information (where appropriate)

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"Computers are going to compromise patient confidentiality"

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Enhanced Confidentiality

- Provide real confidentiality (for the first time ever)
- Audit trails for data as well as record access
- Legitimate relationships
- Role based access control

- None of which is available with paper

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Quality Improvement

- Comes with the adoption of modern electronic clinical records
- Records must be complete
- Allows patient centric view of care
- Longitudinal view
- Linkage of records
- Collect once use many times
- Building safety in from the very start

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Medication Specific Issues

- How much of a record is needed to behave safely ?
  - Dispense
  - Prescribe
  - Run repeat dispensing
- Problems are human, behavioural and societal
- OTC recording
  - Whose job - Patient or Pharmacist ?
  - St John's Wort / Aspirin
- ETP and supply chain management
- First time whole picture available

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Medication

- Single drug database – dm+d
- Single decision support
- ‘Computable’ dose
- Single Architecture to allow
  - Care pathways
  - Care planning
  - Active decision support

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Electronic Prescribing and Medicines Management

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What is Electronic Prescribing

- ***A prescription is a communication that authorises the supply or administration of a medicine. An electronic prescription should facilitate and enhance this communication process aiding the choice of medicine through decision support and providing a robust audit trail for the <u>entire</u> medicines use process***

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Challenges

- Political agenda
  - Cancer network requirements being reviewed
- National EP team in ‘infancy’
  - SRO appointed - David Rosser
  - Team being setup to work with LSP’s and other local groups
- Safety
  - Need to ensure that all systems are safe to use
- Readiness of EP centrally does not mean local users ready
  - Other areas need to be live – pathology
  - Change management requirements

How difficult can it be ?

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ERx

Core elements of work to be undertaken

System Design	Technical Design	Decision Support	Implementation
•CUI •Simple Rx •Complex Rx •Meds mgt requirements •Administration •TESTING	•Architecture •PSIS requirements •Standards eg dm+d •TESTING	•Define local vs national requirements •Information sources •Reactive - FDB •Active CDS •Formulary mgt •TESTING	•Toolkit & plan for local use •Define local customisation •Rollout plan nationally and locally •Education and training

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Enterprise - Wide

The big implementation picture

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Benefits of Scale

- Microsoft®
  - Windows NHS
  - Office NHS
  - Common User Interface Project

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The Common User Interface (CUI) project

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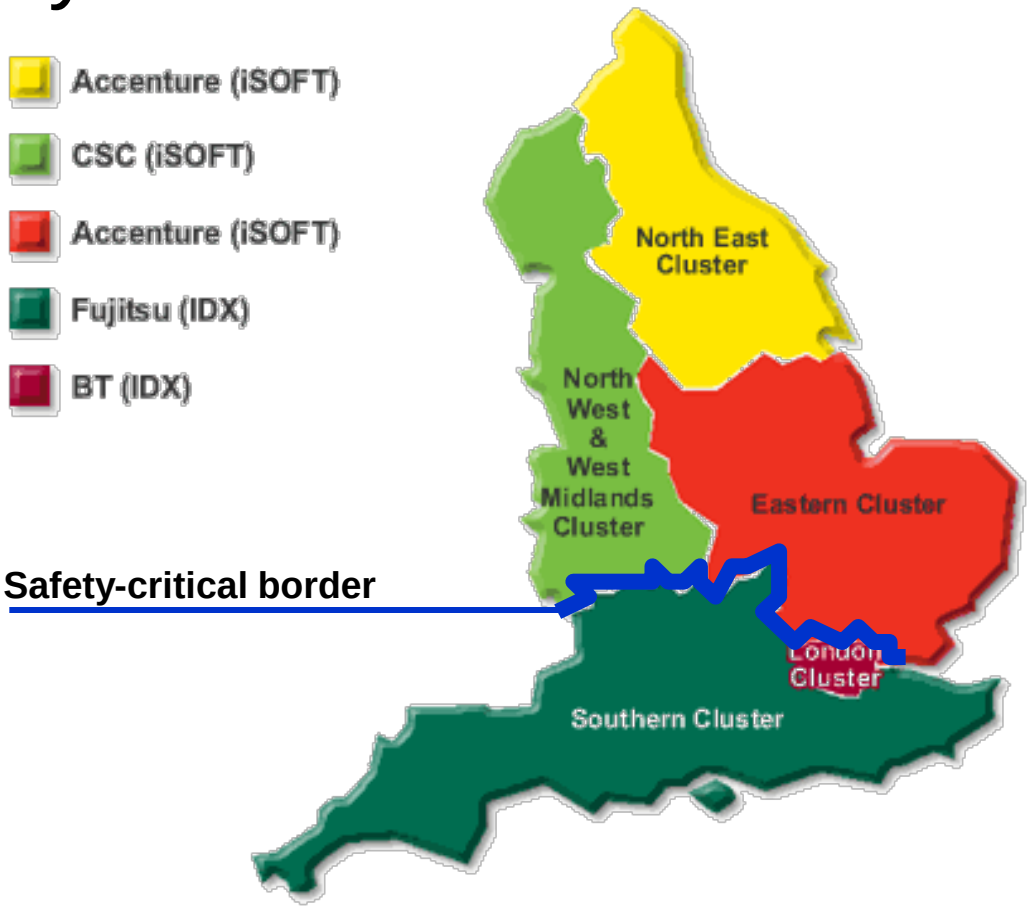
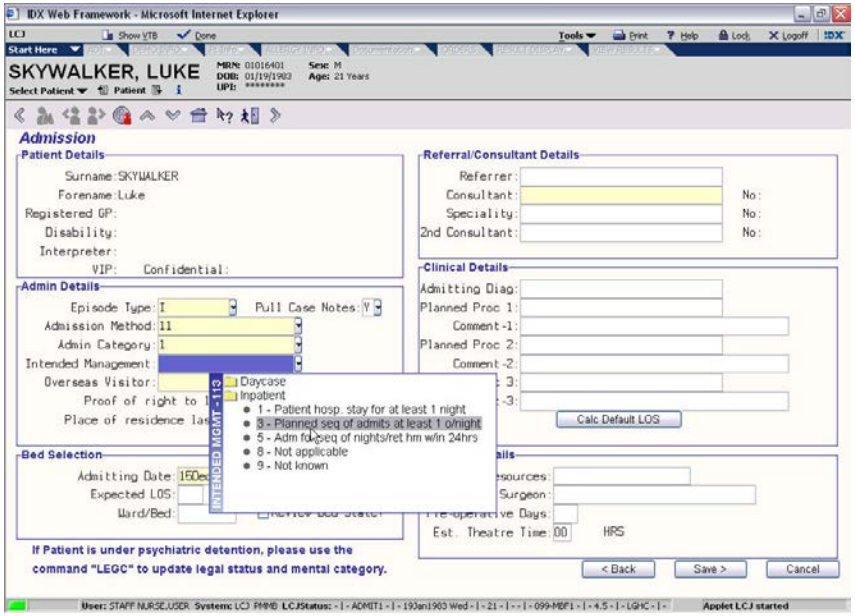
Different UIs means more risk

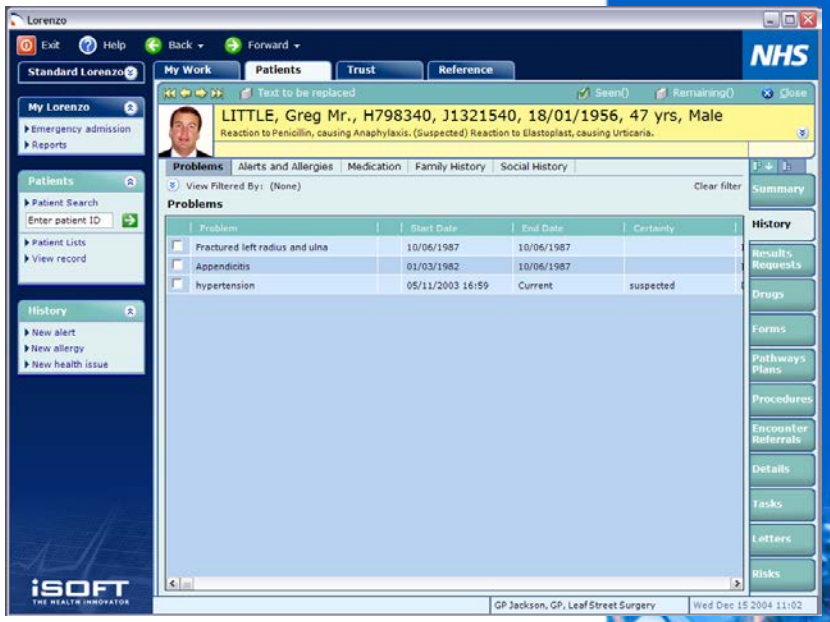
- Clinicians regularly cross borders and will need to learn new systems…



North / south divide

- … which means more risk to patients
- CUI project will introduce patient safety critical common elements





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Accountability

- Patient Safety
  - Make less mistakes
- Data management
  - Notes not lost
  - Always available
  - All access, addition and modification audited
- Secondary Uses Service
  - Screening / Research
  - Population benefits vs. local benefits
  - Amount of work involved to achieve data

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The evidence

- 11% of laboratory tests must be reordered due to lost results (IOM, 1996)
- 30% of treatment orders are not documented (IOM, 1996)
- Between 20 - 30% of national healthcare expenditures are associated with informational paperwork (IOM, 1996)
- 50% of paper-based medical records are either missing or contain incomplete data (The Workgroup for Electronic Data Interchange, 1996)

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In the 21st Century the requirement for the medical record has changed

One patient
One record
Delivered by an integrated service
Across the entire enterprise

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The National Programme for IT

Improving patient care

Improving patient safety

Improving clinical utility