

Where IT all began (Adapted from 'How we started'¹)

In 1998, the Department for Health produced a strategy, Information for Health², which committed the NHS to lifelong electronic health records for patients, round-the-clock, online access to patients records for clinicians and information about best clinical practice for all.

Following the NHS Plan³ a supporting document was written, Building the Information Core: Implementing the NHS Plan⁴, which outlined the information and IT systems needed to deliver the NHS Plan and support patient-centred care and services.

The 2002 Wanless Report⁵ made several key recommendations for IT in the NHS, which included:

- a doubling and protecting of IT spend;
- stringent, centrally managed national standards for data and IT;
- the better management of IT implementation in the NHS, including a national programme.

The Wanless Report also coincided with the publication of Delivering the NHS Plan⁶ which developed the vision of "a service designed around the patient" offering patients more choice of where and when to access treatment. This was quickly followed by Delivering 21st Century IT Support for the NHS: A National Strategic Programme⁷ which laid foundations for the National Programme for IT (NPfIT), including the creation of a ministerial task force and the recruitment of a director general.

The programme was established formally in October 2002, with the task of procuring, developing and implementing a modern, integrated IT infrastructure and systems for all NHS organisations in England. In 2004, following the review of arms length bodies, the Department of Health announced the creation of a new organisation, combining responsibility for the delivery of the National Programme with the management of the IT related functions of

the NHS Information Authority (NHSIA) which would close. The new organisation was Connecting for Health (CfH).

What did you tell us about IT

In the August 2009 issue of the Community Practitioner Journal⁸, we asked members for their opinions on IT systems in the NHS. The information contained in this report will help us with how we work nationally on your behalf on this very important issue.

An executive summary of some of the results was featured in an article in the Community Practitioner Journal⁹ in November 2009.

Report on the 2009 Make IT Happen Survey of Unite/Community Practitioners' and Health Visitors' Association members

The Make IT Happen survey was launched on 1st August 2009 and closed on 17th September 2009. In this time we had 530 responses which was over four times more successful than our previous survey carried out in 2006. Interestingly the number of 'paper' response were similar on both surveys (136 in 2009 and 124 in 2006) The rest of the responses were submitted via an online survey site.

The survey was featured in our Community Practitioner Journal and all members (who have active email addresses on our membership system) were emailed an invite to complete it, both with a PDF version of the article and survey and also a link to the online version. We also featured the web address of the survey on the Unite/CPHVA website.

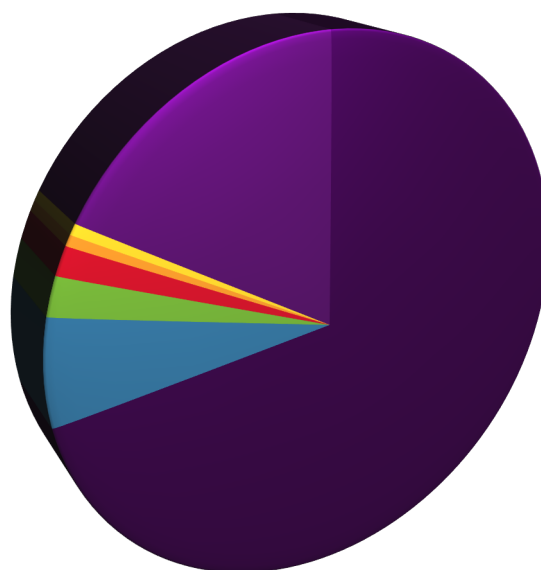
There was no requirement to be in current membership, with anyone being able to access the online site and we are aware that our journal has much wider readership than just our members (approximately 20,000 readers).

Demographics of respondents

The majority of responses (73%) were from health visitors (n= 386) with 6% of respondents being school nurses (n= 32). There were also 11 community staff nurses, 8 community nursery nurses, and 3 each of practice and district nurses. There were also 16% of people who recorded that they worked in a category outside of the 6 options. This ranged from staff working in education, safeguarding, Children's Centre/local authority staff and senior managers.

- Health visitor
- School nurse
- Community staff nurse
- Community nursery nurse
- Practice nurse
- District nurse
- Other

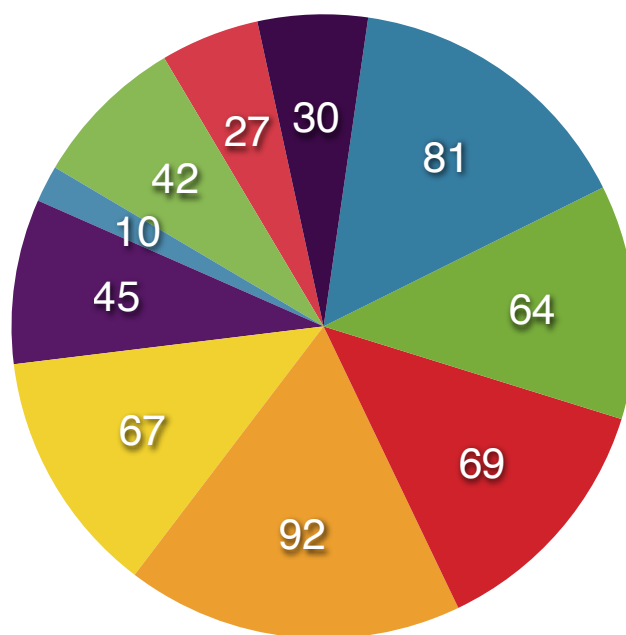
figure 1: Profession of respondent



We asked respondents to identify which United region/country they worked with the following results. Not only are the responses important due to the differing nature of IT delivery across the four countries, but also due to the differences in delivery partners across different areas of England. This information was also important when considering issues related to ContactPoint in England.

- East Midlands
- London and Eastern
- North East, Yorks and the Humber
- North West
- South East
- South West
- West Midlands
- Northern Ireland
- Scotland
- Wales

figure 2: Number of responses by region



Access to computers

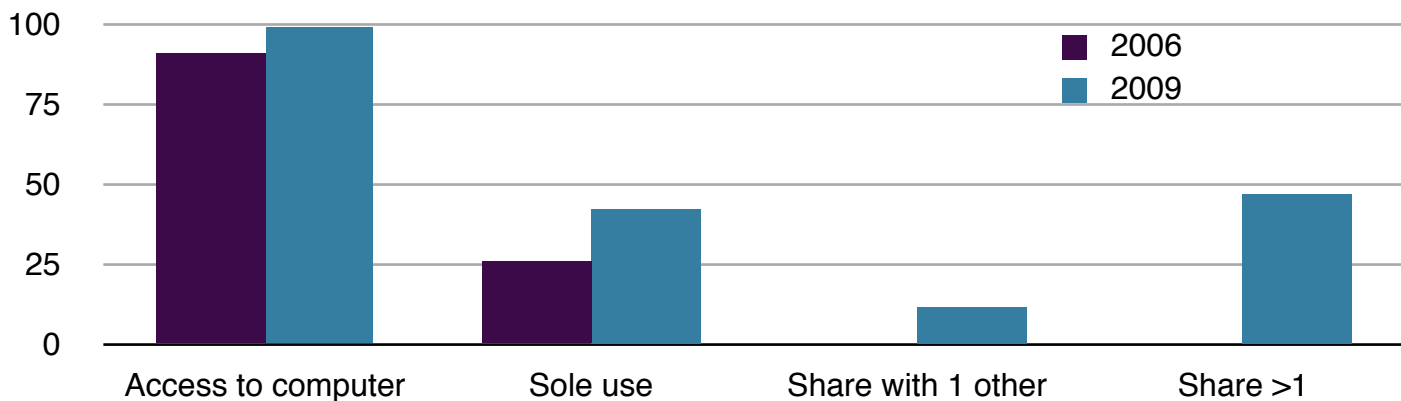
One of the most basic questions that needs to be asked when thinking about IT is access to physical systems which allow you to either input data or are able to read output. We wanted to know how available hardware was in practice. We further developed this question from that asked in 2006 as with the advent of new equipment we know that people no longer just use desktop computers.

In 2009 a total of 93% (n= 491) of respondents have access to a desktop computer, while 23% (n= 122) reported access to a laptop. There is some overlap as some people had access to both desktop and laptop hardware. It would be interesting to know why this has come about, for example whether

the desktop computers were initially provided but with new laptops being brought in, they were just left in situ.

If the results are examined it appears that only five people (less than 1%) had no access to either a desktop or laptop computer. Since our last survey, this figure has shown an improvement – in 2006, it was reported that 9% of members did not have access to a computer.

figure 3: Type of access to a computer



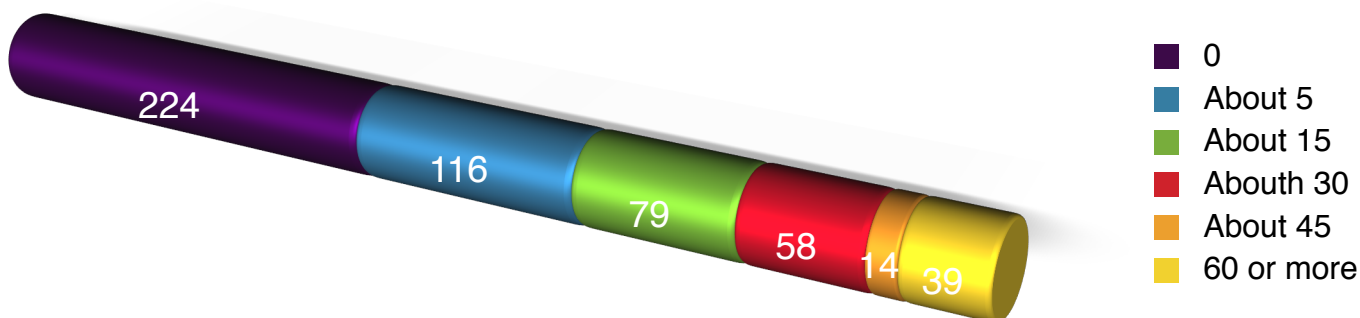
We also looked again at how many peoples access to computers was shared with other colleagues.

In 2006, two-thirds reported having to share a computer with colleagues, with the average number of colleagues that they shared with being five. In 2009, 42% reported that they have their 'own' computer (n= 224). Of those who had to share, 12% did this with one colleague and 47% with more than one.

When averaged, this means that there was a computer for every 1.7 people. This figure has been reduced dramatically by the fact that there are nearly twice as many people with their 'own' computer in 2009. However, if you just consider where people do share a computer, the average number is 4.3 people per computer. In 2006 the average was 5.

This year, we wanted to understand how much time it took to get access to a shared computer – 22% reported having to wait five minutes, 15% about 15 minutes, 11% about 30 minutes, 3% about 45 minutes and 7% more than an hour. We would not argue that this time is always wasted, with queues forming in health centres, but respondents' comments highlighted how this caused issues at times with being able to complete activities contemporaneously, and how time was lost having to alter diaries to get time in front of the screen.

figure 4: The number of minutes waited to access a computer



Access to networks

Interestingly, we also had high rates of people being able to access the internet at work (95% - up from 87% in 2006) and having access to their workplace intranet system (93% - up from 81%), but slightly less with access to email (86% - down from 89%). This is not only important in terms of client care, but also in how staff stay 'up to date' with issues. With the further roll-out of NHS Choices in the community and more web-based education and training modules, it is good to hear that most staff do have this access.

How do you learn to use IT

We asked respondents to tell us if they had ever had any training to use a computer and/or search the internet. 65% (n= 343) reported that they had some form of training with a mixture of courses being supplied through their employer, as part of wider university education, through local courses paid for themselves or from friends and family showing how to use computers. A popular course reported by many continues to be the European Computer Driving Licence (ECDL).

Electronic clinical systems

310 respondents stated that they had access to a community clinical record system, with the most reported system being EMIS (n= 88) followed by SystemOne (n= 77), RIO (n= 61), Lorenzo (n= 52), GPass (n=15) and Care Plus (n= 5). 12 responses reported 'other' systems.

92% (n= 286) reported that they had received some form of training on their local system. An issue that is repeatedly raised when talking to members about their experiences of IT in healthcare is both the sufficiency and timeliness of training. Therefore two questions were included in the survey to identify whether this was a regular problem/concern with the results that 41% (n= 116) reported the training was 'insufficient' and 61% (n= 174) that it was not timely.

This was one of the most 'popular' commented questions by respondents with examples given:

"training provided prior to going live is now out of date as new additions are discovered on a trial and error basis"

"the training was largely unrelated to the actual issues that our profession has when using the system day-to-day"

"training was 5 hours and given 6 months before it went live and was not sufficient for needs and we are still defining how to input data"

"I could still do with more training to use efficiently"

"pretty awful. As service manager I have provided the staff with lots of training in their bases in small teams"

The Health Informatics Advisory Group (HIAG) has often lobbied on the importance of good 'implementation' planning, where training is delivered close to 'go-live' dates.

"it was ages before the system was live and fairly irrelevant. Once live the updates we had were very useful as then made sense!"

When asked about what involvement respondents have had in the design of clinical systems, 54% (n=287) reported no involvement, with a further 18% (n= 95) not knowing whether they have or have not been asked for their opinion. However, 20% (n= 107) did report being invited to be involved in local workgroups, 10% (n= 54) had been asked for their individual opinion and 3% (n= 18) had been involved in a regional working group.

Is IT useful?

We wanted to find out what respondents views were in terms of how useful the systems would be in improving practice both in clinical outcomes and in staff 'productivity'. We asked that 5 statements be rated from 1 (strongly agree) to 5 (strongly disagree). Interestingly, this question was the one that was most answered 'incorrectly' by respondents, with some of the paper forms having ticks in the response box, rather than a 1-5 rating. This was not a problem on the online form.

The 5 questions were;

1. IT systems would help in the safe guarding of children
2. IT systems would support more efficient care
3. IT systems would reduce duplication of records
4. IT systems would save time
5. IT systems would support confidentiality of records

Initially an average (mean) was taken from all responses across the 5 questions. As these only ranged from 2.28-2.91, further work was done to look at the median result and the mode. As the mode result provided interesting 'reading' the full figures used to calculate this have been included. This question also elicited a large number of comments, with the main theme a 'discussion' regarding why respondents had answered in the way they had with typical examples:

"Q5 response reflected present status quo, maybe improve in future"

"Q5 answered based on current experience"

"Q5 It depends on a variety of factors such as appropriate system, equipment etc"

If the survey is repeated in the future, it would be important to further clarify what this question is asking, i.e. either with current systems or if the system was working at full capacity, with the intended benefits realised.

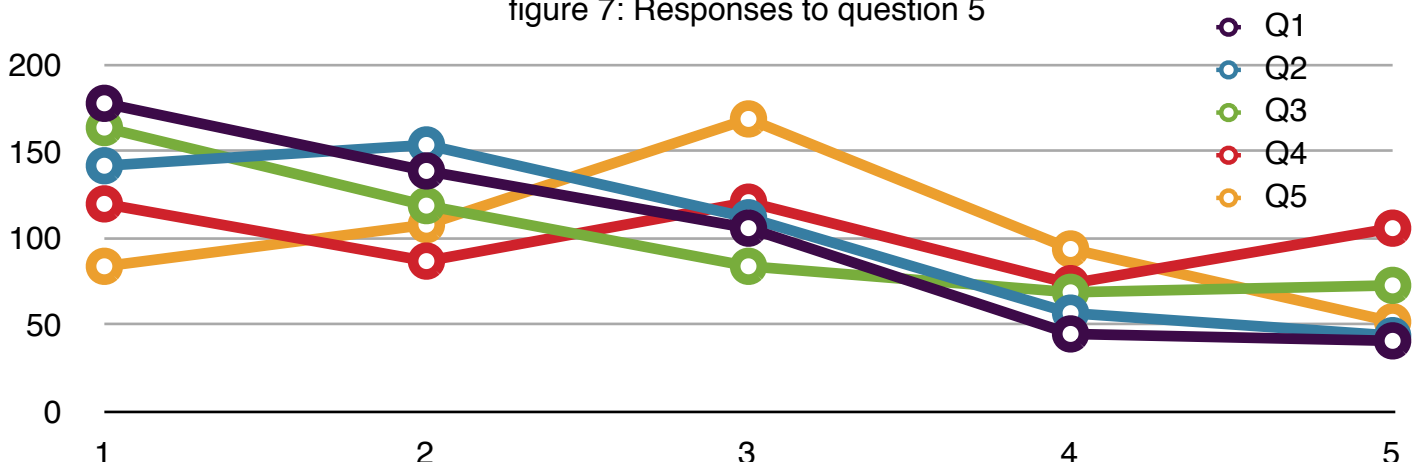
	Q1	Q2	Q3	Q4	Q5
Mean (average)	2.28	2.42	2.54	2.91	2.83
Median (results put in order, middle result)	2	2	2	3	3
Mode (most frequent response)	1	2	1	3	3

figure 5: The mean, median and mode for question 5

Rating given	Q1	Q2	Q3	Q4	Q5
1	178	142	164	120	84
2	139	154	119	87	108
3	106	112	84	121	169
4	45	57	69	74	94
5	41	44	73	106	52

figure 6: Respondents rating for question 5 (shaded value is the mode)

figure 7: Responses to question 5



The 2006 report concluded that; *“More than half of respondents felt that having the full range of IT equipment available with the right training would improve job performance ‘significantly’, with 27% saying it would improve performance ‘a little’. Areas for improvement were prioritised in this order:*

- *Professional knowledge;*
- *Better communication and clients benefiting;*
- *Improve multidisciplinary/team working;*
- *Assist in keeping better records”.*

Unsurprisingly, in the 2009 results it can be suggested that the two (of the five) areas that need to be addressed most urgently is how IT systems can save time and how IT can support the confidentiality of records. These are both important issues to healthcare staff not only related to their own professional code but also in the increasing drives by employers to make staff more productive.

It is interesting that in the area of productivity IT systems are often ‘held up’ by managers to improve productivity, but are often cited as the biggest drain on time by practitioners.

“I can have a clinic of 35 children. A colleague timed me the other day and it took 3 minutes to ‘log’ each child. That’s 105 minutes! And that’s with no problems inputting the data and being one of the ‘quickest’ on the system”

ContactPoint

Some background¹⁰...

Lord Laming’s 2003 report into the death of Victoria Climbié made a number of recommendations and led to the development of the Every Child Matters programme. One of the recommendations was that the Government investigate the feasibility of a database that covered all children; and provided basic identifying details and contact details for practitioners and services involved with the child.

In 2004, an independent feasibility study confirmed that a national approach was operationally and technically possible. The ContactPoint concept, previously known by the working title the Information Sharing Index (ISI), was developed through extensive consultations and workshops with a wide range of stakeholders through the initial design.

There are currently 17 local authorities in the North West of England and two national charities (Barnardo’s and KIDS) who are acting as early adopter sites to the system.

For those members who work in England, we also asked a supplementary set of questions related to ContactPoint. There were 448 of these respondents – 59% (266) of them knew about ContactPoint and 34 had access to it in early implementer sites. Of these, 24% had received some form of training about the new system. Of those who knew about the system, 57% (151) stated that they could explain its benefits to parents.

As our members will be fundamentally important to the success of the aims of the ContactPoint system, we are hoping that this

will be one area that will be improved on in the next year.

Partly, this will happen by the further role out of the scheme and more information and training locally, however, it is important that the issue of explaining its benefits to parents is improved. At times with negative press in national newspapers on the scheme, it is important that those trusted professionals who work locally with families can provide the facts so families can make proper informed decisions. We look forward to further joint work with colleagues at the Department for Children, Schools and Families on this issue.

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What does IT mean?

The following is a non-exhaustive list of definitions and acronyms that are currently being used in the NHS IT systems in England. This has been adapted from Supporting Transformation¹¹ and the websites of respective organisations/ companies.

Title	Abbreviated Title	Short Description	Further Information
BT		BT is both the local service provider for LPfIT and is one of the National Application Service Providers (NASP's) for the national programme. It is working on the national data Spine, the national database of patient records and is responsible for N3.	http://www.btplc.com/Health/
Choose and Book	CAB	The electronic booking system that enables clinicians and other primary care team members to make an initial out-patients appointment at a date, time and place of the patients choosing.	www.chooseandbook.nhs.uk
Connecting for Health	CfH	Came into operation on the 1st April 2005. It combined the responsibility for the delivery of the National Programme with the management of the IT related functions of the NHS Information Authority.	http://www.connectingforhealth.nhs.uk/
ContactPoint		ContactPoint is an online directory, available to authorised staff. It tells practitioners from a range of services, who else is working with a child, who is the 'lead professional' and in the future will tell the professional whether the child has a 'Common Assessment Framework' (CAF) completed. It does not hold details of assessment or case information.	http://www.ecm.gov.uk/contactpoint
Direct Enhanced Service	IM&T DES	Directed Enhanced Services (DES) are special services or activities provided by GP practices that have been negotiated nationally. The IM&T DES is designed to facilitate the take up of information management and technology within GP practices to support the delivery of the National Programme for IT.	http://www.connectingforhealth.nhs.uk/systemsandservices/gpsupport/gp2gp/goodpractice
Electronic Prescription Service	EPS	Enables electronic prescriptions to be generated, transmitted, received and reimbursed. Release 1 (or the first version) is currently underway enabling some GP's to issue paper prescriptions with a barcode. Release 2 will see the introduction of electronic signatures.	www.connectingforhealth.nhs.uk/eps

Title	Abbreviated Title	Short Description	Further Information
Electronic Records Transfer	GP2GP	Enables patients' electronic health records to be transferred directly from one practice to another.	www.connectingorhealth.nhs.uk/gp2gp
EMIS		Electronic patient record designed and delivered by EMIS (Egton Medical Information Systems).	http://www.emis-online.com/
GP Systems of Choice	GPSoC	GP's are able to choose between using different systems provided by their local service provider, either keeping their existing clinical system and undergoing upgrades or moving to another supplier's clinical system.	www.connectingorhealth.nhs.uk/gpsoc
HealthSpace		Provides an online personal health organiser for patients. Patients who have a Summary Care Record will be able to access it via HealthSpace.	www.healthspace.nhs.uk
London Programme for IT	LPfIT	LPfIT is a part of NHS London and is responsible for the implementation of the national programme in the region. BT is the local service provider for the programme.	http://www.london.nhs.uk/lpfit
Lorenzo		Electronic patient record designed and delivered by iSoft.	
National Network for the NHS	N3	N3 is the name of the National Network that replaced NHSnet. It's reported that N£ has significantly better bandwidth (so its faster), much improved reliance (so less time when its not working) and better value to the NHS as it's nationally negotiated. The network will also enable 'convergence' where the network can be used, initially, for voice calls but increasingly for video conference and other new facilities.	www.connectingorhealth.nhs.uk/n3
NHS Care Records Service	NHS CRS	Enables each person's detailed record to be shared between different parts of the NHS, and patients will also be able to have a summary of their important health information (see Summary Care Record), available to NHS staff treating them anywhere in England.	www.nhs-care-records.nhs.uk
NHS Choices		Provides a single 'front door' for the public to all NHS online services and information through the countries biggest health website. Sections include; medical advice now, find services, health A-Z, compare hospitals and behind the headlines.	http://www.nhs.uk/
NHS Classification Service		The definitive source of coding guidance to the NHS coding profession, offering expert advice on what commissioners of health services need to do to understand the coded data they receive.	
NHS Number		Fundamental to NPfIT as it's the national unique patient identifier that makes it possible to share patient information across the NHS.	www.connectingorhealth.nhs.uk/nhsnumber
NHSmail		The centrally funded service that's free at the point of use to NHS staff. It enables staff to keep the same email throughout their NHS career. Patient identifiable information can be shared between appropriate NHSmail users. The system can also be used for sending SMS/ text messages, sending faxes, arranging calendars/ diaries and searching the NHS directory for contact details belonging to more than one million NHS colleagues.	www.connectingorhealth.nhs.uk/nhsmail
Personal Demographics Service	PDS	The national electronic database of demographic details, enabling healthcare professionals to readily identify a patient and their associated health care records. It will eventually replace National Health Applications and Infrastructure Services (NHAIS-the Exeter System) within primary care and directly manage a patient's registration with a GP.	www.connectingorhealth.nhs.uk/demographics

Title	Abbreviated Title	Short Description	Further Information
Picture Archiving and Communications System	PACS	Allows x-rays and scans to be managed digitally.	www.connectingforhealth.nhs.uk/pacs
Primary Care Information Services	PRIMIS	Free service to primary care organisations to help them improve patient care through the effective use of their clinical computer systems. It supports GP practices to improve their data quality, and once accredited, practices will be able to add patient data to the spine.	www.primis.nhs.uk
Quality Management and Analysis System	QMAS	QMAS supports the Quality and Outcomes Framework (QOF) detailed in the GMS Contract. QMAS is upgraded on a regular basis to support new clinical codes and QOF changes	www.connectingforhealth.nhs.uk/qmas
RIO		Electronic patient record designed and delivered CSE Healthcare Systems. Currently being deployed across London and the South of England.	http://www.cse-healthcare.com/RiO/index.html
Secondary Uses Service	SUS	Provides timely, pseudonymised patient-based data and information for management and clinical purposes other than direct patient care.	
Smartcards		Before anyone can access the NHS Care Records Service (NHS CRS) and other systems and services, such as Choose and Book, they must register for an NHS Smartcard and Passcode. Each trust and PCT is responsible for setting up a Registration Authority (RA) to issue NHS Smartcards and manage the registration process. Patient information can only be accessed by a user with a Smartcard and Passcode. That user can only view the patient information that they need to fulfil their duties. All access to the NHS CRS is recorded.	www.connectingforhealth.nhs.uk/rasmartcards
Spine		The Spine is a national database and transactional messaging service which is both a secure national database of key information about patients' healthcare and a messaging system that underpins many of the new services being rolled out under NPfIT.	http://www.btplc.com/Health/NHSIT/TheSpine/index.htm
Summary Care Record	SCR	At first a persons SCR will contain key health information such as details of allergies, current prescriptions and bad reactions to medicines. After that, each time the patient uses any NHS health services, details about current health problems, summaries of their care and details of the healthcare staff treating them may be added to their SCR. People can access their SCR online through HealthSpace.	http://www.connectingforhealth.nhs.uk/systemsandservices/scr
Systemised Nomenclature Medicine Clinical Terms	SNOMED CT	(Replacement for READ codes) A common computerised language that will be used by all computers in the NHS to facilitate communications between healthcare professionals in clear and unambiguous terms.	www.connectingforhealth.nhs.uk/snomed
SystemOne		Electronic patient record designed and delivered by tpp. Currently being deployed across the North, East and Midlands Programme for IT as the CSC Integrated Primary Care Solution. In the Southern and London regions of England, it is available under the GPSoC.	http://www.tpp-uk.com/index.htm

This report was written by the Unite/Community Practitioners' & Health Visitors' Association Health Informatics Advisory Group (HIAG) in October 2009. Thanks must go to members of the group and also to all those members who took the time to respond to the survey. Thanks also to Danny Ratnaiker (Community Practitioner Journal Editor) who took the time to lay out the survey in the Journal pages. Further copies of this report can be downloaded at:

<http://www.unitetheunion.org/cphva>

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