



International Spotlight

News from Harrogate, UK 2006 Health Informatics Conference

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The annual Harrogate Conference is the major health informatics event of the year in the UK. With England having underway the largest public sector informatics project in the world in the form of the Connecting for Health Programme (estimated cost of £20 – 30 billion over the next 8 years); the conference attracts media attention from around the world.

The theme of this year's UK Healthcare IT conference was "Current Perspectives in Healthcare Computing 2006". The key themes that emerged during the conference included –

- Bringing Professionalism to Healthcare IT – certification of people and software
- Status of the development of Electronic Health solutions in England, Scotland and Wales
- Chronic Disease Management and Telecare
- Privatisation of treatment – the role of Integrated Service Treatment Centres
- Reorganisation of the NHS

Bringing Professionalism to Healthcare IT

Europe in general, and England in particular, has made professionalism of IT workers a major initiative to be brought to centre stage. This is intended to culminate over the next five years with a requirement for professional certification for all IT workers. Healthcare IT workers are being seen as the a critical element of this given the life and death nature of their activities – and because IT enablement of healthcare has occurred at a much later stage than in other industries.

The priority of this initiative was reflected in the fact that the headline session of the Conference was devoted to this topic. A panel comprised of senior officials from the British Computer Society (BCS),

the Cabinet Office Secretariat on IT Professionalism, academia, and the NHS described their plans to move, over the next 5 years, to a situation where all individuals working in healthcare IT would have to be professionally certified. In addition, it was noted that in the future not only would the IT staff have to behave in a professional manner but their organisations would have to behave in the same way when presented with advice about investments in IT that were essential to patient care and safety. A legal framework is being developed that would make organisations accountable for their decisions around IT investment and operations. A recent explosion in England that destroyed a data centre containing health records for several hospitals was used as an example of the problem – the IT staff had repeatedly recommended the need for a back up data centre but their advice was not heeded. The explosion created chaos and confusion for days until backup tapes were installed.

The BCS Healthcare Division has created a certification programme called the British Computer Society Certification for Healthcare IT Professionals (CHIP) that they hope will be the basis for the future requirement for certification. (All Courtyard staff in the UK have gone through the certification process and found it very complete)

Another aspect of the discussion was around future certification of healthcare software as compliant to NHS business and clinical processes, and patient safety. Richard Grainger, Director General of IT for the NHS, recently challenged the Intellect Healthcare Industry Association to quickly come forward with a plan for this – after a death was attributed to a software failure.

While this is consistent with COACH's efforts to make this part of the public agenda, The UK Cabinet Office and the European Union now have full time staff devoted to this agenda.

Status of the development of Electronic Health Solutions in England, Scotland and Wales

Richard Grainger provided an update on progress with the National Programme for IT in England. There was good news:

- rapid rollout of a new email service and broadband capability
- good progress on the deployment of PACS in the south (the whole country will be converted to PACS in the next 24 months)
- e Booking (Choose and Book) e Prescribing software is ready and is being deployed – although there are challenges with adoption

And there was bad news:

- the Spine (central messaging and data bases) is late and the specification is still being debated
- the core software from IDX, Cerner, and ISOFT, for the National Care Record System, is very late and little progress is being made in deploying initial releases. The initial functionality is too limited to attract adopters.
- Clinicians continue to feel left out of the development process

Dr. Gwyn Thomas of Wales and Dr. Ken Robertson of Scotland described progress in their respective home countries. In summary, both these programmes are intending to be more incremental and to ensure greater clinical engagement. Dr. Thomas specifically noted Canada as a model he wanted Wales to emulate rather than the English model of “rip and replacement” of existing applications.

In terms of legacy applications, it is the intent of Wales and Scotland to exploit their existing investments wherever possible. In England the delay in availability of new software has created a new debate about the “rip and replace” approach and it is expected there will be at least a temporary retreat from this - leaving room for other software suppliers to get back in the market.

Chronic Disease Management – Telecare

A number of pilot projects, which are underway in the UK, looking at new delivery models for the management of chronic conditions were described during the conference. These conditions currently account for over 50% of healthcare spending, and forecasts are for a worsening of the financial situation. As a result there is an expectation that net new businesses will be established to utilise various forms of technology and communications to allow for a case management approach. This approach will leverage call centres and remote monitoring and communications technologies to be brought to bear on the problem.

Several global companies are gearing up to create these new businesses based on British government investments in this area. The expectation is that they would then be able to take the experience global as other countries look to ways and means to manage their Chronic Disease costs. This is consistent with the CDM strategy work being conducted by Courtyard in Canada for numerous clients – although the plan to privatise the delivery process is probably a step further than most expect in the short to medium term.

Independent Sector Treatment Centres (ISTC)

The British government is currently letting contracts to the independent sector (private hospital companies) for the operation of Diagnostic and Surgical Centres across the UK. These centres are targeted to assume 15% of the total volume of NHS surgical and diagnostic interventions over the next few years. This will have a dual effect of increasing capacity in the system and reducing waiting times – and creating a competitive environment. The new Choose and Book system will allow all organisations to post their availability of services and compete for work. It is expected this will drive a much more rapid adoption of this system. In addition, the independent sector (over 40 companies) has to implement NPFIT compliant systems as a requirement of participation in the ISTC Programme. This will ensure a national patient record across both the public and private sectors.

This is in direct contrast to Canada’s (current) approach to managing wait times.

Reorganisation of the NHS

An undercurrent to the whole conference was speculation about the massive reorganisation of the NHS, and almost complete change out of the executive leadership.

The number of Strategic Health Authorities is being reduced from 28 to about 11 – and all CEO’s are being replaced (likely by individuals from the non healthcare sectors).

The number of Primary Care Trusts is being reduced by over half – again with a change of leadership.

The reorganisation has been spurred by a £1 billion NHS deficit that was not envisaged until well into the last fiscal year – and the final amount was several hundred million more than expected even at month 11 of the fiscal year.

The size, type and amount of change is expected to be unprecedented. ●