

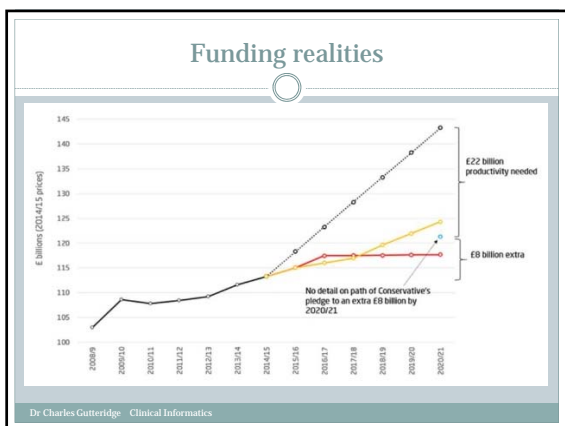
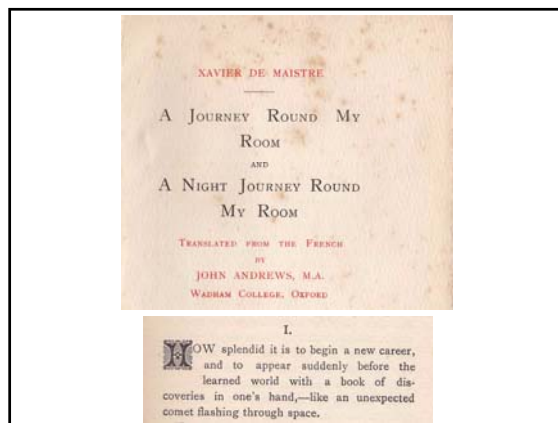
Patients and families Patients in mind

Patients in your heart

A Journey Round NPfIT

A Basic Primer on the National Programme for IT

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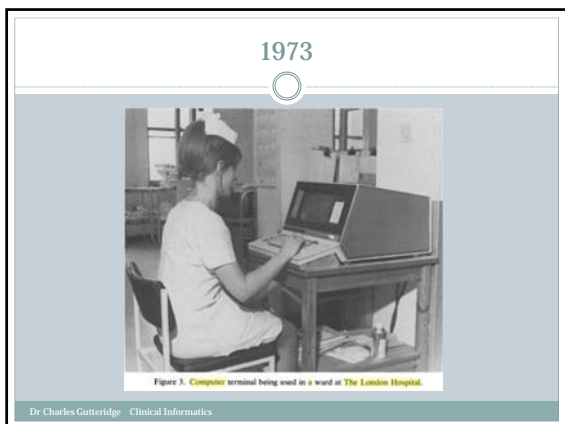


Complex, multidisciplinary, psychosocial

not form a logical extension of that work. Furthermore, the rate of implementation of systems is still relatively slow. Major hospital systems may take between 5 and 10 years to implement fully. This appears to be due to the complex, multidisciplinary, psychosocial systems of the hospital as well as to the intrinsic difficulty and high technical performance required by the health care situation. The major problems relate to the management of organizational change (Fairey, 1976) and to the accurate and efficient gathering of data from the environment. The easiest approach simply

1976

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- ### Primary care computing went first
- 1980s 'Free computer systems' tied to Pharma
 - 100s of systems by 1990
 - 1993 Standards introduced by NHS Management executive
 - **Read Codes** (symptom and sign terms) used as standard for reporting
 - Now market consolidation to 4 vendors
 - 100% EHR use
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Securing our Future Health: Taking a Long-Term View

Securing our Future Health: Taking a Long-Term View

2002 - Wanless projections

Solid progress
Slow uptake
Fully engaged

Changes in the cost and configuration of the supply care:			
Medical technology	Contributes around 3 percentage points a year to growth in health spending	Contributes around 2 percentage points a year to growth in health spending	Contributes around 3 percentage points a year to growth in health spending
ICT	Spending doubles in real terms by 2003-04	Spending doubles in real terms by 2007-08	Spending doubles in real terms by 2003-04
Productivity growth	Increases from 2 to 2 1/2 per cent a year in the first decade to 3 per cent a year in the second	Increases from 1 1/2 per cent a year in the first decade to 1 1/2 per cent a year in the second	Increases from 2 to 2 1/2 per cent a year in the first decade to 3 per cent a year in the second

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Standards set at the Centre

6.7 Standards should be set by the departments and agencies of government which oversee and regulate the health system. They should be well defined and transparent. Many of the standards set by government for the health service should inevitably focus on clinical standards – for example, defining the minimum quality of care which every citizen has the right to expect irrespective of where they live. But in some cases, there may also be a role for the central setting of non-clinical standards. For example, the Review believes strongly that information and communication technology (ICT) standards must be set firmly from the centre.

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Setting the framework in the Centre

- the Government and the health service must ensure that they have clear and well developed views about the benefits which they want to achieve and how they will be delivered, with **patients at the core** of the system. The implications for staff training will also need to be considered carefully;
- to avoid duplication of effort and resources and to ensure that the benefits of ICT integration across health and social services are achieved, the Review recommends that stringent standards should be set from the centre to ensure that systems across the UK are fully **compatible with each other**; and
- to ensure that resources intended for ICT spending are not diverted to other uses, and are used productively, the Review recommends that **budgets should be ring-fenced** and achievements audited.

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What is caring and medicine about?

What do you mean it is binary?


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Connecting to front line politics

Make it simple and structure your plan

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Published June 2002



Delivering 21st Century IT Support for the NHS

National Strategic Programme

2002 English 'Meaningful use'

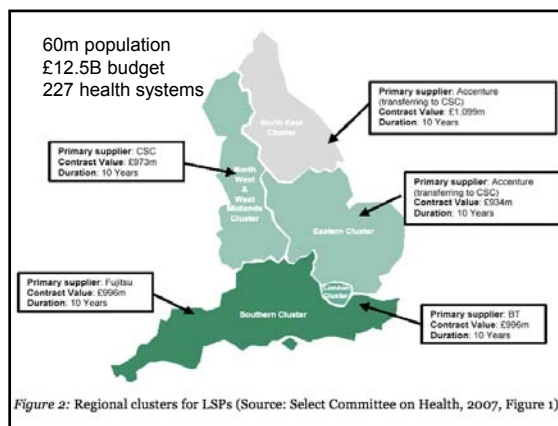
Our strategy to ensure funds are directed to the required IT developments will be to release them only when systems proposed by NHS organisations are compliant with national standards or called off from a list of compliant systems. In 2002/03 we will seek to accelerate the pace of development in connectivity, bandwidth and electronic records as available resources permit.

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The dream 2002: 4 key elements

- Integrated EHRs
- On-line prescribing
- Electronic appointments and booking
- Infrastructure

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The Battle of Clinical involvement



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House of Commons
Health Committee

The Electronic Patient Record


Sixth Report of Session 2006–07

National programme for IT



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Money



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Patient data



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Complexity - banking analogy is wrong

- Clinical work**
- Listing
- Listening
- Feeling
- Examining
- Viewing
- Diagnosis
- Illustrating
- Handing over
- Making sure




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NHS Spine outputs

- **Connections**
 - 21k organisations/27k ICT systems
- **Single source of demographic data 80M people**
 - 2.6 billion requests/year
- **55M Summary care records**
- **Electronic prescriptions from GP to pharmacy**
 - 1.3 billion EPS messages
 - 50M dispense notifications
- **Smartcard registry 1M staff**
- **Gp2GP health record transfers**
 - 77 k/month

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Single system



Health delivery	<ul style="list-style-type: none"> • Integrated • Partnership • Innovation
Health IT	<ul style="list-style-type: none"> • Enterprise wide • Interoperable • Structured
Funding	<ul style="list-style-type: none"> • Value • Accountable • Transparent

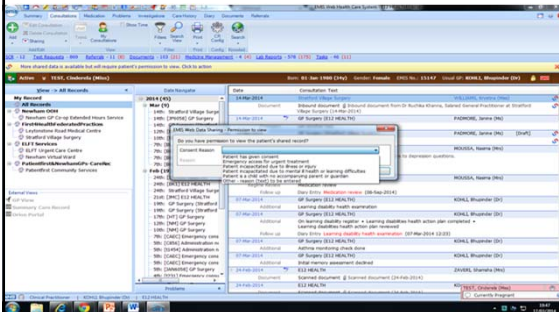
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3 core elements to our programme

- A people's health data movement
- Empowering clinicians with point of care information and outcomes data
- Developing data for population health

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Point of care permission to share



amy wyn jones @amy_wyn

@domcavian @bartsendo @GutteridgeC Here's how access to #NHSSCR reduced phone calls to one Leeds GP surgery @NHSSCR pic.twitter.com/c5bHGxbCBk

3:17 PM - 12 Mar 2015



Improving Patient Experience

Almost all practices use Patient Access

- Book online appointments
- Repeat Prescriptions
- View clinical records
- Send secure messages



Population health management

Tools of personalised public health

- Access to information
- Citizen learning via social media
- On-line services
- Predictive analytics and early intervention

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Patience and endurance



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