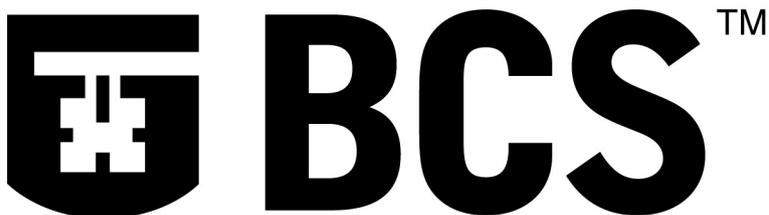


Newsletter of the British Computer Society
Heath Informatics (London & South East) Specialist Group



THE BRITISH COMPUTER SOCIETY

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Editorial

Something which rather goes to the heart of the Newsletter is whether it is needed at all in this form. While this one will go out on paper, it could possibly be the last to do so. It's not the writing of it which has become an outmoded process, but the photocopying, the filling of envelopes, and the posting probably have. Even our few editions per year eat up hundreds of pounds of BCS money which, if propagated over all specialist groups, could be better spent.

Now that we have a new website, which promises to be highly active, the components of the Newsletter could appear more quickly on individual pages there. This edition will go electronically to the website editor and he can advise how easy it is to cut and paste, and hence whether it was worth assembling as a whole to start with.

Electronic Newsletter content will mean it is not necessary to wait for enough to fill the pages to make the postage worthwhile. Publication could be much faster. Website updates could be announced by e-mail.

Meanwhile, I made an all too rare visit to my BCS Branch recently. What a friendly and well organised bunch I found at Central London in their meeting place at the IEEE. The topic was 'Is your Big Change Programme Going to Deliver'. Somehow (I wonder why) I thought it might be rather relevant to IT in healthcare. It was. The speaker might just be getting an invitation to speak to our Group.

Mark Buckley-Sharp

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Committee Report Wednesday 19th November 2003

All our membership addresses are on the central BCS systems, and Chris Mayes at BCS HQ is providing support to all the Health Informatics specialist groups.

With the increasing availability of electronic communications via BCS HQ, the Committee considered, but deferred any decision on how the Newsletter should be originated, formatted, and distributed. The paper Newsletter was shortlisted for a BCS award recently.

Committee Report Wednesday 21st January 2004

The Committee heard more about progress with BCS-Connect, and welcomed Chris Mayes from BCS HQ.

All Group members should have received a letter inviting them to register for BCS Connect, which provides access to member services including options for

managing personal contact information. The Committee has access to two server lists. One is the full membership list which can be used to send e-mails without attachments to all members. This will be useful for advertising meetings. The other is a Committee membership list which can be used as a forum to exchange information with attachments. Other secure areas are for archives and discussions.

The Group's financial processes are now all centralised at BCS HQ, and this is working well.

The Committee discussed the Group's financial position which is healthy now, but we have no income from membership fees. Members should be aware that holding our list centrally may be preparatory to charging a membership fee annually. The disadvantage of paying something would be offset by the efficiency of collection which would minimise the fee anyway.

The Group web-site has been managed for several years by Neville Vincent, but the host server is being moved, and Neville is no longer on our Committee. The Committee asked Aidan Laverty to see if we could have a new web-site hosted at BCS, and also expressed their great appreciation of Neville's contribution which now concludes.

Our New Web Site

The new web editor (or spinner, or whatever is the latest term), Aidan Laverty has lost no time at all in setting up a completely new Group web site hosted at BCS. This has a new appearance to conform with typical BCS style, while as much as possible of the old content is being ported across from the old site.

Please visit www.hilsesg.bcs.org/index.htm and see what has been achieved. The site went live on March 11th

Our Stand at HC2004

There will be a stand at HC2004 for the various BCS groups. Ideally, this should be staffed on rotation by some group members who can advise visitors about our activities. Anyone who would be prepared to give a little time by joining a panel of volunteers is asked to e-mail Keith Clough at krc@imf.co.uk. Keith will pass names to the stand manager.

Contacts List

Chairman: Barrie Winnard,
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Website Editor: Aidan Laverty,
alaverty@ich.ucl.ac.uk

Website URL at:
www.hilsesg.bcs.org

Other Committee members include David Hancorn, Andrew Capey, Elizabeth Hunter, Jas Weir; Sandra Evans, Moira Watkins.

Membership of HI(L&SE)SG is open to anyone interested in its activities. It is not necessary to be a member of the British Computer Society.

If you receive a copy of this Newsletter then you are a member of the group. There is no need to reconfirm membership unless any of your details have changed.

At present, there is no annual fee for being a member of the group. A small charge to cover local costs may be made when attending meetings.

There are two easy ways to join the group.

1) E-mail to Mike Andersson at bcsgroup@andstrom.co.uk advising your postal address, e-mail address; and include BCS membership number if you are a member of the Society.

2) Go to our web-site at www.hilsesg.bcs.org and follow the instructions. There should be an on-line form soon. Until then you may have to use method (1) above.

To unsubscribe from the group, please also contact Mike Andersson.

Meeting Report
Wednesday 19th November 2003
at Moorfields

Patients and Confidentiality

It seems clear that the proper handling of personal information is key to effective healthcare in general, and to implementation of the national IT programme in particular. Some of the issues were presented by John Wright, Confidentiality Lead for the NHSIA, and by Fleur Fisher, an independent commentator.

John Wright referred to the many rules and regulations which already surround the handling of personal information. In the NHS, the objective can be summarised as the achievement of informed consent to the use of personal information. In turn this must imply a definition of the uses; the processes to enforce adherence to the definition; and the ability to consent freely. And, in turn, these can be called Information Governance.

The policy goals within the objective are to have an enforceable legal framework; adequate data quality; and support of best practice. Clinical Governance provides structure to the whole clinical process. Information Governance (IG) does the same for healthcare information.

IG needs to provide clear standards, with support and guidance to show how the standards can be achieved. Information flows must be secured, with known use of named data, anonymised data, and secondary databases.

The network of Caldicott Guardians can be seen as the first step to Information Governance, but that now needs to be developed further. A new IG Toolkit is being made available for use in Acute Trusts and PCTs. The toolkit allows for baseline assessment, hence gap analysis, audit and action plans. There are Standards, Guidance, and Educational components.

Version 1 of the IG Toolkit is web based, and a Version 2 is being developed to extend coverage to social care.

Fleur Fisher considered that the direct doctor to patient relationship is at the heart of healthcare. Within this relationship there can be autonomy, consent, and confidentiality.

The wider, and especially the very wide retention of identifiable personal data could be called 'the naked patient'. Accessing

such identifiable information could be called 'data rape'.

Only the patient should be able to control access to his or her own information, and such control goes to the heart of the human rights relationship between the individual and the state.

It is fair to say that there was a vigorous discussion of all the points raised by both speakers.

Meeting Report
Wednesday 21st January 2004
at Moorfields

EPR – Risk versus Benefit

The topic of the day was presented by two speakers. Sandra Adams, Corporate Governance Manager at Moorfields Hospital, and David Hacker of TargetFour.

Sandra Adams. The starting position is that healthcare delivery needs to be focused on patients, and their needs and choices. Moorfields has been reviewing all its services against this position. To add EPR into consideration means asking whether EPR can help; whether EPR can beat the pen; and whether EPR can improve patient care. Whatever the detail in the answers, it is clear that EPR involves top to bottom change.

There are some very obvious benefits of EPR. Notes you can read is a starter, and notes you can share without moving materials is a good follow on. Sharing records electronically enables non-local working, which is relevant to Moorfields with its outreach clinics. Care pathways on paper are quite impractical: on EPR they become possible. Back office efficiency can improve greatly.

To balance the benefits, there are some risks. If there is a difficulty adjusting care plans via EPR, then care may be fossilised into a cookbook (Ed: sorry, that's my mixture of metaphors.) The care process could slow down at the point of delivery (even if it's speeded up elsewhere) if using an EPR takes longer than writing. Although all healthcare needs training, EPR adds to this need. And there is greater dependency on technical support to maintain operational activity.

It is rather obvious how this balance between benefit and risk works out. EPR must happen. To make it happen requires enormous change. The change process with the vision of benefits has to be sold to users.

In the immediate discussion, it was agreed that boundaries between organisations holding their own EPRs would remain a problem, and that patient buy-in is also needed.

David Hacker approached the question of benefit and risk in EPR by assuming that EPR is to be implemented. Then the question is how to balance benefit and risk within the implementation process.

Risk assessment means considering type, impact and alternative actions; and then minimising risk, contingency and risk transfer. Recording risk is not enough. Risk requires active management so that it is reduced.

Why projects fail overall has been the subject of sufficient studies for the reasons to be well known. Unrealistic expectations, unclear processes, and scope change head many lists.

Leadership and communications skills are needed at the heart of the project. But, even if the project is well run, there is the risk of either line management failure or supplier failure. Line management is needed to keep the existing show on the road during and through the change. Supplier failure, especially if the user has transferred too much unconsidered risk, can come as a very unwelcome surprise.

Moorfields has had an EPR since 1997, with the majority of activities electronic. This is a risk in itself as the current system can be seen as traditional, and other systems rejected as 'not invented here'. But, it has its own benefits of ongoing consistency of the information base. The system was implemented stepwise with the critical support of user champions.

The National Programme for IT (NPfIT) is risky on any view. It is an enormous project: one of the largest ever. Parts of the required technology, and the necessary expertise to run the project are unproven. The outcome business processes, for which the IT is only a small catalyst of the required changes, are unknown. Factors which have driven the project are short timescales and a political agenda. As a result, engaging users, funding of implementation, and local procurement and scheduled planning, have all been ignored or bypassed.

Whether for a local EPR, or beyond that for the whole NPfIT, there is a need to be realistic and to manage risk: not just a need to be optimistic.

More Radical Steps Thursday 26th February 2004 at Birmingham NEC

This was the third meeting in the Radical Steps initiative shared between BCS-HIC and ASSIST. The original 2002 meeting and the followup in 2003 have both produced reports which have had the widest UK and overseas exposure.

The format of Radical Steps is to allow a self-selecting group of experts to assemble for a few common presentations, but mainly for workshop discussions on their areas of expertise. The content of the workshop discussions is restricted in detail but will be reported in digest in due course. What follows can only be a flavour of the plenary presentations, which may whet your appetite to attend a future event in the series if and when it is organised.

Radical Steps 2002 was held after the publication of the Wanless Report. There was a concise report of the meeting with many messages. If there were almost too many messages to digest and act upon, then this could itself be considered an indication of the range of issues requiring attention.

Radical Steps 2003 found a very changed environment, with Strategic Health Authorities finding their feet, and the National Program for IT (NPfIT) newly announced. But, in other areas things were much the same with poor involvement of operational staff and fuzzy roles.

Radical Steps 2004 (in February rather than June) was less well attended, but finds the environment changed again with national and local IT service providers allocated. From such global allocations we need to turn to minutiae again, but there are speculations and concerns about what has been achieved (although recognition that a lot has been achieved). Where are the gaps, if any? Is this progress or more blight? The potential benefits are now immense, but the implementation risks are correspondingly high.

Mark Outhwaite of the NHS Modernisation Agency gave a presentation about the concept of 'digital business' and how this drives changed performance in organisations. Achievement in digital business needs to be measured in benefits and not by quantity of kit used.

(There was a lot more of this interesting presentation.)

Robin Guernier of Medix UK presented a summary of a recently commission survey of doctors attitudes to NPfIT. This followed up a previous survey in 2003. Overall, user knowledge of the program is increasing slowly. (I calculated that the current rate would see everyone informed some time after the project has finished.) One specific finding is that e-booking, as one of the main project strands, is poorly supported.

Advertising Meetings

The Committee wishes to encourage an effective and lively series of meetings which should be suitable for those wanting a programme of continuous professional development.

There is a prime requirement to organise meetings which have a wide appeal of subject matter, and which have authoritative speakers and other contributors.

In support, there is a need for good and active advertising of the future meetings.

- Announcements should appear on our website.
- For members of the Society, meetings should appear in the regular e-Bulletin.
- For members of the Group, we now have e-mail announcements.
- Notices of meetings will be sent routinely to members of other organisations such as ASSIST and IHM. Please would individual members of any of these organisations pass on advertisements to their colleagues at places of work.

Attending Other Meetings

Notices of meetings of other groups have been included in this Newsletter where they may be of interest to our members.

In many case, other organisations offer a discount on registration for HI (L&SE) SG members. That is a good reason to be a BCS member or to be on our mailing list.

HI (L&SE) SG makes a reciprocal offer to members of any other group, who are interested to attend our meetings. Advertising of our meetings in publications by other groups is positively encouraged.

What's On

Monday 22nd – Wednesday 24th March

BCS – HIC

HC2004, Harrogate

[at which HI (L&SE) SG will host a satellite session for another of its lively debates on the topic – “ICRS – We Have Liftoff”.]

Wednesday 12th May

BCS HI (L&SE) SG

e-Booking

6pm at Moorfields Eye Hospital
City Road, London

Thursday 20th May

ASSIST

Annual Conference

Lakeside Centre, Aston University
www.assist.org.uk

Wednesday 23rd – Saturday 26th June

***Computing in Clinical Laboratories –
15th International Conference***

Guildford

Contact: ian.wells@royalsurrey.nhs.uk

Wednesday 14th July

BCS HI (L&SE) SG

Topic and Location to be advised

Wednesday 22nd September

BCS HI (L&SE) SG

Topic to be advised

6pm at Moorfields Eye Hospital
City Road, London

Wednesday 24th November

BCS HI (L&SE) SG

Topic to be advised

6pm at Moorfields Eye Hospital
City Road, London

Please refer to e-mail announcements, and to our website, or the BCS main website, for details of other meetings

Your Debate

The Group's debate format at HC is always well received. For HC2004 we are going again for something topical, and for an angle which should be timely. Proposer, Opposer and Seconds will be asked to present for and against the resolution, with comments from the floor.

“ICRS in England – This House Considers that We Have LiftOff”

The opinions expressed in this Newsletter are given in good faith as a record of meetings and activities of the Health Informatics (London & South East) Specialist Group (formerly the London Medical Specialist Group). They are not necessarily opinions or policies of the British Computer Society or of any organisations employing the authors or speakers.

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