The Royal Society: Policy Study on the impact of information and communication technology on health and healthcare

BUPA

1. **The linkage of information systems with the NHS**

- NHS National Programme for IT

  The implementation of the NHS National Programme for IT sets the roadmap for integration. In the main, private sector systems are prepared for integration and await 'compliance' schedules from Connecting for Health (CfH) on when this can be achieved e.g. Choose and Book directly bookable services are not being enabled for the private sector until 'early summer' 2006 although private sector technology platforms are ready.

- Technology / Legacy systems – some communities will not have technical solutions capable of integration, or will wait until a 'new' system provided by CfH is implemented
- Information sharing protocols (refers to question 2 as well) – locally agreeing what data and information needs to be shared between which parties for what purpose can help.
- There is a risk that local communities will use insecure methods of sharing personal data (e.g. email) to overcome technical issues. The role of Caldicott Guardians and IT security staff become important as pressure increases to share patient data to expidate care.
- The presence of 'targets' (e,g, 18 week wait) may drive perverse behaviour, creating barriers between NHS and private sector. The 'pipeline' of work between the private sector and the NHS is important for all organisations to have sight of for planning. Joint workshops between the sectors to acknowledge common values, create working relationships and develop common business processes to meet such demands are important (ref Local Support Service of Health and Social Care Information Centre).

2. **The avoidance of duplicate tests**

- Importance of integrated 'systems' across organisational boundaries (not just technology integration)

- The requirement to accommodate local ways of doing things and the challenge when a local system is linking to an enterprise wide system (refers to question 1 as well)
- The need for the data and information to follow the patient
- Access to technical systems to staff from different organisations relies upon a secure network. The availability of this varies across the

country. Linkage between local NHS systems and private sector systems should not happen without a secure messaging technology being in place.

3. **Seamless healthcare provision by the private and state sectors**

- Cultural issues i.e. 'them and us'

- Availability of guidance and support to the private sector about NHS business processes and technology to facilitate integration. This is often marketed to the NHS and not the private sector. In addition, guidance is published on the nhs web where nhsnet access is required. Many private sector providers have access, but some do not. Training and support offered to NHS would be invaluable for the private sector to facilitate alignment with requirements e.g. provision of central returns, MRSA reporting etc.
- Linkage between locally based technology and business processes (e.g.NHS) and an enterprise based model (e.g.private sector) where a group of private hospitals may have common technology and processes across a geographically distributed number of hospitals

Principles

- To put the patient at the centre of care
- To ensure adequate provision (and safeguards) are in place such that the right people can see the right information at the right time
- To recognise that technology is often not the barrier but is often put up as the barrier to seamless care
- To establish local relationships between NHS and private sector to enable ongoing open discussion about potential barriers and joint planning to address the challenges

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