SYNOPSIS OF EVIDENCE PRESENTED BY PROFESSOR TERRY YOUNG

1. In healthcare IS, success is dependent on the bringing together a very wide range of skills and knowledge.

2. Healthcare "customers" are redesigning their delivery processes, experimenting with new change drivers, and now have a range of IS solutions, applications, and infrastructure available to them – this is a very complex situation.

3. Much improvement and change management is heuristic, based on some kind of iterative cycle (e.g. plan, do, study, act …plan, do....).

4. Strategic simulation agendas are needed to evaluate the effects of different philosophies of healthcare delivery, in respect of their overall values.

5. Academic methodologies may be less useful than strong systems engineering of practical solutions in appropriate environments.

6. Some clinically obvious measures of value (e.g. faster tracking, less paperwork, faster finding) are difficult to build into business cases, or evaluations.

7. To be useful, information systems must add value in healthcare delivery. **There do not appear to be methods that consistently identify this value to all stakeholders – e.g. end users, purchasers, business, NHS management, etc.**

8. It will be important to focus on clinical issues, not primarily on management.

9. The inter-personal communications piece appears to be consistently underplayed in healthcare IS architectures.

10. There is no consensus over the future model of healthcare delivery.

11. Two working hypotheses are proposed:

    a. the NHS needs an appropriate, common, "look and feel" to maximise uptake (viz, the Microsoft model setting a common office standard);
    b. the NHS needs local reconfigurability because working practices will continue to change and are unlikely to converge towards a common model.

12. Terry Young proposes that an architecture with a nationally shared infrastructure that includes application-service-provision and data warehouses, with lots of clinical and management applications, accessed throughout the NHS using a common clinical or management "office" environment, could better meet the overall requirement. Even now, it might be worth trying to migrate towards this model.

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