

NHS IT - there's always been another way

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Is it possible to go non-NPfiT and still ‘survive’? Evidence from Trusts that never signed up to the Programme even at its amply funded, optimistic heights suggests such non-involvement could be among the best moves they made.

Thus University Hospitals Bristol NHS Trust only last week inked a £8.2m patient administration system deal outside the Programme. The outlay, to supplier System C, which is now part of bigger healthcare specialist McKesson, is for the former’s Medway system.

The system is held to be the basis for a full electronic patient record, said the Trust, as the technology it’s bought is “adaptable or extendable to meet the future needs of the trust in building towards an electronic patient record”.

The system offers the body functionality including patient registration, in-patient care, waiting lists, out patients, case note tracking, bed management, clinical data collection, referral to treatment pathways, choose and book compliance, audit reports, operational and management reporting, and comprehensive data extraction for all other purposes.

Other services to be delivered as part of the deal are an accident and emergency department system, a theatre scheduling and documentation system and support tools to allow staff to collect clinical information on patients, among other features.

Given that Bristol is one of the largest acute NHS trusts in the country – a category of NHS site that the existing incumbents in the Programme, BT and CSC, seem to have struggled with as a delivery category, according to last week’s critical NAO study – this is an announcement that strongly suggests there is more than one choice out there.

That choice is even further underlined by the success of **Heart of England** [2], a Foundation (i.e. self-regulating) trust that never signed on the line that is dotted NPfiT-wise – and which now claims to be “one of the few NHS hospitals with a comprehensive EHR system,” claiming “The key to our success was integrating with existing systems” (which is now the approved approach for the whole of post-NPfiT, of course, with its new programme of **connect-all, not replace-all** [3]).

Heart of England, which has a total of more than 1,200 beds and serves over a million people throughout north and east Birmingham and surrounding areas, opted to not replace anything but integrate its existing systems using supplier Orion Health. This superseded earlier attempts at low-level

system integration, replacing all-house-built data feeds distributing patient demographic data from the main hospital system to its accident and emergency, radiology, maternity and pharmacy systems with automated data feeds. Like many NHS organisations, heart of England has been happy to use the existing systems that work – like the NHS National Information Network – but seems to have achieved much more on its own than by waiting for Connecting for Health software, it seems.

That's also been the experience, apparently, at **Rotherham, another Foundation** [4], which also refused to sign up, choosing a system called Meditech last decade and whose chief executive told delegates to last year's told the E-Health Insider Live conference in Birmingham that he'd faced pressure for non-conforming: "There was a lot of political opposition to us moving outside the Programme. I received a lot of delegations and a lot of threats."

But this leader, Brian James, felt he couldn't wait any longer for non-appearing centrally-provided solutions ("We were expecting to see the first blossoms of [the] Lorenzo [electronic patient record] but there was no clarity around Lorenzo delivery"), so wiggled out by telling the NHS he'd be happy with a "compromise," interim solution – for 15 years.

James has also publicly said that despite being "**one of the bad boys who left NPfIT** [5]," his team nonetheless thinks, "we have a unique and completely fit for purpose solution that will deliver between 8 to 10% return on our investment".

It seems that the decision to be a risk-taker and not rely on the Programme has worked for many Trusts – a process likely to be repeated as more fall away from the Programme as they lose more and more faith in their EPRs from the centre ever being delivered?

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[3] <http://www.connectingforhealth.nhs.uk/systemsandservices/capability/phi/hottopics/operating>

[4] <http://www.publictechnology.net/sector/nhs-health/rotherham-no-regrets-about-national-programme-decision>

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