

NPfIT – a personal view

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Wanless Final Report, April 2002

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“... an underpinning to the [NHS] modernisation programme”

Richard Granger, Director General IT, NHS presentation 2004

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Four essentials of IT project success

1. **A clear business plan****: benefits, evidence & costs
2. **Strong overall management**: with one clear leader
3. **Consultation with key users**: widespread & interactive
3. **Alignment with current process**: following consultation

****** outcome of consultation/alignment may mean radical revision

1. A clear business plan

A widely available, clearly articulated business plan that sets out (a) what is proposed, (b) the benefits that are expected to be achieved, (c) the evidence on which that proposal is based, (d) a statement of all expected costs showing how they are justified by the expected benefits and (e) the success criteria.

“... decisions to invest in ICT need to be accompanied by firm evidence of costs and benefits.”

Wanless final report: April 2002

2. Strong overall management

A strong, well defined overall management structure for the project, headed by a “Senior Responsible Owner” (as defined in recent years by the Office of Government Commerce (OGC) and the Cabinet Office) with full responsibility for implementing the business plan from inception to delivery.

“Every major IT change programme ... should have a Senior Responsible Owner to take overall responsibility for making sure that the programme meets its objectives and delivers the projected benefits.”

National Audit Office: 2006

3. Consultation with key users

From the outset of the project, detailed, widespread and continuous consultation with and involvement of key users – in the case of the NHS, that means in particular clinicians (doctors, nurses and other healthcare professionals).

“If the staff are not brought into new ways of working ... however successful the technology is, the systems will not be successful.”

Sir Peter Gershon (CEO OGC):
February 2004

4. Alignment with current process

Based in particular on that consultation, the alignment of current working processes with the proposed new systems – or, where more appropriate, the alignment of the new systems with current processes.

“Standardising IT systems across a number of disparate bodies is only likely to be effective if the appropriate business processes of those bodies are also aligned”

National Audit Office: February 2002

Common Causes of Project Failure

1. Lack of clear links between the project and the organisation's key strategic priorities, including **agreed measures of success**
2. Lack of **clear senior management** and Ministerial ownership and leadership.
3. Lack of **effective engagement with stakeholders.**

Office of Government Commerce / National Audit Office
January 2005

How does NPfIT measure up?

- 1. A business plan as defined above seems not to exist – certainly it has not been published**
- 2. From the outset, the Programme's senior management has regularly changed – it has never had a true SRO**
- 3. There has been very little consultation with key users**
- 4. Process alignment has been minimal**

Findings from 3.5 years of Medix surveys of doctors' views of NPfIT:

2/03 6/03 2/04 7/04 1/05 1/06 11/06

How much information have you had about NPfIT?

Little/none 94% 94% 77% 71% 64% 56% 50%

How much personal consultation with you?

Adequate 2% 2% 4% 5% 5% 5% 5%

Is personal consultation important?

Yes - 85% 88% 84% 86% 89% 92%

2/03 6/03 2/04 7/04 1/05 1/06 11/06

NPfIT is an important NHS priority

GPs	67%	66%	70%	58%	41%	38%	35%
nonGPs	80%	73%	80%	73%	68%	56%	51%

I'm fairly / very enthusiastic about NPfIT

GPs	-	-	56%	45%	21%	26%	25%
nonGPs	-	-	75%	65%	51%	45%	41%

2/03 6/03 2/04 7/04 1/05 1/06 11/06

NPfIT will improve clinical care

GPs	57%	53%	57%	46%	40%	59%*	58%*
nonGPs	63%	66%	68%	60%	68%	66%*	69%*

* in the longer term

The Care Records Service (CRS) is important

GPs	-	77%	81%	79%	59%	59%	56%
nonGPs	-	83%	82%	88%	73%	69%	69%

2/03 6/03 2/04 7/04 1/05 1/06 11/06

The electronic transmission of prescriptions (ETP) is important

GPs	-	59%	58%	57%	50%	55%	51%
nonGPs	-	55%	58%	72%	62%	62%	63%

Choose & Book (C&B) is important

GPs	-	31%	26%	29%	11%	17%	26%
nonGPs	-	46%	44%	50%	28%	28%	28%

Some specific findings of November 2006 survey:

GPs and Choose & Book

Referrals

none	1-20%	21-40%	41-60%	61-80%	81-100%
12%	21%	15%	11%	17%	16%

Time implications

saves time	no difference	adds 1-4 mins	adds 5-9 mins	adds 10+ mins
2%	3%	22%	32%	22%

Effect on patient outcomes

beneficial	no difference	detrimental
24%	31%	27%

GPs, the Care Records Service and confidentiality of patient records

More or less secure?

more	less	unsure
6%	79%	15%

Will CRS benefit patients?

yes	no	unsure
51%*	29%	20%

*of these, 49% say additional risk acceptable

Would you upload data without the patient's specific consent?

yes	probably	unsure	unlikely	no	cannot comment
5%	8%	22%	13%	38%	13%

All doctors

Is your Trust likely to have sufficient funds for local implementation?

yes	no view	no
7%	24%	66%

Is £12bn a good use of NHS resources?

yes	no view	no
11%*	20%	68%*

* 47% in 2003

* 27% in 2003

How do you rate NPfIT's progress so far?

excellent	good	satisfactory	poor	unacceptable	unsure
0%	1%	8%	47%	29%	15%

NPfIT's success is at risk

– even if technically sound

Proposal – national level

Appoint an SRO with full-time responsibility and four immediate priorities:

A thorough assessment of time & cost v. objectives

A short, independent, focused technical review: *is national integration practicable?*

Appoint local SROs

Advice on project status to all end users

And two follow-on priorities:

Develop and publish a full business case as defined above

Start a detailed, interactive engagement programme with all end users

Proposal – local level

Local SROs to have four immediate priorities:

Work closely with national SRO

Develop and publish a local business plan

Provide detail of the local business plan to all end users

Ensure project in line with local practice (or vice versa)

Knowledge is the enemy of disease

Sir Muir Gray