

## **TUNNEL VISION**

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*NPfIT's aims for centralised IT efficiency may be commendable, argues Tom Rothwell of Medisec Software, but keeping out niche expertise may prove a false economy in the end.*

NPfIT is an enormously challenging and complex framework for improvement. While its overall objective to cut costs and improve efficiency and patient care are certainly commendable, nobody really knows how long it will take to achieve them. The pressing issue is what will happen in the meantime.

The narrow approach to IT contracting and the associated procurement blight will inevitably have negative repercussions on levels of innovation and development in the sector, with new functionality having effectively flat-lined for the foreseeable future. The more the programme suffers from delays, the longer the blight goes on and the greater the negative impact on overall creativity.

There are scores of small, specialist IT companies who have already developed best practice examples within their niche areas. While all efforts to save money through centralising core IT functions should be applauded, why is the choice of solution being so heavily restricted to redeveloped and unproven products and suppliers?

Instead of waiting for the major players to catch up and re-invent the wheel, the niche operators could help take the Local Service Providers up to the baseline quicker and fuel more change faster, while the reference solutions are brought to full steam. After all, quicker solutions would mean an earlier release of funds, producing the best solution for all parties involved.

Breeding a single solution for clinical correspondence across the NHS, for example, is one thing. Implementing that solution across hundreds of hospitals with different varieties of PAS is a problem on an altogether different scale.

Specialist companies understand the issues on a pragmatic level and already know how to overcome the significant problems of integration, both on a purely technical level and also on a human level.

There has already been significant criticism levelled at NPfIT about the lack of engagement and consultation with the user community. There is a steep learning curve for change managers to persuade clinicians of the benefits of digital clinical correspondence or electronic patient referral and discharge. Specialist suppliers might not know all the answers, but they have at least already been through the process.

As the situation stands, healthcare managers may well have identified pressing problems now, but are effectively shackled from any attempts to solve them for some time to come.

Smaller niche players have a proven solution but limited resources to perform large volume implementation. Might the most progressive solution for improving patient care be to introduce some joined up thinking, using both NPfIT resources and proven niche technology?