



COMMENTARY “What People Think of NPfIT” article – April issue

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The bigger picture

NPfIT’s aims for a more joined up health community may be commendable, argues Tom Rothwell of Medisec Software, but sustainable improvements must be rooted in accurate clinical correspondence from the offset.

Poor discipline and an almost blanket lack of accuracy targets has created a high incidence of errors when inputting patient information, creating very disparate standards in patient care across the NHS.

At best, such errors can create frustratingly long delays in receiving test results or appointments; at worst, they can result in a misdiagnosis and inappropriate medication.

While NPfIT will address the current failings of IT to solve such problems at the highest level, we need to make sure that the new systems are built on accurate patient records and clinical correspondence to start with.

To create a more joined up health community, we need to address issues at both ends of the spectrum. On a macro level, management needs to throw out the silo-driven mentality which keeps NHS staff focussed on their own narrow areas of operation and instead take a big picture view of the whole patient journey, end to end. Fragmented ownership means there is very little responsibility taken for the end result. We need to scrutinise how different sectors integrate and how patient information is shared at the various contact points a patient will have on their journey throughout primary and secondary care.

A more strategic approach to healthcare management will also need to operate on the micro level, however, ensuring not only that the health community shares patient details more effectively and more quickly, but also that the patient information is correct in the first place. This will only be achieved by emulating the private sector with the introduction of key performance indicators for the accuracy of patient records and clinical correspondence. With no minimum standards for accuracy imposed, there is no measurement or open reporting of performance against standards. The net result is that it remains easy to do

things badly – to half-fill in discharge or referral forms or only share some of the clinical details with other health agencies - and simply get away with it. Without measurement, there is no control.

Taking an end-to-end approach highlights failings on a much bigger scale and opens the door to far more effective monitoring and measuring of results.