The NHS's new information strategy

Emphasises putting information to work for patients and staff, not technology

News p 901

How often are you forced to phone a colleague to get an endoscopy report or ask your patient which drugs she takes, even though all are documented somewhere? With our crumbling cardboard records and circuitous communications, assembling patient data takes time and effort and often involves interrupting colleagues. Small wonder we spend a quarter of our time managing information,[1] eroding time needed for the carefully balanced judgments required in most consultations. Now, however, these impediments have been confronted by the government's *Information for Health* strategy,[2] and proposals, together with a £1bn subsidy, have been made for eliminating them.

This strategy, published last week, maps the routes towards helping patients receive the best care, explores some in detail, signposts others, and defines implementation milestones over the next seven years (see p 901). For doctors and patients implementation of this strategy should end the communication compromises we assume are inevitable: repeated duplication of data in records and order forms, illegible handwriting,[3] missing records in 14% of consultations,[4] and endless phone calls. The strategy should deliver seamless communication to extended clinical teams and across organisational boundaries, bridging health and social care.

Doctors will welcome the fact that information used for clinical governance and NHS planning will finally be reliable and complete, as it will be derived from data generated during patient care. As the banks are finding, reliable communication opens up new opportunities. For example, knowing that nurses can access the same patient record and rapidly communicate with us will allow us to share more tasks with them, profoundly changing the nature of medical work.

However, the strategy goes beyond lifelong electronic health records, telemedicine, and online appointment booking. A National Electronic Library for Health will provide accredited materials throughout the NHS and beyond, facilitating day to day clinical decisions, self directed learning, and evidence based policy making. It will complement NHS Direct and internet services to ensure that public and patients are better informed about health risks, diseases, and treatments and so are better motivated and able to share in decisions. These important steps towards community access to health knowledge will blur the boundaries of the NHS, introducing the greater self care foreseen by futurologists.[6]

The lush information landscape mapped in the strategy does leave some areas unexplored, however. Doctors will wonder how much time and effort to spend capturing structured, coded data for use by other clinicians and information systems. In one US randomised trial doctors spent 6 more minutes per patient per day using a computer to order tests.[7] Thanks to computerised reminders, however, the tests were more appropriate and costs fell by 13%—which might pay for another junior doctor. However, an alternative to structuring and coding everything we write so that computers can generate reminders is to reconsider what data need to be recorded and communicated. Much data can be omitted or left as dictated text, since less formalised information corresponds more closely with patients' concerns and is easier to handle, as demonstrated by the world wide web.[8] If capturing less data and novel technology do reduce demands on clinicians' time—referrals or reports at the click of a mouse—might we then saturate our colleagues with tests, referrals, and chatty emails? Similarly, in the general population most people will use public access health information judiciously but even if only 1% join the worried well—turning to doctors for help they do not need—this could flood the NHS. Such issues illustrate the need, recognised in the strategy, to pilot carefully any health technology.[9]

The information strategy has professional implications which go well beyond information technology. For example, doctors already feel comfortable sharing patient data with most of the 18 types of clinician defined in the document. But are we ready to share health and social care records, or to share our personal performance data with the public—for which the strategy claims "irresistible arguments"? Better communication will mean more sharing of medical tasks with others but raises issues of professional identity. The remit of the National Electronic Library for Health—to accredit and organise "national reference material" to improve health—is very broad and will require professional debate about the goals of clinical knowledge management and how to achieve them.

Resolving all these issues will require strong clinical leadership—as indeed the strategy foresees, envisaging "working groups of clinicians, managers and IT specialists in every health authority." However, before you rush to volunteer for a working group, reflect that progress will take time, you may need to read up on medical informatics[8] and visit pilot sites, and remember that the goal is information to improve clinical practice, not technology for its own sake.[10 11]

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