

NATIONAL IT PROGRAMME

From robot surgeons to a comprehensive database and picture archive, electronic systems are the way forward, says Sir Jonathan Michael of BT Health. He believes security will be high and personalised care enhanced. Rebecca Norris reports



LOG IN TO THE FUTURE

Twenty-five years after taking up his first post as a consultant nephrologist, Sir Jonathan Michael witnessed one of the most dramatic technological advances in his field: surgeons at Guy's and St Thomas' Hospital foundation trust using remote robotic technology to remove a donor's kidney for transplant. Sir Jonathan was the trust's chief executive.

Two years on, as clinical director and deputy managing director of BT Health, he is well placed to discuss the role of technology as the NHS nears its 60th anniversary.

In 2003 BT was signed up by the national programme for IT in the NHS – the world's largest civilian IT programme – to deliver the NHS electronic database in a £620m, 10-year contract. Known as the spine, the database will hold more than 50 million patient summary care records.

BT is also one of three suppliers (with Fujitsu and Computer Sciences Corporation) selected to implement the national programme at local level across the country. London is BT's responsibility, working to a 2013 deadline in a £996m deal.

The company has also delivered N3, the secure national broadband network for the NHS, a contract worth £530m awarded early in 2004.

Sir Jonathan moved to BT last June after seven years at Guy's and St Thomas'. He says he had found his comfort zone and left the trust with shipshape finances and services. "I enjoyed being an NHS chief executive but I was looking for another challenge. I saw the opportunity to do something of value but different, by improving the links between the health service and information and communications technology providers," he explains.

He says that alongside "extraordinary" technology, such as the aforementioned surgery by robots, the benefits of simpler solutions can be just as dramatic. "Take electronic prescribing: you can manage risk and improve efficiency." Scrawls by doctors become a thing of the past and the risk of drug errors and inappropriate prescribing is reduced.

The transfer of digital images is another enormously important advance, he says, addressing risk and clinician frustrations about frequently seeing outpatients without necessary x-rays or scans. BT has now fully rolled out across London picture archiving and communications systems, which store and retrieve images digitally. The system will potentially save each trust £250,000 a year.

"Another interesting development is the move towards integrated care, when the traditional paradigm of hospital or community care becomes blurred in a patient-centred approach," he says. "There are real difficulties in sharing information between professionals and organisations if you rely on hard copy records."

He accepts that given the recent lapses in data

security in the public sector and in the face of clinician scepticism, there is work still to be done "to reassure both professionals and the public that electronic records are secure". A hacker, he argues, stands to gain little by accessing your medical records compared with your bank account details, and he believes electronic records are safer than hard copies, "so long as systems are in place and are followed".

The "very secure processes" built into the spine and local health IT systems include NHS staff logging on to the database using swipecards and pin numbers. Nationally determined access roles control what data staff can see. The systems automatically turn off details left open on a screen, and when records are transferred, this will be done using the highest standards to protect confidentiality.

"I think that the public is also protected by the professional behaviour of staff in the NHS and by the systems that are in place to minimise the risk of inappropriate access," he says.

Complex evolution

The DH is yet to find a replacement for Richard Granger as chief executive of NHS Connecting for Health, the agency implementing the national programme. And a DH internal review of informatics is also under way, triggered by the Darzi review. But Sir Jonathan rejects suggestions that the programme's roll-out has stalled.

People need to recognise that the IT programme is a long-term, complex process and that it needs to respond to changes and evolve, he says. "Richard Granger did a fantastic job. But no individual on a 10-year programme is critical."

Sir Jonathan says he stands by comments he made in 2006 that a one-size-fits-all approach to IT will not work and that NHS managers require flexibility in the systems they use.

"What's important is that you have local flexibility, yet national consistency of standards. Otherwise how do you support patients moving from one organisation to another? BT has introduced a policy of 'best of breed' to use different solutions for different parts of the London health service. This flexible approach is already delivering results across all care settings."

Sir Jonathan believes that most NHS managers "get" the importance and potential of IT.

"Almost everywhere you look within a healthcare organisation, whether it be financial systems or clinical settings, data and data sharing offer opportunities for improvements. You improve quality of care and patient satisfaction; you make the organisation, which is operating in a competitive marketplace, more attractive under patient choice and the whole organisation becomes more efficient."

But he adds: "IT systems themselves won't automatically change the behaviour of staff and working practices. If you are putting an IT system in, as a trust leader you also need to invest in a change management programme."

He forecasts a rapid shift from a focus on linking up organisations to a more personalised service, where someone can take their health record with them wherever they receive care.

Ultimately Sir Jonathan sees technology as bringing new ways of working. "As we move into integrated care, we're exploring opportunities with mobile technologies for staff on the move."

"At the moment you have a community nurse taking notes in the field and then going back to base to spend half a day transcribing what happened when they saw Mrs X in her home. Mobile technology allows them to access details like test results and X-rays and add to the care plan in real time."

"Those are the kinds of things that will enable change in healthcare." ●

See *Good Management*, page 30.



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