

Chapter 2 – Modernising information management and technology in general practice
– the policy perspective

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2. Modernising information management and technology in general practice – the policy perspective

2.1 Future Information Systems - eHealth

A comprehensive health information system built around an Electronic Health Record is vital to achieve the shift away from reactive, crisis-management, acute-oriented care towards anticipatory, preventative and continuous care.

Delivering the eHealth agenda will be extremely challenging. Many changes will be necessary, such as adhering to more rigorous record-keeping standards and ensuring that communications are marked properly with the patient's Community Health Index (CHI) number to enable clinical information to be safely and securely shared in an electronic environment. Wherever possible, clinical staff will record their interventions directly into Electronic Health Records, rather than transcribe to written records. Adherence to security standards will require to be built in so that patients and clinicians can be confident that records remain confidential.

Clinical staff will be increasingly involved in agreeing the criteria for Electronic Health Records. A degree of local configurability is necessary, but only the adoption of rigorous technical and information standards will ensure that patient information is available and reliable at the point of need. Previous freedoms to procure and implement systems locally will be curtailed to ensure that local systems align with the move to Electronic Health Records.

2.2 Accreditation and procurement

NHS Boards rather than practices now have overall responsibility for system purchase, maintenance, upgrades, support and training. This should deliver the following additional benefits to practices;

- Service level agreements (SLA) based on a national template, to ensure that practices will receive higher quality IM&T services whilst preserving choice

- Supplier management mechanisms will be put in place in case of supplier failure to deliver systems in line with the SLA

- Nationally accredited systems based on nationally agreed system requirements to support integrated healthcare

- Data confidentiality and security will be based on agreed protocols, assured by the NHS Board and must be in line with legal, ethical and also regulatory guidance.

- Liability issues will be managed by the NHS Board in line with national SLAs agreed with suppliers

Systems are being accredited against national standards and practices will have a guaranteed choice from a number of accredited systems that deliver the required functionality. A national template SLA has been implemented to support the development of future primary care IT systems providing practices with assurances on training, maintenance and support. Copies of the SLAs have been provided to practices and can be obtained on request from local NHS Boards if needed.

2.3 “E-commerce” and the NHS

Practices will become increasingly reliant on electronic record systems for clinical, non-clinical and additional purposes (see Chapter 3 of these guidelines). Priority areas for continuing training and education in information systems will include;

- Data entry and retrieval

- Clinical nomenclatures and classifications

- Ensuring data quality

- Information governance training

- Moving from paper-based to electronic record systems

- Risk management and disaster recovery as part of systems operational management

- Developing and implementing workforce strategies to manage clinical data flows into practices

Education, training and support in the use of IM&T systems will be managed and properly funded by the NHS Board as part of a continuing practice development programme.

The strategic move to national standards and accreditation of suppliers and systems should provide safeguards for NHS Boards so they can concentrate on developing, supporting and encouraging practices on the path to “paperless” EPRs. This should mean that practices and NHS Boards can agree on a package of IT suppliers and services accredited against the Scottish Enhanced Functionality (SEF), which will fit in with the Scottish e-Health Strategy and be able to support e-commerce and paperless practice. This should free practices to concentrate on developing their infrastructure to migrate from paper records to EPRs (see chapter 4 of these guidelines).