



Back to the lab: modernising pathology – the heart of healthcare services

New guidance issued
by the Personal
Demographics Service

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**Summary Care Records:
End of life care**

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Shape the
new QMAS

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Editorial



It is clear that the advances in healthcare technology have moved in leaps and bounds since I began my career in medicine studying at London's St Thomas' Hospital before specialising and training in pathology in Bristol and Southampton.

After becoming a consultant chemical pathologist in Salisbury and then undertaking a number of educational roles, including that of postgraduate dean, I chose to return to laboratory work at Brighton and Sussex University Hospitals where I'm also teaching medical students.

Having been actively involved in the implementation of several Department of Health (DH) initiatives in clinical audit and medical education – this soon led to IT-focused projects, which brings me to where my passion lies right now.

Since joining NHS Connecting for Health (NHS CFH) last year, if I had to sum up my priorities in one word it would be 'interoperability'. Access to comprehensive, accurate information is a must for any medical field but, as National Clinical Lead for Pathology, my interest and involvement at NHS CFH is specifically centred on the collation and use of pathology data.

I'm a firm believer that linking the best evidence with laboratory requesting and reporting will increasingly enhance both the efficiency and effectiveness of pathology services. And in order for all potential users of pathology data to gain the same meaning from laboratory results transmitted electronically, it is essential that those messages are: accurate, unambiguous, reliable, reproducible, comparable, secure and accessible.

So what are we doing about it? At NHS CFH, we are working

collaboratively with the DH pathology team, with support from the Royal College of Pathologists (RCPATH), to modernise the ways in which we capture, collate and use pathology data across the NHS. Support from the RCPATH is crucial in respect to its governance role on behalf of all pathology professionals.

The first step on this route to interoperability, as requested by clinicians, is to standardise pathology-related names and codes in the form of a national catalogue known as the National Laboratory Medicine Catalogue of tests. You can find out more about how we are getting on with the catalogue as well as more about the programme and its future direction on page 10.

Another exciting new development lies within the clinical safety workstream where two new safety standards for e-health systems were approved by the Information Standards Board for Health and Social Care. Read more about how these new standards may impact upon you and your organisation on page 5.

Also in this issue of *Clinical Connections* is an update on the Summary Care Record programme's current work on end of life care. This looks at how the Summary Care Record can help record and convey the wishes of people approaching the end of their life. Turn to page 4 to find out more.

As guest editor I hope you enjoy reading this issue. If you have any specific thoughts on the programme please email me on ncl@nhs.net.

Gifford Batstone
National Clinical Lead for Pathology



Ensuring appropriate accessing to the Personal Demographics Service (PDS)

Everyone working across the NHS has an absolute duty and commitment to ensure that all patient information – demographic as well as clinical – is kept safe, secure and confidential.

New guidance published in October by NHS Connecting for Health makes it clear that those who search and view the PDS must be approved to do so and have an appropriate business reason for access.

The PDS enables a patient to be readily identified by healthcare professionals and associated, quickly and accurately, with their correct medical details. The new guidance outlines what local health

communities should do to prevent, monitor and take action if NHS staff, GPs or GP practice staff use IT systems and services to inappropriately view a patient's demographic information.

Dr. Maureen Baker, Caldicott Guardian and Clinical Director for Patient Safety at NHS Connecting for Health says, "While the systems provided by NHS Connecting for Health are protected by state of the art security and privacy measures, it is

the professional integrity of staff that provides the greatest protection."

"Everyone working across the NHS has an absolute duty and commitment to ensure that all patient information – demographic as well as clinical – is kept safe, secure and confidential. At the same time, patients have a right to privacy and to expect the NHS to keep their confidential information safe and secure, whether that information is in electronic or paper form" says Maureen.

The guidance is now available to download from the NHS Connecting for Health website. 

USEFUL LINKS


More information can be found at:
http://www.connectingforhealth.nhs.uk/systemsandservices/demographics/pds/ig/access/access_pds.pdf

Summary Care Records: supporting the wishes of patients' approaching end of life



In November 2008, the National Audit Office published a report on end of life care in England. It identified shortcomings in the provision and delivery of the service including the fact that the wishes of people approaching the end of their life were not always conveyed to those who needed to know. In addition, in July this year, the Department of Health published the End of Life Care Strategy promoting high quality care for all adults at the end of their lives.

The Summary Care Record is being used as a vehicle for communicating end of life wishes and care plans, directly supporting government strategy for end of life care. Summary Care Records can be easily updated with information being immediately available detailing patient preferences such as preferred place of care, resuscitation preferences and important information regarding their clinical condition and key health professionals. The information held on the Summary Care Record can then be accessed by clinicians treating the patient in an urgent or unscheduled care setting such as an A&E department or an out of hours provider, ensuring patient preferences and choices are taken into account and accommodated wherever possible.

All of the practices across England who have gone live with the Summary Care Record have the functionality to benefit from being able to record their patients' end of life wishes, providing healthcare staff with vital information to ensure patients receive optimal care at a difficult time. 

USEFUL LINKS

More information can be found at: <http://www.connectingforhealth.nhs.uk/systemsandservices/scr>

The DH End of Life Care Strategy can be found at: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_086277



Setting new standards in safety

Despite the poor weather, August proved to be a sizzling month for the NHS Connecting for Health (NHS CFH) Clinical Safety Group (CSG) as three years hard work came to fruition when two new safety standards for e-health systems were approved by the Information Standards Board for Health and Social Care.

When using software, the decisions and actions people take, as a result of the information presented to them, has the potential to cause harm to the general public. Industry best practice dictates that a safety regime is put in place by the supplier during development, so that:

- hazards are identified;
- adequate controls are designed to mitigate these hazards;
- these controls are tested to ensure the hazards have been addressed; and
- the software is fit to be used.


The kind of e-health systems being introduced by NHS CFH are relatively new to the NHS, therefore benchmarks for the safe development of important clinical software – in areas such as maternity, A&E, prescribing/dispensing and general practice, had not previously been set.

The NHS CFH CSG has worked with the Information Standards Board for Health and Social Care and other standards development bodies to put in place new safety standards which are proportionate to the level of risks presented by e-health systems – given that with these systems the clinical user ultimately retains complete control over the treatment administered to the patient.

The good news is that IT systems and service suppliers recognised this gap as well, and have been working with us over the past three years to develop these safety processes. So, whilst these standards are new, the current estate of NHS CFH systems have all been developed and assessed under this regime.

Another unique aspect of the new standards is that they focus equally on the supplier which provides the system and the health organisation which deploys and uses the system. Suppliers have commented that they see this approach as fair, in that health organisations are required to play their part in ensuring the new systems are implemented and used safely and in the manner intended.

To help the health organisations the CSG has trained a network of clinical safety officers – all practising clinicians – in IT risk assessment techniques. Throughout 2010, the CSG will be working with the clinical safety officers based in strategic health authorities to help health organisations comply with their standards.

2010 should see a nationwide network of clinical safety officers established to help ensure new systems and services are deployed and operated as safely as possible for our patients. 

USEFUL LINKS

For further information about the CSG, or to access the recent standards published, please visit:

<http://www.connectingforhealth.nhs.uk/safety>



Improving data sharing within electronic records

Computerisation of health records enables us to rapidly share data and information in ways that are just not possible with paper records. There are benefits to the patient in terms of safety but also quality and efficiency of healthcare. Appropriate information sharing is essential to providing safe and effective care for patients.

Commissioned by NHS Connecting for Health and undertaken by the Royal College of General Practitioners (RCGP), the Shared Record Professional Guidance (SRPG) project developed a set of professionally-led principles that consider both the patient safety aspects and the governance Shared Electronic Patient Record (SEPR) systems in primary and community care.


The RCGP consulted with more than 30 different public and professional bodies who contributed to the framework of principles that should be used by SEPR systems to deliver safe and effective record sharing.

The principles provide a significant opportunity for individual professional groups to improve their own existing record keeping in the light of endorsed and shared principles.

Contributors to the report clearly recognised the need to improve access to clinical records whenever care is delivered. Any community using a shared electronic health record requires rules and mechanisms by which duty of care can be safely transferred between clinicians or teams.

The SRPG report makes a significant contribution to improving record keeping principles in an increasingly multi-disciplinary healthcare environment, focussing on three key priorities – safety, quality and security.

Any concerns about security in shared record environments are addressed by principles that reinforce the importance of clinical and information guardianship. In addition, it is clear that all clinicians need to be trained and regularly updated in applying information security 'best practice'.

There is no single document that can be expected to provide all the answers to such wide-ranging and challenging questions or to be equally accessible and relevant to all professional and patient groups. However, it does provide key points of reference and principles for the NHS in delivering records that are structured and governed to enhance safety and quality, and preserve meaning in the new multidisciplinary world of patient centred care. 

USEFUL LINKS

For further information or to view the full report visit:
http://www.rcgp.org.uk/get_involved/informatics_group/shared_record_professional_guidance.aspx

Electronic Prescription Service (EPS) Release 2 – What patients say

In the last issue of *Clinical Connections*, we reported the successful 'go live' of the first site to be EPS Release 2-enabled in England. Since then, the service has been taken up steadily by patients in Leeds, who have given it a positive reception. EPS Patient Lead, Fiona MacDonald, has been supporting the first sites in Leeds and gathering patient feedback at both Calverley Medical Centre and Liptrot's pharmacy. Here's what some of the patients who are already realising the benefits had to say:

"It will save loads of time, I work full time and it's a real pain trying to get to the GP's and pharmacy."

"When I was a little girl, the doctor used to give out the medicines; this is much better and less time consuming and less paper for the doctor and for the pharmacist."

"More than happy, what a great idea. When is the whole thing going to be electronic?"

Exhibition demonstrations

While supporting the first of type activity in Leeds and preparing the next sites for initial implementation, the EPS team has also been busy demonstrating the Release 2 system at a number of national events.

September saw the team exhibit at the annual British Pharmaceutical Conference where delegates had the opportunity to attend a two hour interactive workshop on how to maximise the benefits of EPS Release 2.

Mohammed Hussain, Pharmacist and EPS Clinical Assurance Safety Manager, led the session and says "This was a great way to allow fellow pharmacists to see and try a live system in advance of it reaching their area, promoting better understanding and helping to answer some of their questions."



Dr A V Lee explains about EPS using a prescription token.

When conference delegates were asked whether EPS Release 2 would make pharmacies more efficient and provide a better service to patients, a large majority responded positively with two thirds (66%) of respondents agreeing that EPS Release 2 "would make things

better". 25 percent of delegates thought it "would make things worse" and nine percent were undecided.

If you would like to see an EPS Release 2 system demonstration, the team will be exhibiting this year at the events in the table below. [CC](#)

Event	Date	Location
Royal College of GPs	5th, 6th and 7th November	Glasgow
Dispensing Doctors Association Conference	13th, 14th and 15th November	Chester




- Local Enhanced Services (LEs) that work in the same way as the other payments that are supported by the new system.

It is hoped that this will make it easier to complete and review returns for the above and release time savings as a result.

We are currently looking at how the calculating and reporting system will need to work and are asking for the views of frontline staff such as practicing GPs, practice managers and primary care trust staff. This consultation will be reviewed by representative groups such as the BMA's General Practitioners Committee and the Royal College of GPs.

Several suggestions for the new system have been made which we will be tested with more people before developing them in greater detail and deciding to invest in a new system. We have created an online survey so that as many people as possible can have an opportunity to comment on the suggestions and influence the final specification of the new system.

You can find the survey at <http://www.connectingforhealth.nhs.uk/qmas-survey>. It is open until 9 November and responses to the questions will be published shortly after, with a formal response following later.

A section of this survey asks about the amount of time you spend on certain activities. To help you to answer these questions, before starting the survey please consider how much time you spend collecting and collating information, and completing or managing returns for QOF and Enhanced Services. 

There's still a chance to shape the **new QMAS**

The Department of Health and NHS Connecting for Health are currently considering replacing the Quality Management Analysis System (QMAS) with a new, more flexible, calculating and reporting system.

The Department of Health is looking to extend the payments supported beyond the Quality Outcomes framework (QOF) to add the following:

- Quality indicators recommended by the National Institute for Clinical Excellence that are not negotiated into the national QOF.
- Most Directed Enhanced Services (DEs).

USEFUL LINKS

For more information about QMAS, please visit: <http://www.connectingforhealth.nhs.uk/qmas>
You can find the survey at www.connectingforhealth.nhs.uk/qmas-survey

Searching through SNOMED CT reduces inappropriate referrals

Systemised Nomenclature of Medicine Clinical Terms (SNOMED CT) is a common language which will eventually be used by all computers across the NHS, so that healthcare professionals can communicate in clear and unambiguous terms.

SNOMED CT is the language of the NHS Care Record Service. It records Clinical Information in a structured form – cutting down the potential for differing interpretation or the possibility of errors resulting from unclear healthcare information.

When Release 4.2 of Choose and Book was launched in June 2009, it became possible for referrers to search for services using SNOMED CT. This method of searching relies on a coded, structured list of descriptions and concepts, commonly used in clinical practice, being made available to the referrer to help them short list services.

The aim of changing the application and enabling SNOMED CT to be used to search the Directory of Services, was to reduce the time taken to shortlist services, reduce the number of redirected or rejected referrals and increase the appropriateness of referrals originating via Choose and Book.

Taken together, the aim was to provide a much improved end user experience of the application and, most importantly, help to 'get patients to the right place, first time, every time.' Three months following the introduction of the new functionality, benefits are beginning to become apparent.

Dr Graham Croker, GP National and Clinical Lead for Choose and Book, says: "I now use SNOMED CT search

fields as my main means of finding suitable services. I am now able to use intuitive medical terms and to search across multiple specialties. This often returns a more diverse range of possible services and allows me to consider a wider range of options with my patients.


"Occasionally, the services that I expect to find aren't always displayed as I would have expected. This may be, for example, because the provider organisation hasn't loaded SNOMED clinical terms accurately against this specific service. Although frustrating, this generally isn't too inconvenient as I am still able to use the 'specialty' and 'clinic type' search as an alternative method. The important thing is that, where inconsistencies become apparent, I have a method of feeding this back to the service provider organisation."

Early analysis of SNOMED CT searching suggests that the number of rejected and redirected referrals has reduced. Since SNOMED CT searching was incorporated into Choose and Book, the number of redirected and rejected referrals has reduced.



Dr Graham Croker

Further analysis over a longer trend period will be undertaken by the Choose and Book programme team, in conjunction with Department of Health analysts, to establish the long term impacts of SNOMED CT searching on rejected and redirected referrals.

Ultimately, the success of searching for services using SNOMED CT will depend on service providers maintaining their Directory of Services and ensuring that appropriate terms are added to all services. Any errors with services returned, or gaps in information provided, should be passed to the relevant local provider to resolve. Where it is felt that the same issue may affect multiple users in different parts of the country, this can be escalated to the National Choose and Book team, via chooseandbook@nhs.net. 

Modernising Pathology IT programme



It is estimated that 70–80 per cent of all healthcare decisions affecting diagnosis or treatment involve a pathology investigation, meaning pathology services lie at the heart of the healthcare service delivered to patients.

Pathology services play a vital role in the NHS, so it is essential that they are modernised in line with the rest of the health service to keep pace with best practice, to ensure new and emerging technologies are taken advantage of and most importantly to ensure the service continues to provide the basis of the best possible care for patients. By using advancing technology and the existing IT systems already developed through the National Programme for IT, pathology will replace paper based and handwritten methods with electronic test requesting and reporting through the National Laboratory Medicine Catalogue (NLMC) and electronic pathology messaging.

The move to modernise the service will benefit GP practices, pathology services and patients by improving



the efficiency, safety and accuracy of pathology investigations.

Through the Modernising Pathology IT programme, the Department of Health is working with NHS Connecting for Health and other key stakeholders to improve IT connectivity between GP practices and pathology laboratories. This supports the recommendation in Lord Carters 'Independent Review of NHS Pathology Services' on using end to end IT connectivity in pathology to enable order electronic communications and decision support.

Pathology messaging

The Modernising Pathology IT programme will use Health Level 7 version 3 (HL7v3) pathology message as well as building on the existing information systems already in place in primary care, pathology services and the National Spine infrastructure. The use of HL7v3 will improve the efficiency and clinical governance of pathology messaging.

Use of robust pathology messaging standards supports electronic communications between laboratories and other care settings, including primary care. It increases the speed at which results are processed and, most critically, means that information is passed directly between

clinical systems, improving clinical governance processes.

Electronic test requesting and reporting for GPs

The 'electronic pathology test requesting and reporting for GPs' project involves working closely with early adopter sites to learn how best to introduce the new national HL7v3 pathology message standards and the Spine Messaging Service, and ensure that the benefits for patients, the GP practice and the pathology service are realised.

The project is currently working closely with GP systems and laboratory system suppliers to upgrade their existing system software so they are able to support the use of the new HL7v3 order request and result messages.

By using the new HL7 messages across the Spine, it has been possible to improve on the legacy Pathology Messaging Implementation Programme (PMIP) messages by providing new pathology test requesting functionality and greatly enhanced pathology test reporting – something that laboratories and GPs have been demanding in the last few years. Working in partnership with leading clinical bodies will

ensure operating procedures and systems are established that work effectively to advance pathology in the NHS.

The project also has close ties to the NLMC and the Royal College of Pathologist (RCPATH) as the NLMC will be implemented as part of the project. The NLMC board and executive team are working with the programme to develop a nationally standardised and validated catalogue of pathology requests that will eventually be able to be used by any NHS healthcare provider to order pathology tests.

The NLMC board is also supporting the Modernising Pathology IT programme by providing clinical governance on best practise pathology testing and facilitating the integration of the national catalogue in the programme's system design and delivery.

Benefits of the programme

Through the Modernising Pathology IT programme, patients will benefit from improved reliability of service,

through fewer inappropriate tests, fewer lost results, fewer duplicated tests and less chance of the wrong samples being taken.


Patients will also benefit from improved choice as the project prepares the ground for more flexible pathology services, for example by arranging to have their blood taken at their GP practice, at their local pharmacy or at their local walk in centre. This flexibility of choice is also a benefit to those commissioning best value healthcare services

By modernising the current pathology systems through the use of IT, pathology will become quicker, more effective and more accurate for patients, GP practices and pathology laboratories.

The Modernising Pathology IT programme will deliver electronic requesting and resulting to GP practices and remove the risks associated with illegible information on handwritten requests, enabling results to be received and filed

electronically. The improved processes made possible through the modernisation aspects of the project allow streamlined specimen processing and specimen collection decision support. This will result in fewer specimens being rejected or mislabelled and improve turnaround times for results. The status of specimens can be electronically tracked resulting in fewer phone enquiries to laboratories.

The use of the NLMC as the basis for the clinician catalogue of requestable pathology tests ensures that only NHS approved test requests can be placed and that there is consistency and standardisation of the naming of test requests. This will help speed up the searching for requests as well as reduce the incidence of inappropriate ordering.

In time, other wider benefits include electronically fed cancer 'call and recall' systems to reduce data entry and the possibility of human errors, and results being populated within the Summary Care Record. 

USEFUL LINKS

For further information about the programme please visit <http://www.connectingforhealth.nhs.uk/systemsandservices/pathology/modernising>





Clinical Dashboards: An interview with Dr. Sally Getgood

CC catches up with Clinical Specialist Lead on Clinical Dashboards, Dr. Sally Getgood, who explains about the programme and how it's shaping up for the future:



Can you explain a bit more about the Clinical Dashboards programme and its progress?

"Clinical Dashboards came out of the NHS Next Stage Review in 2008. Dashboards aim to increase the independence of clinical teams and improve the quality of NHS healthcare by giving clinicians access to relevant and timely local information. Basically, a Clinical Dashboard is a display tool which visually shows local care information in a dashboard format.

"In 2008, we launched three technical prototypes, which successfully proved the principles of implementing Clinical Dashboards. This summer, the work has been developed further by working to implement eleven pilot sites across different care settings, showing that Dashboards can be useful in various healthcare scenarios.

"There is a general enthusiasm for this technology from clinicians. Those we have spoken to have welcomed them, sharing ideas on how Clinical Dashboards could assist their work."

How will the future look for Clinical Dashboards?

"We are in the pilot phase of the Clinical Dashboard Programme, which will include a benefits collection and analysis process before the details on any wider take-up will be decided. However, we have released a Clinical Dashboard Toolkit that includes our project management techniques, lessons learned and metrics used to date so that interested parties may begin to develop Clinical Dashboards themselves."

How do Clinical Dashboards fit in with the NHS Health and Social Care model?

"A focus on health and social care is something we have started in some of the Dashboards, including 'Care of the Elderly' and Orthopaedics Dashboards, although

there are challenges with social care information being captured electronically. We have established that Dashboards are adaptable to different care settings; we now need to build on incorporating health and social care indicators."

Do you have Dashboards on 'releasing time to care measures', such things as patient observations, number of falls etc?


"We are working closely with the NHS Institute for Innovation and Improvements to develop stronger links between Dashboards and their work."

What are the benefits of Clinical Dashboards for patients, clinicians and managers?

"Clinical Dashboards are benefitting patients by helping to focus the quality of local care and streamlining care pathways. In Homerton A&E patients can see a Dashboard displaying waiting times, helping them understand the current pressures on the hospital.

"Clinicians are seeing the benefits of Clinical Dashboards locally by using them to improve efficiencies and working practices. Clinical Dashboards provide local clinical evidence and indicators which can be used to improve performance."

How do I get involved in the Clinical Dashboards programme? And do you have any demonstrations available?

"At the moment we have interactive demonstrations at events and presentations. However, actual live site information is only displayed locally. Screen shots of the Dashboards are also available on our website and an implementation toolkit is being prepared for a first release at the end of October." 

USEFUL
LINKS

For further information visit www.cfh.nhs.uk/clindash or e-mail clinicaldashboards@nhs.net

Bringing national networking and debate into action

The NHS Clinical Leaders Network (CLN) enables practising clinicians across England to develop and share professional learning with their colleagues from across the NHS, supporting them to lead service improvements in their local area.

Every month, around 1,000 CLN members participate monthly in 'Action Learning' events within their strategic health authority (SHA). During these sessions, members actively debate concerns, undertake problem solving and plan practical action that will improve the quality of their care services. A group database of Associates, linked to the programme through online debate, knowledge sharing and discussion, is also being developed. Currently, online debate between CLN members and associates takes place on eSpace at <http://www.espace.connectingforhealth.nhs.uk/community/cln-national>

CLN member Lance Sandle is a Consultant Chemical Pathologist at Trafford Healthcare PCT and now the Director of Professional Standards at the Royal College of Pathologists. A member since 2006, he believes that the CLN has brought him numerous benefits, from being able to meet directly with policy makers, to working more effectively with other health professionals:

"When the Map of Medicine (MoM) and 18 weeks were first introduced, it was good to be able to meet with policy makers and to contribute

towards these areas. It also meant that when the MoM was being rolled out locally, I was able to step in and support it whilst I was interim Medical Director." Lance says.

"The multi-professional nature of the CLN also gives you a different perspective, and helps you to anticipate different points of view across pathways, which is vital to giving the best care possible."

Jolanta McKenzie, Clinical Director for Cancer and Core Services at the Princess Alexandra Hospital NHS Trust in Essex, adds:


"I have always had an interest in service improvement. In particular, I want to improve patient experience. I've found the Action Learning Sets useful, and have used them as a motivator to speak to other organisations looking at design-based improvement.

"The network not only helps you to improve your own leadership skills, but also develops how you solve problems working with others. To be successful in the



CLN member
Lance Sandle

NHS, you have to work with other professions, and the CLN helps to bring these groups together."

Clinicians participating in the CLN, like Lance and Jolanta, have access to a wide range of resources and support through the CLN. Online networking enables members to share their experiences and learning with clinicians from across the country, and there is also a CLN competency framework to support members' development. Other resources include podcasts of speakers and monthly e-mail newsletters containing articles and resources. 

USEFUL LINKS

For further information visit the CLN website at www.cln.nhs.uk. You can read interviews with members, as well as more in-depth features on different aspects of the CLN, at <http://www.cln.nhs.uk/stories/index.htm>



Dr Mark Davies



Healthy dose of information proves that **prevention is better than cure**

Tough times and pressures on public spending mean we all have to think about working more efficiently. It might be time to look to The NHS Information Centre, which has some of the resources to help.

In the year since The NHS Information Centre (NHS IC) appointed its first Medical Director, the healthcare landscape has changed. Global recession has prompted the NHS's new Quality and Productivity Challenge – a focus on quality, innovation, productivity and prevention to drive efficiency. Against this backdrop, the need to use information to improve delivery of services is greater than ever.

But for Dr Mark Davies, the man appointed to bring clinical leadership to the organisation, information shouldn't just be the preserve of managers. As the people closest to the point of care, he wants to

see clinicians take control of their data. "As we start systematically measuring quality outcomes, it is going to become essential for clinicians to take more ownership of that information and be judged by it," he says.

There are a number of things emerging at the moment in the NHS that are making that possible, one of which is the NHS IC's Indicators for Quality Improvement. Released in July following extensive consultation with clinicians and Royal Colleges, they are an assured menu of indicators, which local clinical teams can use as the basis for local quality improvement.

The intention is for clinical teams to use relevant national information to support local delivery. "The NHS IC has tools available to help the local NHS make a meaningful assessment of local priorities and population needs when they're setting up and reviewing services," says Dr Davies. "This should be taken alongside information from the National Institute for Clinical Excellence and NHS Evidence, which should inform us on what an ideal service would deliver. Using a combination of a clear view on what we should be doing, and looking at what actually happens, means we can create an audit loop that allows organisations to learn and build a structured improvement plan."

Since appointing its first Medical Director in September 2008, The NHS IC has had a busy time establishing information for clinicians as a major priority. If Dr Davies ever needs reminding of the benefits, he needs to look no further than the

busy practice in the West Yorkshire town of Hebden Bridge, where he remains a GP. "It keeps me rooted," he says. "Seeing patients is a reality check for me, and reminds me why this work is so important."


To further emphasise the NHS IC's commitment to clinical engagement, the organisation is currently appointing four national clinical leads – a GP, a consultant, a nurse and an allied health professional. Their priority will be to connect with clinicians, both as advocates for the information agenda and to make sure that clinicians are consulted throughout the information development process.

Dr Davies himself learnt about the ins-and-outs of clinical engagement

at national level during his time as National Clinical Director at NHS Connecting for Health (NHS CFH). "I enjoyed my time at NHS CFH enormously and I was very privileged to work with some very talented people. It has made me passionate about the need to connect the end to end process of information management."

Links between NHS CFH and the NHS IC are maintained, with the two organisations working together on many programmes including the National Information and Reporting Service and NHS Comparators – a comparative analytical tool which allows users to investigate local and national patterns of care, including disease prevalence, referrals and

prescribing rates. It looks set to be a vital tool for all healthcare professionals as they develop services, especially during the current climate.

Looking ahead to the coming months, information could turn the economic downturn into an opportunity rather than a threat. "I think that in many ways information is coming of age," Dr Davies concludes. "Because of the current focus on quality and productivity there is an opportunity for us to really unlock the potential of information in the NHS in a way that really would have been very difficult in the past." The time is right, it seems, for clinicians to reclaim their data and use it to drive some real improvements in care. 

USEFUL LINKS

Find out more: www.ic.nhs.uk

Download the Indicators for Quality Improvement: www.ic.nhs.uk/mqi

Log onto NHS Comparators: <https://nwww.nhscomparators.nhs.uk>



2009 EVENTS DIARY



NHS Connecting for Health will be at the following upcoming conferences:

NOVEMBER

EPS RELEASE 2 DEMONSTRATIONS

5, 6 & 7 November

Royal College of GPs, Annual National Primary Care Conference, Scottish Exhibition Centre, Glasgow

13, 14, 15 November

Dispensing Doctors Association Conference, Crowne Plaza Hotel, Chester

DECEMBER

CLINICAL DASHBOARD DEMONSTRATIONS

2-3 December

NICE annual conference, Manchester Central, Manchester

2nd annual NHS CFH healthcare professionals and practitioners conference

Bringing technology into practice

The second annual conference for allied health professionals, healthcare scientists, pharmacists and psychologists is aimed at those who are interested in the ways in which informatics can enable us to provide better safer clinical services.

We aim to make the day a participative and valuable opportunity to meet and network with other healthcare practitioners experiencing and developing systems and technology in practice.

Interactive workshops will include the following topics:

- Transforming community services: telehealth and mobile working
- Local leadership and making systems work for patients
- High quality care for all: use of evidence based practice

- Service improvement: informing commissioning decisions
- Access and choice: enabling knowledge about services

Senior representatives from the Department of Health, NHS Connecting for Health (NHS CFH) and the NHS Information Centre will address delegates to connect current policy with practice.

Those attending will be encouraged to share examples of emerging best practice, see what progress is currently being made and how IT can and does support innovation in practice.

The event has been planned collaboratively by members of the NHS CFH National Advisory Group, which includes professional body IM&T representatives. We have been keen to include content that is not restricted to NHS CFH systems and services so that it encompasses the wider informatics agenda and creates

Wednesday 02 December 2009
National Exhibition Centre
(NEC) Birmingham



an environment for sharing best practice.

Bookings are now being taken and can be made online. To view the full draft agenda or book a place, please visit: <http://etdevents.connectingforhealth.nhs.uk/2484>

The conference is free to all delegates and includes lunch and refreshments. Travel expenses are excluded.