



A Baseline Study on the National Programme for IT

Summary Report

Research Study Conducted for
NHS Connecting for Health



June 2005 - July 2005

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Introduction

This is a summary of a research study conducted by MORI Social Research Institute on behalf of NHS Connecting for Health (NHS CFH).

Background and Objectives

The National Programme for IT (NPfIT) is being delivered by the Department of Health agency, NHS Connecting for Health. Its aim is to bring modern computer systems into the NHS to improve patient care and services.

The objectives of the research programme were as follows:

- To provide a baseline study among key stakeholders to ascertain current levels of awareness, understanding and support for the programmes delivered by NHS Connecting for Health.
- To explore perceptions of NPfIT communications and stakeholder activity, to identify areas which are working well and areas for improvement.
- To repeat the baseline study at regular intervals, allowing us to measure the impact of rollout of the programme and supporting NPfIT communications and stakeholder engagement activities.

Methodology

The findings of the research presented in this report have been derived from 20-minute telephone interviews with six key NHS audience groups. All interviews were conducted between 22 June and 25 July 2005.

The following staff groups were included in the survey:

- 206 Doctors;
- 229 Nurses;
- 205 Allied Health Professionals (AHPs);
- 202 NHS Managers;
- 179 NHS IM&T Managers; and
- 202 Administrative staff comprising Practice Managers and staff involved in booking appointments in hospitals.

Quotas

Quotas were set during fieldwork to ensure sufficient numbers of interviews were carried out with particular groups of staff.

Weighting

Having set some quotas to ensure sufficient numbers of interviews were carried out with particular groups of staff, the data were weighted back to the actual profile of NHS staff to ensure the results are representative of each staff group.

In some cases, the full profile of some staff groups is currently not available and therefore the data are not fully representative in some regards.

The Research Study

The full report is split into five chapters. Each chapter contains a brief description of its content and also a summary of key findings.

Chapter One explores the extent to which Doctors, Nurses, AHPs, NHS Managers, IM&T Managers and Practice Managers/Administrators feel familiar with the National Programme for IT and the seven key services it aims to deliver.

Chapter Two looks at how favourable or unfavourable staff groups are towards the programme and the services. Graphical presentation in this chapter will enable NHS Connecting for Health to view the relationship between familiarity and favourability organised by both NPfIT services and NHS audience groups.

Chapter Three describes the attitudes held by staff towards the programme as a whole, for example whether they believe the programme will improve patient care or make service planning easier.

Chapter Four contains information about the level of involvement in rolling out the NPfIT and how easy or difficult the implementation will be in their view.

And finally, Chapter Five looks at staff opinion regarding information provision and explores whether the sources currently used by staff to learn about the programme are compatible with those which staff would prefer to use in the future.

It is important to note that these overall figures and subgroup differences are not representative of all NHS staff, merely an average of six staff groups who were included in this survey.

Media coverage

It is worth noting that during the fieldwork period (22/06 2005 – 25/07 2005), several negative news stories regarding the NHS Connecting for Health were being aired through the media.

For example, at the end of June, the British Medical Association published a poll which raised questions about the security of the services delivered by the NHS CFH. The poll indicated that three out of four patients would not mind their health information being held on a central computer system and a similar number (69%) would not have a problem with this information being shared and seen by relevant individuals involved in their care. However, three-quarters of respondents said they had concerns about the security of information and 81% were worried about accessibility by people other than the healthcare professionals providing their care¹.

¹<http://www.publictechnology.net/modules.php?op=modload&name=News&file=article&sid=3160>

Summary of Findings

- The size, complexity, and innovation of the National Programme for IT make it the biggest outsourced IT project from the public sector ever undertaken. Implementing large scale public sector IT projects in the United Kingdom and other countries has in the past proved difficult.
- Overall, the findings are positive, showing that staff are supportive of what the programme is trying to achieve and consider it an important priority for the NHS. However, they also indicate that some staff groups, especially front-line staff, are not yet fully engaged in rolling out the programme.
- NPfIT is perceived to be an important initiative. The programme's importance ratings compare well with other initiatives such as NHS reform, building new hospitals or recruiting more staff.
- Familiarity with the programme varies greatly by staff group and the average of those who say they know at least a fair amount about the programme from all staff groups stands at 48%. Compared with other high profile initiatives being implemented in the NHS, such as the NHS Plan and Agenda for Change, the programme is on average least known – 59% are familiar with NHS Plan and 85% with Agenda for Change.
- However, taking into account that NPfIT is a relatively recent initiative and the services it aims to deliver are not fully operational, awareness levels are as high as we could reasonably expect.
- On average, around half feel favourable towards the programme, and a minority, around one in five, is unfavourable. That leaves over one in four (26%) who are currently neutral.
- The critical minority have concerns that implementation dates are not being met, as well as perceptions that staff are not being engaged with fully. Clear and frequent communication is clearly important.
- Managers are most favourable towards the programme as it currently stands and Doctors are most critical of the programme. Among the seven services in the programme, the two most high-profile services - Choose and Book and NHS Care Records Service – attract mixed ratings. PACS, ETP and N3 are generally well thought of by most audience groups.
- More generally, frontline staff – Doctors, Nurses and AHPs in particular – tend to be less aware of and less favourable towards NPfIT and the services it will deliver than Managers. This is in spite of frontline staff predicting they will be frequently using these services in their working life in the future, and Managers generally predicting less usage.

- This may be, at least to some extent, an unavoidable outcome of the first stages of any initiative's implementation in that those more involved in the set-up – IM&T Managers from the technical perspective and NHS Managers from the implementation procedure perspective – are naturally more knowledgeable and involved in these initial stages.
- A key message is that all staff groups, including Doctors, are much more favourable towards the future goals of the programme than they are towards the programme in its current shape.
 - Staff do support the initiative, but its success in practice will be heavily influenced by engagement, communication and project management.
- This is evident in that there is a general agreement among all six audiences about what the three main benefits of the programme would be – many mention improved care for patients, easier sharing of patient information, and some point to having more time for patients.
- NHS Connecting for Health needs to deliver timely and relevant information to staff, in particular frontline staff, to increase their awareness and improve confidence in the programme future.

Implications

Communication with Staff

Given the complexity and scale of the National Programme for IT, it may be beneficial to break down the communications strategies regarding the programme into each of the seven services NHS Connecting for Health aims to deliver through NPfIT and to differentiate the needs of two different groups of staff:

- Communication to frontline clinical professionals – communication needs to be around specific clinical work streams and related to the strategic objectives which they are ultimately supporting, such as that the programme will deliver better patient information, enabling best possible clinical decisions for clinicians. This will meet staff's aspirations to do their best for patients.
- Communication with management and administration staff – communication needs to be related to how the programme will reduce bureaucracy and paperwork and increase satisfaction with engagement with the public. For example, it will be easier to find patient information and there will be fewer negative patient experiences, such as patient record losses.

It may also be worth prioritising which professionals in specific settings, i.e. primary and secondary care, need to be informed of particular work streams of NHS CFH ahead of others. Some services are immediately relevant to particular staff groups and others may be important only later. Staggered communication would ensure timely familiarity with those aspects some staff groups will need to use first in their day to day activities.

This is an important judgement for the programme to make as staff found it difficult to prioritise what they need to know in the future.

Involvement of Staff

In line with priorities set for information, it might be useful to develop a system of staff involvement in the implementation of NPfIT within organisations, as clinicians seem as yet have not been involved in the programme a great deal throughout the country.

As staff have stated a preference for information via their own organisation, and have more confidence in their own organisation's ability to implement the NPfIT than the NHS as a whole, information via a 'Toolkit Format' that can have a 'localised' implementation plan may help staff and Trusts to put the programme into their own organisations' needs and planning.

Roll out obviously needs to include staff Training & Education: this is the biggest barrier that the staff mention to the full implementation of the programme.

Information on Training and Education for staff could be included in the “Toolkit”, but for local implementation.

Conclusions

Overall, this first wave of research is positive. It suggests that there is broad support across the service for what NHS Connecting for Health is trying to achieve through NPfIT.

The challenge will be in managing expectations during roll out, while also clearly setting out what the new services will deliver, when, and the benefits they offer both managerial and medical staff – and patients.

This presents NHS CFH with a challenge given the volume of other initiatives underway in the service, and is probably, in MORI’s view, as important as making the technology itself work.

[Download the full version of this survey \(pdf format, 750kb\)](#)

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Ben Page

Avril Imison

Anna Carluccio

Darcy Vasickova

Jo Lee
