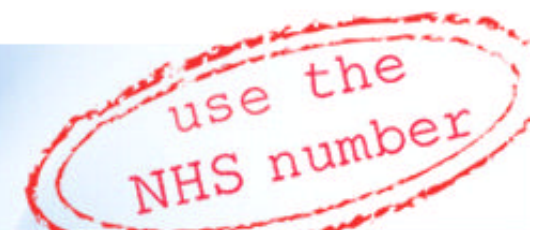


“Designed Around the Patient”

Aspiration or organising principle?

Anthony Nowlan
NHS Information Authority



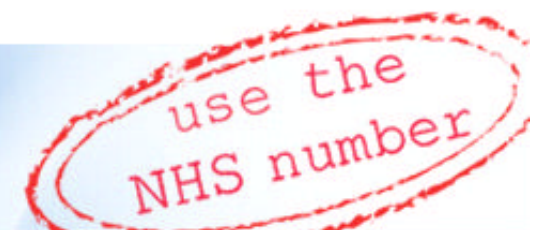
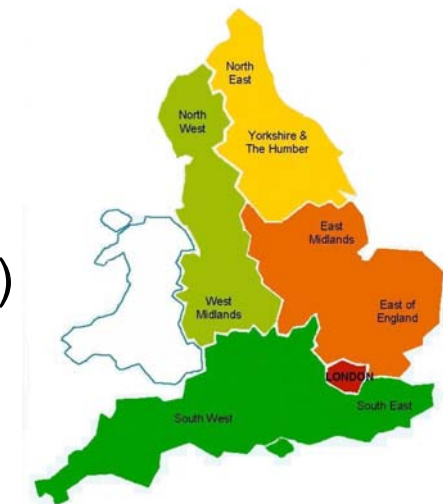
Outline

- Backdrop – IT in the NHS
- Health care challenges
- Design perspectives: institutions, professionals, people
- Two aspects of person-centric systems
- Loss of old certainties and the need for new ones



Backdrop National Programme for IT (NPFIT)

- £2.3 billion over the next three years
 - ◆ Integrated Care Records Service
 - ◆ Electronic appointment booking
 - ◆ Electronic transmission of prescriptions
 - ◆ Underpinning IT infrastructure
- Major procurements
 - ◆ National Application Service Providers (NASP)
 - ◆ Local Service Providers (LSP) – five



Health Care Challenges

The price of success

- Quality gap – possible versus actual
- Societal and individual expectations
- Economics of health care and capacity



“These quality problems occur typically not because of a failure of goodwill, knowledge, effort, or resources devoted to health care, but because of fundamental shortcomings in the ways care is organized.”

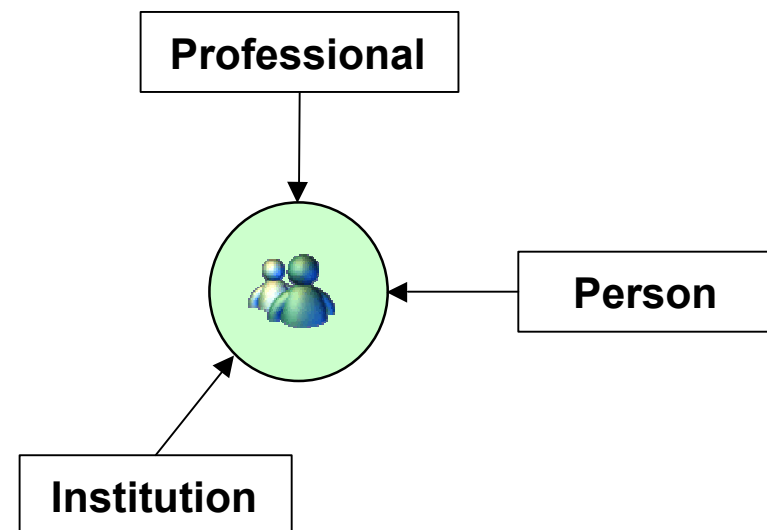
Crossing the Quality Chasm: A new health system for the 21st century
Institute of Medicine, 2001



Design centres

Three Generations of Approaches

- Institution-centric
Manage the resources
- Professional-centric
Support the specialist task
- Person (patient)-centric
Secure the integrity of individual experience?



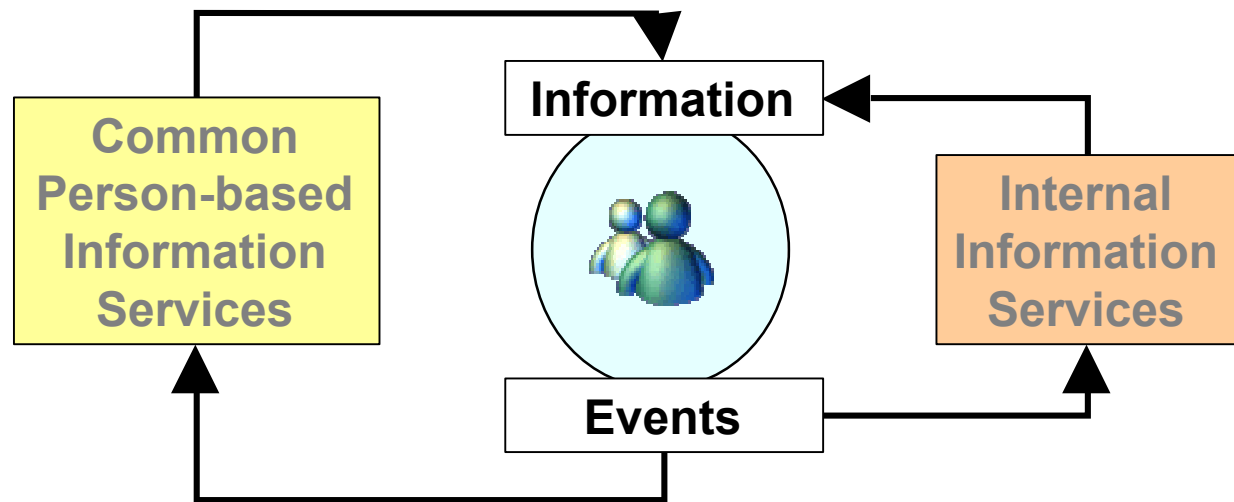
Secure the integrity of individual experience

- Not exposing the individual to uninformed, uncoordinated, or undesired care
 - ◆ concurrent care
 - ◆ sequential care
- Integrating with wider personal experiences
- Information as the fabric of that integrity

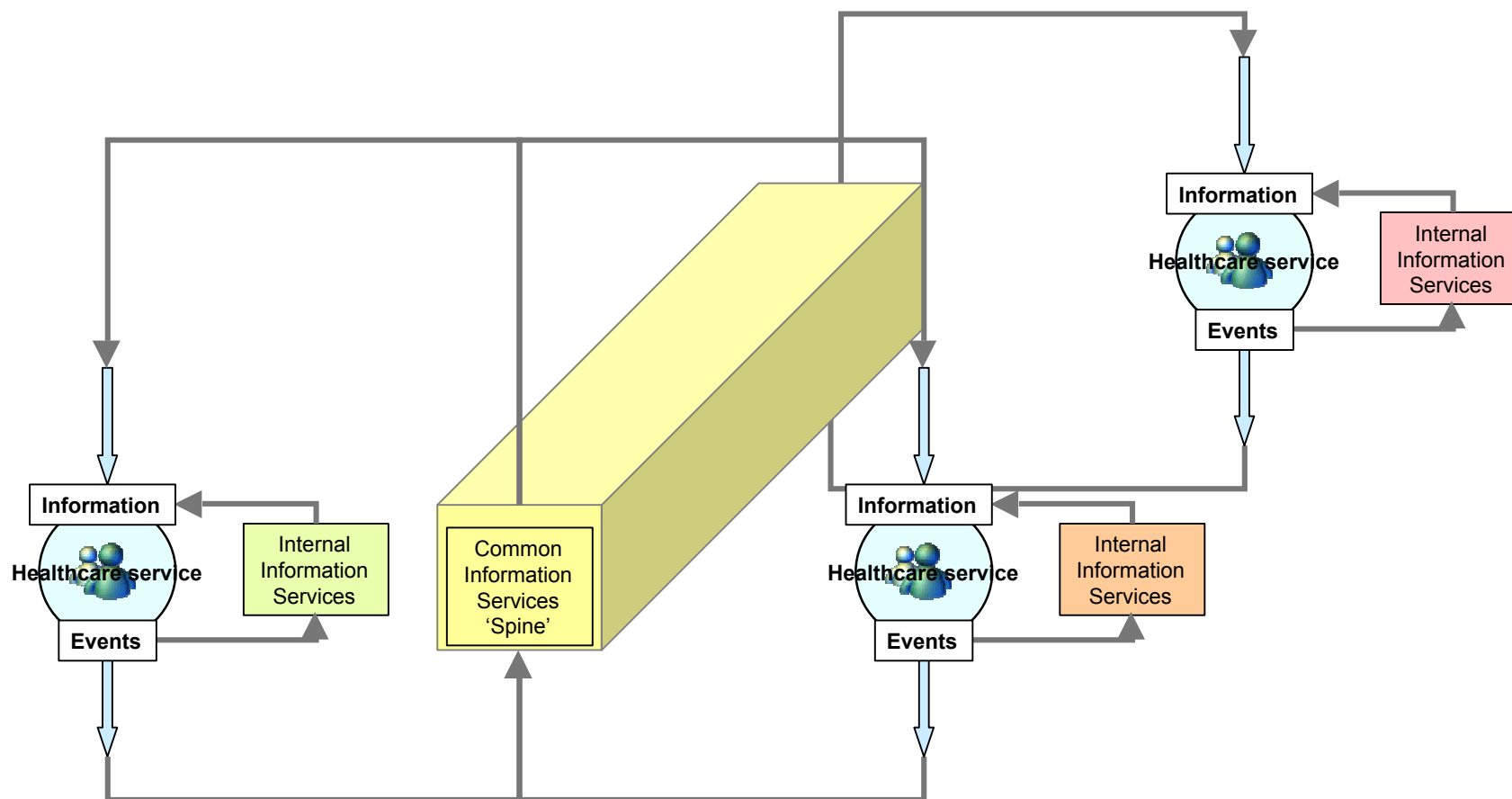


Integrity of Individual Care 1 The 'Spine'

- personal details and preferences
- summative information
- details of 'events'
- care relationships



One 'Spine' Per Person



Integrity of Individual Care 2

Confidentiality - what people say

On the whole, I trust the NHS and want my information shared for good care, but I would like to be asked or at least informed

People should see only what they need to know to look after me

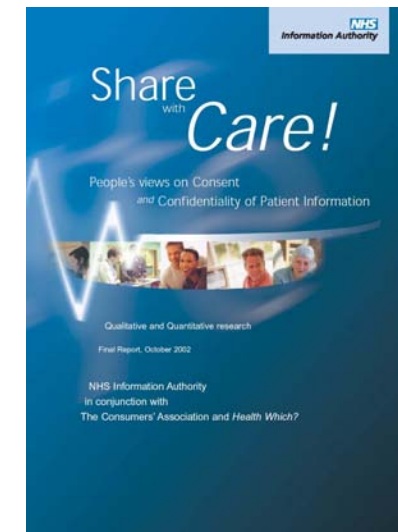
I don't want just anyone to see my record

Receptionists don't need to see my medical details

No one should see some things, not even my GP

Managers and researchers don't need to know my name

I'd be reassured if arrangements were spelled out



Caring for Information

Set out and consulted on principles

- Use identifiable data only for care and its quality control
- Rely on implied consent for care and quality control
- For other purposes use anonymised data or obtain express consent or by law
- Monitor access and overrides of controls



Loss of old certainties



Building New Certainties

For example ...

- Readiness of the 'resourceful' individual
- Relationships with
 - ◆ professionals
 - ◆ the 'state' – the 'system'
- Governance and trust
- Technological demands

