

Feedback & Chronology on aspects of EEPD Work so far

Bold = My emphasis. *Italic = R Fawdry comments*

Responses, so far, to the publication of my definitive article in "Midirs" in June 2007

Sadly, None whatsoever!! Is there no clinician out there who thinks there is a useful future for a discussion about the realities of Electronic Patient Records in the care of individual patients rather than just the collection of data for audit?

Responses, so far, to the distribution of copies of my open letter of 11th January 2007 to the Members of the House of Commons Select Committee on Health

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Professor (Feb 2007)

"Dear Rupert

Thank you for your analysis of the present computer chaos in the NHS.

You make many valid points, particularly about the naive belief that if only the computer system can be complete enough, it will meet every possible need that everybody might ever have.

Your point that "EVERY KEYSTROKE COSTS" is valid, but of course never recognised by managers.

The fundamental problem, which I think you are saying, is of the concept of a Stalinist top-down system where everybody has to dance to the same tune. This is unlikely to work and I suspect never will properly and I cannot see the point of it.

You mention, in passing, **the Huntleigh System which we would very much like buy but are told flatly that it is impossible.** This said, is there anything that can be done about what at the moment seems like an unstoppable momentum. As far as I can see, the only way that it will not be achieved (*i.e will not overwhelm us with dangerous rubbish???* *RF comment*), is when the money runs out and the government decides it cannot afford it and drops the project

P.S. Every software engineer that I talk to, states flatly that the concept of the National Computer System will not work."

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Consultant Obstetrician (Feb 2007)

"Rupert, Congratulations on **another succinct analysis of the problem - if only I could see a chink of progress!**"

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Consultant Obstetrician (Feb 2007)

Fellow Founder member of the British Obstetric Computer Society 15 years ago

"Hi Rupert, - I see you haven't given up on NHS IT yet!

Our own CCL Maternity system was carted off to the scrap heap after more than 10 years loyal service and support provided without charge by myself. I had pleaded for a new CPU but AT&T Istel got in the way, charging exorbitant consultancy fees to enable communication with their systems in the hospital, and so our Finance Director (now CEO) put the boot in.

Since that time, **I've shown no interest in a replacement system we've been promised and so there has been zero progress to date after 6-7 years.**

We do have a Colposcopy system which runs on Microsoft Access very well and provides KC65 annual returns as well as all letters. However that is doomed because the guy who owns the system is due to retire shortly and Trent want us (Cancer Network) to use something else instead!!! *Nothing new there then!"*

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Editor of MIDIRS (Jan 2007)

"Dear Rupert - I received a copy of your recent letter to the members of the Health Select Committee. offer you an opportunity to expand on your concerns in the form of an article for a future edition of the Digest. **as someone who spent 10 years at the NPEU, I have every sympathy with your views** and would be very happy to disseminate these to a wider, clinical based audience if you are interested "- (*Article being submitted*)

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Chief Editor BMJ (Jan 2007)

Many thanks for your letter of 11 January. I'm not sure if there is something here that we could make something of for the journal. If you felt inclined to write this up in the form of a short article for the journal we would be happy to consider it, though I make no promise of publication- (*Article being submitted*)



Previous Comments

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Consultant, London Teaching Hospital (Dec 2006)

"Rupert who'd be delighted to talk to you about NHS IT & maternity experiences in particular. He gets very frustrated as he's spent **years and years analysing (at a deep and almost philosophical level) what's needed in terms of information and patient care, what's wasted data collection (unnecessary keystrokes and clinician time) and what's impossible (eradication of paper communication).** And it must be very difficult when he brings a **difficult message about how difficult NHS IT is - although he also has solutions...** "

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Consultant, London Teaching Hospital (Dec 2006)

. . . when we see masses of money wasted on initiatives that will inevitably slow down and impede the quality of care, as they were not designed from the outset to improve patient care and health professional's work (unlike the GP systems set up and designed by GPs themselves), then its quite galling to be told its going to be our fault (for when it hits the fan).

I suppose our duty might also be to become whistle-blowers on the whole enterprise that's wasting money to the detriment of patients? - is that a line the BMA is considering? I know a little only from the obstetrics field (where IT issues have been quite advanced previously) and the interested clinicians are completely exasperated. This has been going on for years and I just cannot accept that there has been difficulty getting involvement from clinicians - engagement has not been sought until late in the day, proper back-fill hasn't been set up, **short term projects have repeated the same mistakes over and over again and the advice clinicians have given has not been heeded.** My own advice (given directly to the previous deputy chief medical officer who has since left his post - I don't know whether connected to any disagreements with Richard Grainger about clinical involvement) was to involve Rupert Fawdry (the longest standing computer-clinician in O&G, IT-thinker and originator of one of the best working maternity IT systems - bought out by iSoft and since disbanded). Rupert's been studying every maternity data item, and every information demand required by management/external agencies and every key stroke a midwife or doctor makes. Although a bit of a 'geek' with respect to the topic, he commands respect amongst clinicians and many of us are convinced by his analysis. A whole load of good clinicians have been working together (via Lucy Kean and British Maternal Fetal Medicine Society and via Bill Dunlop and RCOG) and they are not achieving the ends

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My e-mailed responses to the above Wick (Dec 2006)

I am so angry with the delusion that CfH (or NHS-IT or NPfIT or NHS-IA etc) has ever been mentally able to make a realistic effort to LISTEN to acute hospital clinicians that steam is coming out of my head!!!!!!!!!!!!!!!!!!!!!!!!!!!!!! The comment that "they have had a real difficulty getting involvement from clinicians even when they have sought it." This simple statement conceals so much more than it reveals.

So far nothing on the NHS-IT side seems to have changed since my talk at Tommy's two years ago regarding the massive chasm between the world of hospital medicine and the totally different world of traditional IT and the lack any attempt by virtually anyone to chart that interface. Two absolutely incompatible paradigms as to how the world works. In fact the most recent CfH Maternity data initiative is, if anything worse that all previous NHS-IT initiatives! As carefully documented in detail in the my paper entitled "Essential Characteristics for any Credible or useful Perinatal Dataset."

(See EEPD\01_ESSAYS\C_MATDATA\C01_CREDIBLE\Credib.pdf)

And previous initiatives were pretty bad. M.U.M.M.I.E.S. (1988-1992: cost about £500,000) now, as far as I know, only exists as a paper document in my loft.) The Maternity Care Data Project - Data Dictionary. (1998-2001) ~ Cost about the same. ~ No use to anyone. Now also only exists as a paper document in my loft. Each time because the IT "experts" found themselves so totally unable to listen to experienced clinician with a real understanding as to how computers work. ~ As a result each initiative was yet another massive waste of taxpayers money.

Wick, Sunday 3rd Dec 2006 / Mon 4th (Now Tue night 2 am again having been working on the EEPD)

I suppose we should not be not be surprised if the IT professionals try to blame the medical profession for the mess NHS-IT has got itself into. Their erroneous semi-religious presuppositions would not allow them to consider any other possible reason.

In fact the only way they have any involvement with clinicians is when they try to persuade a few gullible doctors to attend a few "expert advisory groups" for 3-4 hours . They then use such short-term unpaid advisory groups to give credibility to their impractical delusions.

Every time I have ever had any contact with any senior NHS-IT fund holders over the past 20 years, almost every one of them have always been such true believers in IT delusions where acute hospital medicine were concerned that they have been totally unable to understand what acute hospital patient care is all about. They may talk about involving clinicians - but at a senior level they never, ever seem to overcome their presuppositions for long enough to listen. ~ In every contact with them they have remained utterly confident that what they have learnt about IT when installing computers in banks or for ticket sales or in supermarkets can simply be applied to medicine, and that if only they shout loud enough at their poor junior employees everything will come out right - hence the rapid turnover of such juniors (see a recent Hospital Doctor report on iSoft which seemed to be along the lines "Come on chaps. ~ One more real effort and we'll get this problem cracked" or even more recently "If only the clinicians would co-operate - by which they mean 'do exactly what we tell them to and don't object to rubbish' then we'll get there"). Even now "involving clinicians" seems to mean getting a few token inexperienced clinicians in a very subordinate role to back up their own delusions. In all these years of paper fantasies they have never, ever seen any senior NHS-IT person take serious note of what proper clinical systems such as Protos or Euroking actual do.

*Their most recent stupidity has been the request in a letter (which I first saw, purely by chance in late September, even though I was supposedly a member of the expert advisory committee for the previous nine months) asking busy obstetricians to comment within a few weeks on a **68-page A3 size colour coded Excel spreadsheet** - which needs A3 colour printing for it to be printed out and properly analysed.*

As if any obstetricians a) have access to an A3 size colour printer and unlimited supplies of A3 paper and b) infinite time to comment on what, despite being done in good faith by those involved, is a basically a load of totally useless paper junk with no relation to real live patient care computing.

That letter was sent out by an organization which calls itself the "National Datasets Service c/o "The Information Centre" and their totally George Orwellian slogan is apparently ~ "Knowledge for Care"; as if getting clinicians to spend hours collecting data for them to analyse will actually improve rather than destroy patient care. (I see from the Sunday Telegraph of yesterday "Police Paperwork costs hit £625 million. ~ If the "Paralysis by Analysis" fanatics can do that to the police just think what their lunacy will cost the health service and how much patient care will suffer)

In July 06, as you know, I wrote and circulated a detailed critique entitled "Essential Characteristics for any credible or useful Maternity Services Dataset Development (or other perinatal dataset proposals)" - I provided a very clear response to the draft dataset proposals circulated in April 06 by the Maternity Services Dataset Development Initiative. That paper was, as usual, well received by the few clinicians who read it, and was yet again totally ignored by the so called IT "experts". As a result the crap dataset which I first saw in April was released for comment virtually unchanged in August without any significant improvement whatsoever. 650 random data questions, no flow pattern, no proper organization etc, Fundamentally scores of "Paralysis by Analysis" items with no emphasis at all in any way on "Individual Patient Care" or the financial or workload cost of data entry etc. When will someone somewhere realize that "Primary" means something that comes before "Secondary" and that entering data onto a computer almost always takes more time than using paper. A sixth former with no knowledge of computing could have done better! and all of us can easily see the difference between the much shorter time taken to check potential dates of future meetings using a paper diary compared with the delay while someone tries to use an electronic diary.

I did send for the job description and application forms for the clinical IT posts recently advertised in the BMJ but the application pack was unavailable until about 5 days before the closing date, and was set out in a way totally alien to the recruitment of the kind of clinically experienced hospital doctor who might have needed. ~ Personally I could see myself yet again have being required to act as a constantly ignored advisor to overconfident IT professionals living in a world dominated by delusion (or else dominated by doctors who early in their career couldn't cope with the uncertainties of medicine and escaped to the non medical rigidity of the world of IT) . In the end I decided that it would be a total waste of my time even to apply.

In the light of my repeated failure to get the utterly self confident captains of the NHS-IT supertanker to change course before hitting the rocks I have gradually over the past 10-15 years spent approximately £100,000 of my own income. This has slowly allowed me to have achieved privately what should have been done years ago by government i.e. i) use the existing paperwork to see how acute medicine really functions, and ii) accept that in acute medicine doctors do not have and will probably never will be able to have a paperless (or even a "paper-light") system but that in acute hospital medicine electronic data is, and will probably always remain, complementary to, and totally different from the paper record.

Very slowly, in my own time, the Electronic Encyclopaedia of Perinatal Data has progressed. ~ And in a few days I am off to the Shetlands with the hope that my 168 hours per week on call for 6 weeks should, at last, allow me to break the back of the work which I would have loved to have had the time and finances to have done years ago.

Best wishes to all. One day maybe IT will be seen as our servant not our master in the care we try to provide for our patients.

Bold = My emphasis. Italic = My comments

RISCOS: EEPD.00-LAPLINKS.Feedback-6 (2nd October 2007) **Page 3 of 4**

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Consultant Obstetrician, London Teaching Hospital (Aug 2006)

Yet again, I have opened an envelope full of the most thoughtful, exciting, analytical approach to electronic (& paper) maternity information. Your energy and persistence amazes me. We are very lucky in O&G to have you, albeit your sensible, experienced messages aren't getting through! I think the latest stuff is wonderful and people really need to know whats going on. I wonder if its time to talk to computer magazines or Private Eye again or the doctor member of parliament again what was his name - he came to your talk here at STH)? Or, maybe you could get those 'interesting websites' sections in Lancet/ BMJ/ TOG to at least draw attention to what you've got in terms of discussion documents?

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Workgroup for NPfIT Maternity Northeast/East (October 2004)

It is disappointing to find that the software solution is being developed from scratch, by a team who have no obstetric or midwifery background. The extent to which the program will be based on Protos (*for which I provided the Knowledge engineering*), which was used by Accenture to win the bid, is not clear. The team that produced Protos does not exist any more. **The team developing the new software does not have a background in maternity systems and only a basic knowledge about how maternity services in the U.K. are run.** They are currently working in isolation without input from senior health professionals from the UK maternity community. . . . Many units have recently been prevented from purchasing new systems, assuming that the LSP's (Local Service Provider's?) system is just around the corner.

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Consultant Obstetrician and Gynaecologist, Postgraduate Dean (June 2003)

Well done, Rupert. Stick with it. I am sure it will remain an uphill struggle, but, from a distance I see progress and acceptance more and more creeping in.

Your work is nothing short of staggering, and I do hope you get just recognition!

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Consultant in Maternal-Fetal Medicine, Clinical Director, London Teaching Hospital (Feb 2003)

I and all the Womens Directorate IT team were very interested in the content of your article "Personal Comments regarding Electronic Patient records" and **hope that the people who matter hear what you are saying.** . . . It might be a good morale boost to take stock and talk with such an expert of maternity systems as yourself, but with a good dose of reality too

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Consultant Obstetrician and Gynaecologist(Jan 2003)

I remember you wanting to **group by presenting symptom rather than (just by diagnosis and) procedure code** and, **it seems to me that your concept was way ahead of its time and is fundamental to the development of integrated care pathways** . . . I would be glad to come down to Milton Keynes to discuss these with you since I'm sure that you will have made significant progress because of your forethought in this matter

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Consultant Obstetrician and Gynaecologist, (Dec 2002)

We have, as you rightly say, already apparently purchased a (maternity computer) system which probably contains Mickey Mouse qualities. We, as obstetricians had very little say in the matter. We were invited to the presentations and were invited to give comments but were not invited to any meeting where any decisions were made. . . I very much enjoyed your comments on electronic patient records, and **particularly liked your sentence about "paralysis by analysis"**

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The NHS Plan (July 2000)

"Access to personal medical records for patients by 2004. By then 75% of hospitals and 50% of primary and community trusts will have implemented electronic patient record systems"

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