Informing Healthcare
Achievements

NHS WALES GIG CYMRU

Informing Healthcare
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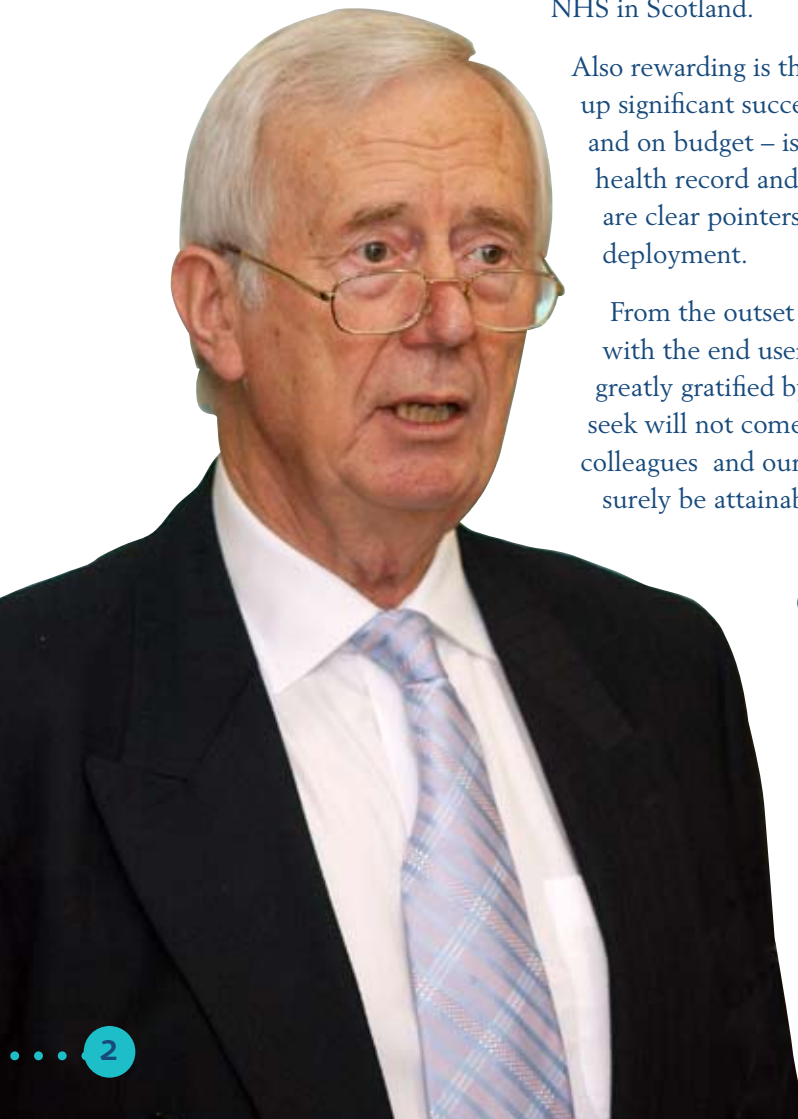
June 2007

CHAIRMAN'S INTRODUCTION

" The goal that we seek will not come easily; but, by harnessing the talents of our NHS colleagues and our own dedicated and professional team, that goal must surely be attainable. "

I recall that a former Secretary of State for Wales once said that devolution was not an event but a process; and this perhaps accurately describes the incremental process or approach IHC has adopted to extend the use of information technology, to improve healthcare and bring maximum benefits to patients in Wales. There will be a gradual implementation over a 10-year period, building on information and technology systems that are already in place and making the best use of existing staff and technical resources.

It is therefore gratifying that we received significant endorsement of our approach from the prestigious International Advisory Group conference held in Cardiff in September 2006.

The methods we are using to introduce electronic health records in Wales, initially in emergency care, harmonise with recommendations made by the influential British Computer Society, in a report, published in December 2006, which encouraged evolution not revolution.

In addition, an English ministerial taskforce reporting on the NHS England Summary Care Record, also in December 2006, recommended an incremental approach to the introduction of electronic care records, focusing initially on the use of the summary care record in emergency care, along the lines taken by the NHS in Scotland.

Also rewarding is the evidence that the IHC programme is already chalking up significant successes. The Gwent Out of Hours project – delivered on time and on budget – is an important step in the development of the individual health record and the Carmarthen and Cardiff diabetes projects, which are clear pointers to the direction IHC will be taking to full-scale national deployment.

From the outset the IHC team totally embraced the concept of partnership with the end users – both patients and NHS Wales staff – and we have been greatly gratified by the positive response from all quarters. The goal that we seek will not come easily; but, by harnessing the talents of our NHS colleagues and our own dedicated and professional team, that goal must surely be attainable.

Ian Kelsall
Chairman

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CHIEF EXECUTIVE'S INTRODUCTION

The past 12 months have seen IHC make an important contribution to the Welsh Assembly Government's response to the Beecham report. Three areas stand out. The development of an all-Wales clinical portal will give clinicians access to patient information in a way that will help them improve still further the standard of care they provide. From the patients' side, the creation of My Health Online will offer them access to their health records for the first time. It's a major step that will involve them as never before in their own healthcare. Finally, after a successful trial in Gwent, the start of the national roll-out of the individual health record in unscheduled care settings supports the immediate priorities of local healthcare communities.
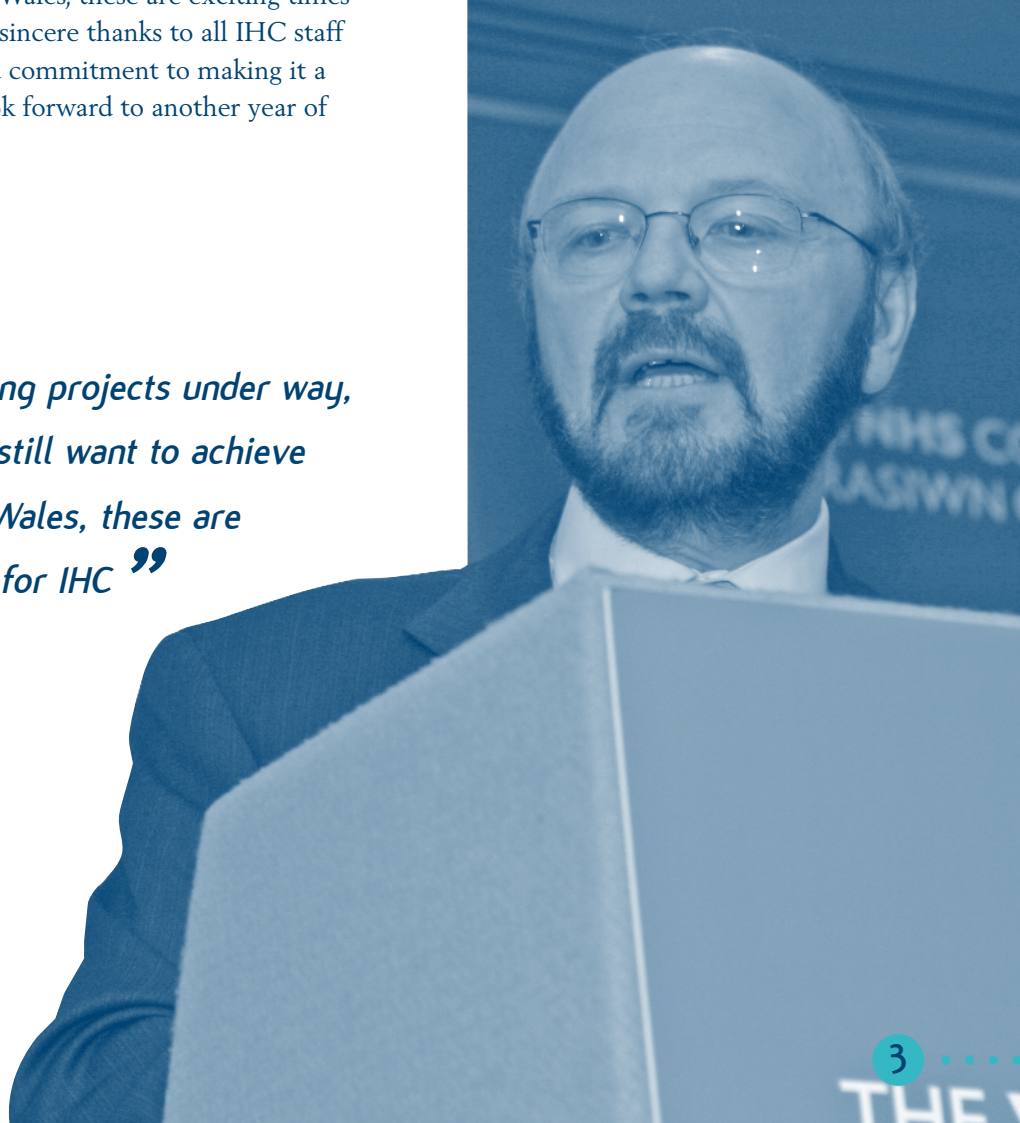
From a strategic perspective, engagement with private sector suppliers is crucial to the success of the programme. We need their capacity and capability and we would like to have them in place at the earliest opportunity – within the constraints of public sector procurement process – so that we can push on with the delivery of improved healthcare throughout Wales.

With so many demanding projects under way, and with so much that we still want to achieve for the people of Wales, these are exciting times for IHC. The directors wish to offer their sincere thanks to all IHC staff for their efforts, dedication and continued commitment to making it a successful national programme. We all look forward to another year of achievement.

Gwyn Thomas
Chief Executive

" *With so many demanding projects under way, and with so much that we still want to achieve for the people of Wales, these are exciting times for IHC* "

FOREWORD
Improving healthcare with information

Informing Healthcare (IHC) is at the heart of modernising the NHS Wales. It is introducing new ways of accessing, using and storing information, which will improve care for patients and their health.

Nearly all family doctors and hospitals use computers to keep information about their patients – but most of these computer systems cannot exchange information very easily.

IHC is changing this by making it possible for health computers in Wales to 'talk to one another' through safe channels that will provide a shared view of clinical care through the individual health record. This will help health professionals to make clinically safe decisions about care and, for the first time, it will give patients secure access to their own medical history.

Improvements are taking place in stages, over a 10-year period, and are being developed in collaboration with local health communities, which are testing out new ways of using information in real clinical settings before they are available nationally.

Funded by the National Assembly, IHC is putting in place many of the services needed to transform clinical practice and provide health professionals with the online knowledge and evidence tools needed to support care that centres on the patients' needs.

ONLINE CLINICAL DECISION SUPPORT
Easy access to best practice care pathways

Every day, around 6,000 biomedical articles appear around the world. Add the 855 guidelines in place for GPs and 35,000 medical journals in print and the message is clear: while clinicians need to have access to the latest advances, they are constantly grappling with information overload.

In May 2006, IHC started looking for a way to help them. How could technology reduce that overload while maintaining standards of patient safety? The answer was to provide an online resource of treatment and good practice.

Consultation with a range of clinicians, plus market research, showed that the optimum balance of benefit, cost, and risk would come from the purchase of a clinical pathways tool, and it was agreed to run a pilot programme for 12 months. From the available products, IHC chose the Map of Medicine® as an exemplar product because it is a unique, UK-based online tool for a range of medical specialties, with its content based on international resources.

The Map was tested in real operational environments by almost 2,000 clinicians and other users in three NHS Trusts and primary care. The tool reduced uncertainty in clinical decision making, especially for non-specialists confronted with a problem or condition they were not familiar with – a clear benefit to the patients. The project was also careful to test how well the Map fits existing clinical processes. Adopting the approach of a 12-month pilot means that an informed decision can now be made on the longer-term investment for Wales, ensuring sound investment of public funds and avoiding the risk of failure which some large IT projects suffer from.

In addition, to improve decision support and patient safety the Map offers the opportunity to improve commissioning of services and use of resources.

IHC has identified the benefits and is now testing these across NHS Wales while developing a proposal for the Welsh Assembly to invest in a clinical pathways tool. If the Assembly decides to fund the tool for Wales, the new service should go live in autumn 2007.

BETTER HEALTH RECORDS INFORMATION
Improved data quality cuts number of duplicate records

Health records for patients in Wales are now in good condition following a three-year IHC project to improve data quality.

An assessment in 2004 indicated that hundreds of thousands of records were duplicates or contained omissions and contradictory information. Errors in even basic details such as name, date of birth, and NHS number meant potential risks to patients, as well as inefficiency and waste of NHS time and resources.

IHC has allocated £4.7 million to improve data quality over a period of three years. This has funded 100 staff to work through the nation's health records. The project has promoted the adoption of current best practice and getting the most from established technology. The main targets of the project were patient administration, pathology, and radiology. IHC set targets of no more than .01 per cent of patient records to be duplicates, and 98 per cent of patients to have their NHS number accurately recorded by the end of March 2008.

Before the project started, on average, 4.5 per cent of records held on main hospital administration systems across Wales were duplicates. This figure has now dropped to an average of 1.5 per cent and the number is continuing to fall. Over 85 per cent of patient records now use the correct NHS number as a unique identifier, compared with 69 per cent in 2005.

With a year to go, the project has already brought major benefits to healthcare workers and patients, and both groups are spending far less time waiting for problems with files to be sorted out.

In future, IHC will periodically monitor the quality of patient registration data to ensure that Trusts maintain the improvements.

NEW LOOK AND CONTENT FOR NHS WEBSITES
The first place to look for health information

A prime IHC objective is to enable people in Wales to become far more involved in their health. One way is to give them excellent information about essential health matters, and market research shows that the public sees the NHS as one of the most reliable sources of advice on the Internet. However, an IHC review in 2006 found shortcomings in existing NHS Wales websites. Because they were run by separate NHS organisations, there were gaps and duplication in the information. Working with NHS Direct Wales, Wales Centre for Health, National Public Health Service for Wales, Health Solutions Wales, and Welsh Assembly Government, IHC developed a strategy to improve the efficiency and effectiveness of online health information provided by the Welsh health service.

The strategy included the overhaul of two bilingual websites. Aimed at patients and the general public, www.nhsdirect.wales.nhs.uk provides answers to the basic questions we all ask when we are ill and need help. These include, which services are provided, where they are located and information aimed at different medical conditions and problems. The new-look NHS Direct site includes an A-Z health encyclopaedia; plus an information prescription service for long-term conditions.

The second site – Health in Wales – will replace the HOWIS Internet portal with a themed site for professionals and the informed public, focusing on the wider health service and key health challenges facing Welsh citizens: an approach that is already successful in Europe, Canada and Australia.

Strategic and editorial governance groups will work collaboratively to remove duplication of information across websites, encouraging new and compelling content and services.

" I have been able to find answers to questions I may have about a particular area very easily – as if I have an up-to-date detailed textbook or handbook in my pocket "

Dr Peter Adura
Senior Doctor,
Nevill Hall Hospital,
Abergavenny

IMPROVED USE OF OFFICE IT
National e-mail, messaging and directory services

Computer workstations are now essential pieces of equipment in every NHS organisation, giving staff access to information, e-mail and office systems. Making them as easy to use and efficient as possible is, therefore, a high priority for IHC.

In late 2005, IHC signed an Enterprise Agreement with Microsoft, which gave NHS staff access to the latest versions of a range of Microsoft software. To make best use of the benefits of that agreement, IHC is now developing standards for workstation configuration, in conjunction with staff from NHS Wales. These will enable each organisation's IM&T department to manage their workstations in a similar way.

A new national directory service is also being established by IHC. This will be used as the basis for allowing users to log on to services irrespective of where they access a computer.

IHC has also developed a national e-mail that will give each health professional an e-mail address 'for life' that can be used wherever they work in the NHS – even if they change jobs. E-mail will be encrypted in order to ensure that any personal information sent via the new service is secured against unauthorised access.

Access to national services and standard configurations will also make it easier for organisations to bring in new workstations and future services, and make the most of their investment. Users will benefit from workstations with a consistent 'look and feel'.

A number of NHS Wales organisations will be acting as 'early adopters' of the new service later in 2007, and they will be followed by a full national roll-out during 2007 and 2008.

DIGITAL HEALTH LIBRARY FOR WALES
Equal access to knowledge for all health professionals

The knowledge bank on which NHS Wales employees could draw used to have serious drawbacks. It was spread around the country in various libraries, meaning different degrees of access depending on location. It had evolved around medical staff needs, with patchy access for nurses and allied health professionals, and other staff, with virtually no academic or reference material to help them in their role.

As a digital library for Wales already existed, the solution was to further develop this as a resource that would be instantly available to NHS employees in even the most remote corners of the country. IHC consulted subject experts about what they would like to see in the e-library. The response was remarkable, with an overwhelming requirement for e-journals, fact sheets, electronic textbooks and handbooks, and other information services to supplement the existing bibliographic databases.

IHC then worked with experts, end-users and suppliers over 12 months until, with everything in place, the service began in spring 2006. Pre-existing resources continue, giving an overall investment of £1.4 million pounds per annum. Users are able to log on from work or from home, with support and training from local health librarians if needed.

NHS Wales staff now have information resources that equal the best in the UK. The success of the e-library is easy to measure, with access figures rising exponentially in the months since the service began as word spreads that this is a service for all members of staff.

Looking ahead, the e-library will continue to be marketed and evaluated to ensure it keeps pace with the needs of staff.

That means a far better-informed NHS workforce throughout the country – and a workforce that knows that NHS Wales is keen to support personal and professional growth in its ranks. From the public's point of view, more knowledgeable staff will result in higher standards of healthcare wherever they live in Wales.

" *This is a very important development, particularly for nurses and professions allied to medicine, where access to library resources has often been difficult. This development sees the importance of multi-professional working and will enhance facilities across the NHS in Wales and will help deliver improved services to patients.* "

Rosemary Kennedy
Chief Nursing Officer for Wales

SHARED DIABETES HEALTH RECORD
Online records support seamless care for patients with diabetes

Diabetes is among the most widespread of long-term conditions and it is spreading rapidly. According to Diabetes UK Cymru, nearly 4 per cent of people in Wales (around 120,000) have been diagnosed with diabetes and thousands more have the condition but don't yet know it.

People with diabetes often receive care from a range of health professionals, such as their GP, a hospital consultant, dietician, foot or eye specialist, each keeping their own set of records about the patients they care for.

In the 1990s a project was started to share diabetes information and break down the barriers between primary and secondary care. The rapid development in technology since then inspired the revival of the project in the summer of 2005, when leading clinicians in Carmarthenshire began to consider the latest technological options.

Carmarthenshire NHS Trust and Carmarthenshire Local Health Board, in cooperation with and funded by IHC, with the National Public Health Service, Mid & West Wales NHS Business Service Centre, GP systems suppliers, and patients' representatives developed the shared diabetes electronic record project.

The project began in January 2006, when Carmarthenshire Trust IT team developed a web-based portal that displays a shared view of a patient's primary and secondary care diabetes record. The record incorporates the diabetes elements of the patient's GP record with their secondary care record. This is updated regularly to reflect changes such as test results and blood glucose levels, and the system is unique in that it is designed to identify and process conflicting data.

One of the expected benefits is that patients will be able to manage their diabetes more effectively because they can have a print-out of their summary shared record, which will guide them in their self-care. A cost benefit to the NHS is that the sharing of information removes the need for duplicate tests and investigations.

The project was launched in February 2007 and is now in roll-out phase. It will be fully operational in July. IHC and its partners are now using the lessons they have learned from the project to help define the development of the individual health record.

PATIENT DEMOGRAPHIC SERVICES
Information gateway between Wales and UK home countries

Demographic information has always had a crucial role to play in the NHS – ensuring each patient has a unique set of identity data based on NHS number, name, address, age and sex. It will also form part of the electronic individual health record, which will contain a mix of demographic and medical data.

IHC is proposing a Welsh demographic service that interfaces with the English system through a controlled "gateway". This will allow data to flow between the UK home countries without the need to adopt the English system of role-based access controls.

About 6 per cent of Welsh people go across the border to England for treatment. This approach will ensure Welsh citizens have a choice of referral and ensure continuity of care.

PROFESSIONAL DEVELOPMENT FOR HEALTH INFORMATICIANS
IHC-funded bursary scheme promotes talent

While informatics plays a major role in the modernisation of NHS Wales and efficient delivery of healthcare, many of the people who work under that group heading – IT systems designers, librarians, project managers, for example – have for a long time felt undervalued, without clear professional structures or a common voice to match that of doctors and nurses.

Recognising the importance of informatics staff in Wales, IHC asked them what would improve their professional status and support their individual career and educational needs. The answer was very simple: they wanted support to establish a professional career structure and development opportunities, supporting their current roles but with the recognition that they have the potential to be NHS leaders of the future.

IHC then set up a programme in Wales to develop the talent bank in health informatics, promoting professional standards and registration, supporting education, training and development, and encouraging a sense of professional identity and community. The programme recognises that effective use of information and technology in healthcare contributes directly and indirectly to improved care of patients, and that education and development in health informatics skills and knowledge increase the ability of the NHS workforce to make the most of the investment in new technology.

Part of the programme is a bursary scheme, which provides 75 per cent of fees and attracted 16 applicants for 2006-7, mostly to study for the part-time MSc in Health Informatics at Swansea University. IHC hopes to extend the scheme to a wider range of courses and universities in 2007-8.

In September 2006, IHC appointed Gareth O'Gorman – the UK's first graduate trainee in health informatics. He will undertake a comprehensive development programme through the National Leadership and Innovation Agency for Healthcare (NLIAH) Gateway to NHS Wales's scheme. It will involve action-learning sets, six-month placements in primary and secondary care NHS organisations, as well as working in IHC and on an elective project.

SUCCESSFUL ROLL-OUT OF INDIVIDUAL HEALTH RECORDS IN OUT OF HOURS CARE
Patients in Gwent first to benefit from online IHR in out of hours care

Historically, health records were written on paper and a person's file could be very bulky. The transition to the use of computers has helped; however, sharing information between systems to gain an overall view of a patient's information is a major challenge.

During IHC's national architecture week in September 2005, which brought together clinicians and technical staff from across Wales, there was unanimous support for the idea of an individual health record (IHR) for each patient, in line with the Welsh Assembly Government's Designed for Life agenda. The record would contain the patient's personal details, plus limited important information including current

medication or major problems, and referrals. The information comes from the patient's GP record system and the immediate aim was to benefit patients in out-of-hours and emergency consultations, improving safety, efficiency and the clinical and cost effectiveness of healthcare delivery. The information would only be available to clinicians working in those sectors.

Planning began in May 2006, with Gwent chosen as the area for the pilot project, with the aim of introducing the IHR to the rest of Wales in due course. IHC's partners in the project were patients' representatives, Gwent Community Health Council, Gwent Healthcare NHS Trust, Local Health Boards, the Gwent Out-Of-Hours Service, Gwent Local Medical Committee, the BMA Wales, Business Services Centre, the OOH system supplier and all GP computer systems suppliers. Intensive discussions focused on information governance and security, and the choice of clinical details that would go into the IHR.

The system went live, on time and within budget, in November 2006, and by the end of May 2007, patient information from the majority of GP practices in Gwent was included. This is one in six of the population of Wales, at a cost of about 75p per patient. Evaluation of the first six months is underway, with the report due later in the year. Subject to its findings the intention is to extend the service to cover Wales.

TELEHEALTH IN CANCER CARE
Bringing care closer to home for people with cancer

The South West Wales Cancer Network (SWWCN) covers a large geographical area with limited public transport to the tertiary centre at Swansea. Patients in this area frequently have long journeys in order to see specialist consultants.

The Welsh Assembly Government agreed to support a network-wide implementation programme for telemedicine, to bring expert opinion closer to home for patients. As a result the SWWCN telemedicine project was launched in September 2005. Its aims were to ensure improvements in cancer services through service modernisation and by achieving the Assembly Government's national cancer standards and waiting time targets.

The first phase of the £50,000 project assessed existing videoconferencing equipment and identified where improvements could be made. The problems included the need for training, plus a lack of awareness of videoconferencing facilities and their potential to improve services and patient care.

In phase two, which began in April 2006, priority was given to establishing a networked histopathology system, which has received funding support from IHC and is due to start in May 2007. New web cameras and laptops at hospitals within the network improved equipment availability, and SWWCN, IHC, and Health Solutions Wales are writing a case study on the impact and use of this technology in a clinical environment.

The programme has already proved itself to have great benefits: patients have to travel less for expert opinion and clinicians make fewer journeys between hospitals. The results so far include greater awareness and confidence among staff in the use of videoconferencing, with better integration of multidisciplinary teams, more streamlined patient pathways, and reduced waiting times for diagnosis and treatment.

The impact of the project has extended well beyond cancer care. Examples of other applications include the transmission of echocardiography videos to Cardiff for second opinion and diagnosis, while links with the Marie Curie Hospice in Penarth allow SWWCN staff to link into lectures and best practice seminars without leaving their department. Further afield, publicity surrounding the project – including a presentation at the Saving Lives in Cancer Conference in Brussels – has led to interest from around Europe.

> " It is always nice to feel you are being supported in trying to improve the service you provide. The bursary scheme is a very practical and direct way of enabling people working in the service to help themselves to help others. "
>
> Dr Tom Robinson
> General Practitioner

SHARED INFORMATION SUPPORTS CARE OF CANCER PATIENTS
Efficient reporting of audit data and cancer waiting times

Two reports in the 1990s resulted in major organisational changes in the delivery of cancer care in Wales, with cancer centres and units starting to work together in networks. Patients may undergo investigations, receive treatment and consult specialists at several sites, each with a contemporaneous need for the clinical record. This can create communication problems between clinicians and compromise continuity of care.

The primary aim of Cancer Network Information System Cymru (CaNISC) is to provide a single, summary electronic record for patients, so that clinical information is available wherever care takes place.

CaNISC is currently used, to some extent, by all 12 acute Trusts in Wales to record information on patients newly diagnosed with cancer. The degree of use varies, as does the completeness of data entry; but, until use is widespread, integrated care across Trust boundaries will continue to depend on the availability of case notes, letters between specialists, and random, undocumented telephone calls.

During the past year CaNISC has focused on developing a system that Trusts would use to support their cancer information requirements. CaNISC has been particularly successful in two ways: enabling Trusts to participate in the Healthcare Commission's national cancer audits, and providing the information system to report the Service and Financial Framework (SaFF) cancer waiting times targets for newly diagnosed patients. Ten of the 12 Trusts use CaNISC for SaFF reporting, and the new tertiary reporting tool – which tracks patients between secondary and tertiary care – was released in March 2007. When all Trusts in a network use CaNISC, as in South West Wales Cancer Network, an integrated approach to monitoring the composite wait across a network becomes possible.

Information has been submitted via CaNISC to all three national cancer audits, head and neck, lung and colorectal. With independent or stand-alone systems this would not have been possible. This demonstrates the value of a single system, covering clinical and administrative information, in Wales.

> " *Data collection, information sharing and reporting have been simplified by using CaNISC, to produce and deliver consistent data effectively. That has brought clear benefits for patients.* "
>
> Diane Burns
> Cancer Services Co-ordinator,
> Bro Morgannwg NHS Trust

THE BIG PICTURE FOR RADIOLOGY AND PATHOLOGY
New systems and consistent data

Pathology services across Wales provide an essential contribution to our healthcare system, carrying out more than 11 million tests last year. Activity has consistently risen in most areas of the service as doctors increasingly use pathology tests and advice to support diagnosis.

Such high volume and growing demand have led to IHC supporting a national initiative to replace the disparate Laboratory Information Management Systems (LIMS), currently in use in Wales. In most cases test results are already sent to GP surgeries and some hospital doctors electronically, the lab systems themselves cannot "talk" to one another or share information outside their local area.

Following consultation with stakeholders, including the special scientific advisory groups, IHC is preparing the business case and specifications needed for a replacement integrated LIMS, which will support the requirements of the individual health record and make them accessible to a wider range of health professionals. Procurement is scheduled to take place during the next 12 months.

In parallel, IHC is developing systems and processes to introduce consistency in the way tests are submitted and defined. This is a major achievement that means regional variations will be replaced by a nationally agreed standard, making information easier to exchange and use for analysis and planning.

As LIMS were developed on an individual Trust basis there was limited standardization, and systems were designed for local needs, including the test codes. In future there will be much greater standardization.

All tests will be described in the same way and the number of tests requested, for diagnosis or review of a condition, will meet evidence-based best practice guidelines.

Similar actions to introduce consistent standards in the field of radiology are also taking place.

The majority of radiology departments can also look forward to a system upgrade during the coming months. Enhancements to the current radiology system, which is used to manage appointments and schedule use of equipment, will lead to future integration with hospital Picture Archiving Communications Systems, which are used to store digital x-rays and images.

These improvements are being led by users, who are defining what the systems need to do to provide easier access to imaging information to support patient care.

CONNECTING WALES
Broadband network at the heart of modernisation

Just as good roads and railways are vital to carry large amounts of traffic, an efficient broadband network is essential to manage the large volumes of data needed for information sharing across NHS Wales.

In 2004-6 IHC worked with NHS Trusts, local health boards, and GPs, investing £6.9m to make local improvements – for example, by installing firewalls – and to include a substantial number of clinics and small hospitals in the network for the first time. As a result there are now around 35,000 networked computer terminals in NHS Wales. As the next stage of this project, the Programme Management Unit is currently connecting community pharmacists, and this increase in cohesion and information exchange between all sectors of NHS Wales is the platform on which IHC can now implement its policy of developing an individual health record for everyone throughout the country.

A separate workstream is now providing secure access to NHS systems via the Internet. This allows home workers and peripatetic staff, such as community nurses and midwives, to use their NHS laptop with their home broadband connections to log in to hospital services, previously available only when they were at work. For example, a community nurse could check the patient list for the day, from home, without having to spend time travelling to their base before going out to see patients.

Currently, 200 NHS staff are using the service, which is available at the discretion of local Trusts, depending on their individual home-working policy and their capacity to configure and manage the connections.

In 2005 the Welsh Assembly Government began a major review of network services, which led to a decision to bring all public service network requirements in Wales into a single contract. The contract for the Public Sector Broadband Aggregation is due to be signed at the end of May 2007, and all existing wide area network connections will gradually become part of it. Wales is small enough to be able to bring together its public service network requirements in this manner, paving the way for more joined-up working between health and social services in particular. From a financial perspective, the PSBA also offers economics of scale.

Improvements to the network's speed, extent and security benefit all users, whether for e-mail, managing admissions and discharges, or clinical applications such a diagnostic imaging and clinical workstations. These changes lead directly to better care for patients.

QUICKER LAB TEST RESULTS
Barcode labels save time and improve quality of care

Whatever their skills as clinicians, doctors have long been the butt of jokes about their handwriting. Laboratory technicians among others in the NHS know that it's often not a joke, with a phone call needed to check what is written on a pathology request form or label. So IHC's project to install 3,200 barcode printers in surgeries across Wales was welcomed on all sides.

The software is integrated with all the different GP clinical systems in use in Wales, and its use by GPs stemmed from the IHC-funded drive to cut the number of duplicate health records. In September 2005 IHC set up a trial at 10 surgeries in the Rhondda Cynon Taff area. It was such a resounding success that a more sophisticated pilot programme was run at eight GP practices using the Barry Blood Service. The information printed on the labels, which includes details such as the patient's name and NHS number and the GP's address, is taken directly from the GP's computer system. Not only was it much faster for doctors to print rather than write the labels and duplicate forms, but appointment times at phlebotomy clinics were being cut by around 30 per cent. The information was quick to scan and it was more accurate, which led to better patient records. It also reduced dramatically the number of errors involving the identification of the referring GP: a problem that regularly took hours of a clinic's time to resolve.

The project received the go-ahead in October 2006 and delivery began in March 2007, with the roll-out due for completion by mid summer. IHC is now considering a new pilot project in March 2008, which would increase the amount of information that can be included on labels and forms.

INTERNATIONAL EXPERTS COMMEND INFORMING HEALTHCARE
Praise for sound strategy and plan

In an unprecedented move, IHC invited top health informatics specialists from Canada, England, Denmark, Netherlands, Scotland, New Zealand and Finland to undertake a peer review of the programme.

The experts formed an international advisory group (IAG), which examined IHC's plans to deliver better information and technology, reviewed progress and strategic risk, and compared Wales with other countries.

Their findings were reviewed at an international conference, hosted by IHC in Cardiff in September 2006. The advisory group, chaired by renowned informatics expert, Professor Denis Protti, commended IHC for its:

- incremental approach, which will allow existing technical solutions to be re-used or re-organised
- use of a single national architecture based on open standards
- implementation strategy, and the commitment to user-centred design to create a common all-Wales clinical portal
- use of service improvement projects as a proving ground
- stakeholder engagement with clinicians and suppliers and a strong focus on patients
- early local investment to "prepare" the ground for new technologies, such as investment in training, focus on data quality and access to knowledge resources.

Summing up at the close of conference Professor Protti reported to Dr Brian Gibbons, Minister for Health and Social Care.

"We admire the approach being taken in Wales to sincerely involve clinicians in the development process in order to tap the brain power available as well as to encourage clinicians to take ownership of the agenda.

"Clinical buy-in and ownership is a close second to senior leadership of CEOs when it comes to successfully introducing IT into clinical settings — that fact is well documented in the scientific literature.

"We particularly applaud your people's efforts to involve the GPs who, in most countries of the world, are the heart of healthcare".

"We are of a unanimous opinion that you have a sound strategy and plan, based on a realistic long-term vision and a series of very pragmatic short-term targets. We are particularly pleased to see alignment to health policy, Designed for Life.

"Speaking of your people, we sense recognition from your IHC team that one of their most valuable assets is the distributed knowledge that resides in the health professionals, both clinical and technical, in Wales."

LOOKING AHEAD
A shared view of patient care

Over the next 12 months IHC will continue with its programme of work, which will put in a place a wide range of modern information and IT systems to support a world-class health service for Wales. Three key projects will be in the spotlight during the year. They are:
- The Individual Health Record
- The Clinical Portal
- My Health on Line

In time these initiatives will provide a shared view of care for both clinicians and patients, by bringing together the medical information held for each patient.

The IHC approach will remain step-by-step, building on prototypes developed with input from the user and tested in real clinical settings to meet the needs of healthcare in Wales. Re-procurements will take place only when a new service is proven and benefits identified and delivered.

Individual Health Record
Over the next 12 months, there will be further roll-out of the IHR in out-of-hours care in two health communities in Wales. This will be the same model successfully implemented in the Gwent out-of-hours doctor service. With an increasing proportion of care undertaken outside normal GP surgery hours, access to patients' notes is more important than ever to help clinicians make decisions about each patient's care.

Clinical Portal
Some Trusts already use a web gateway or "Portal" to provide their doctors and nurses with access to the many clinical and administrative information systems in use in today's hospitals. Working with clinicians IHC has now built on this progress and initiated a project to design and develop a national 'Welsh Clinical Portal', which will be used by all Trusts throughout Wales. Tangible benefits include:
- Secure but easy-to-use single log on. Currently, health professionals may need to log off and log on several times, using different passwords, to access different systems.
- Clinicians who work in different organisations will be able to do things in the same way wherever they are.
- A consistent look, so that clinicians moving to another organisation will not need additional training.

The first version of the portal will be available initially with at least two Trusts later in the year. Following evaluation and testing it will be made available nationally. This will be followed by further development, in phases, to increase the level of functionality it will provide to health professionals.

My Health on Line
This is a service that will enable patients to securely access their own health information, when using their own Internet connection. Patients will be able to use it to request repeat prescriptions, book appointments and eventually their medical history. Development has been informed by a pilot web portal for maternity patients. This allowed pregnant women to keep an on-line diary of their care and tested the web page design for ease of use. A more extensive pilot, which gives patients access to the health records held by their GP, is due to start in Bro Morgannwg later this year.

> " *Already, this simple system has made a positive impact, freeing nurses' time. Installation was a breeze, it integrates seamlessly with PCS, and produces sets of labels in seconds. In short — it's brilliant!* "

Rob Murphy
IT Administrator, Malpas
Brook Surgery, Newport