Tom Rothwell

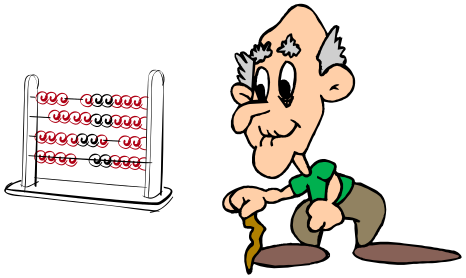
Background

Manage software development company

40 years experience in systems development

of which 20 years in Health

of which 10 years dealing with clinical correspondence system solutions



Company Operation

8 Hospital Trusts

170 GP Surgeries

6000+ users

5M Letters per annum

Standards in Health - a view

Systems development is an evolutionary process and not a one shot fix

You will always need to enhance solutions and this means collaborating on process design and sharing data

Standards are important to achieve an orderly progression - they are currently not effective enough to help disseminate proven solutions

Options to carry on

As now - tottering along like a drunken man

The future - sober up and produce a set of comprehensive standards supported by the authority and the skill to develop, implement and marshal

Standards in Health - how we deal with standards in our developments

Where they exist and the customer wishes us to use them we do

In the absence of standards, we will provide a solution today and commit to recraft the solution tomorrow based on any required standard as determined by the customer / industry

We have to be pragmatic to make progress – much of which has been good progress
Good standards would increase the pace of progress and help future proof

Standards in Health – clinical communication

Important to the continuum of care

Professionals communicating is essential

Classic letters less frequent

Summarised preformed information used more and more -

Discharge summaries

eDischarge

Standards in Health – basic principles we work to in communication

Users mutually agree the content and timing of 'information' exchange
Parties agree what is relevant information!

Acknowledge receipt

Both parties monitor progress

Auditable across the piece so that we can manage the process, measure and maintain the integrity (quality and timeliness) of communication

Standards in Health – examples of what we see in development in the NHS

Clinical coding standards in primary and secondary care incompatible and cannot be mapped!

Clinical correspondence HL7 Versions 2.3; 2.4; 3

Kettering definition

Not XDS!

And just a sample from international companies / hospitals

Company 'A' HL7 very different to Company 'B' HL7

Company 'C' use a lot of 'custom' defined segments for quite basic NHS data; because they are custom segments they will not work anywhere else.

Hospital 'D'
- field for 'Veterans military status' used instead for registered GP data in this field
- field for 'Birth place' used instead as an indicator for patient has requested a copy letter

Standards in Health

In the absence of 'proper' standards, we will provide a solution today and re craft the solution tomorrow based on any desired standard as required by the industry

We would support any drive to improve standards

Questions ?