

What is the Northern Ireland eHealth and Care strategy?

The regional eHealth and Care strategy provides a framework and plan for regional coordination and collaboration to further develop eHealth in Northern Ireland. The strategy is aimed at delivering a safer, better connected and more sustainable health and social care system over the next 5 years.

Why was the strategy developed?

Recognising the importance of eHealth in supporting health and social care reform, HSC has developed an eHealth and Care strategy for Northern Ireland.

The health and social care information landscape is currently characterised by discrete islands of information, many of which are paper based. This has created significant barriers to the effective sharing of information between care professionals to support accessible, safe, quality health and social care. It also presents real challenges when trying to understand and report what is really happening in the Northern Ireland HSC to support population health surveillance and guide policy, service planning, innovation and clinician and operational decision-making.

Whilst HSC and the private sector are already investing in various eHealth initiatives, without some form of regional coordination there is a real risk of duplication or the creation of new solutions that cannot be integrated or scaled across the continuum of care. The strategy provides guidance on how we can build on these existing initiatives to progressively deliver priority e-Health solutions.

Who was consulted?

A series of regional consultations were conducted which included general practitioners, medical staff, nursing and allied health, pathology, radiology and pharmacy sectors, health information specialists, health service managers, researchers, industry, academics and the public. An electronic submission process was also used to facilitate wider community input.

How will the strategy be implemented?

The response to the strategy will be coordinated through the Health and Social Care Board (HSCB). Specific decisions about the next steps will occur in consultation with the eHealth Strategic Board and other key groups. To ensure the best result there will be a need for ongoing communication and

consultation with the public, health sector and relevant others about a work plan to deliver on future decisions.

When will the strategy commence?

The strategy recognises that Northern Ireland's eHealth and Care journey has already started through work on key eHealth foundations and various initiatives. The next stage of the regional eHealth work programme will be determined by the DHSSPS and HSCB in consultation with key stakeholders during 2015.

How does the Electronic Care Record (ECR) system work?

The ECR system provides access to key health and social care information drawn from a patient's records. With the patient's consent, this information can be quickly shared between care providers involved in the patient's care. Over time, an ECR will grow to contain a summary of a patient's key health and social care events and activities, including medical history, allergies and current medications. The system is designed to be integrated into existing local clinical information systems.

Does an ECR replace existing records?

The ECR will not replace existing medical records. Health care providers will continue to take and review clinical notes. More detailed patient information will be available on local clinical information systems, as per current practice. The ECR system provides an active online record that follows patients as they move through Northern Ireland's health and social care system. It is expected that, in the future, the availability of the ECR will save healthcare providers valuable time.

How will my personal information be kept private?

eHealth and ECR data is stored in a secure data centre, in line with a Security Policy Framework. Your eHealth record is also protected by legislation. Your records will be protected by audit trails, technology and data management controls, as well as security measures to protect against unauthorised access to your information. A restricted access setting in the eHealth record system ensures significant control over the record including controls around access by care professionals and controls on sensitive information.

Would it not be better to spend the money on doctors and nurses rather than technology?

There has to be a balance between people and technology. At the moment HSC spends less than 2% of HSC budget on technology, which is much less than other countries and a lot less than most businesses. This means that HSC staff cannot care as effectively as they would like as they don't have access to basic information on who they are caring for. Giving them the right technology to record and access the right information means they can meet the growing need and care for more people with the same time and money.

I've been using ebanking, eshopping, ebooking and ecommunication for years, why are you so slow in using eHealth?

There is a long way to catch up with some of the latest developments and a lot of people to convince that eHealth technology will have benefits. In the strategy we set out what needs to be delivered, safely and reliably, which require investment in people, systems and processes to digitise the HSC and begin to offer eHealth services.

How can eHealth make a difference to the public as a consumer of health and social care?

Consumers can receive safer, better-coordinated and more accessible care as a result of the improved accuracy, completeness and accessibility of personal health and social care information and the ability to gain remote access to care delivery services. They can also be better supported to stay healthy through access to reliable health information sources, tailored care plans and automated care provider monitoring of personal health status.

How can eHealth make a difference to care providers?

Care providers can make more informed decisions at the point of care as a result of better access to accurate and complete health information, the support of relevant decision support tools and access to an improved evidence base for treatment decisions. They can deliver care more efficiently and be able to more easily share information and coordinate care delivery with other providers.

Will everyone have to use eHealth?

This can be a worry for some people so the strategy stresses that its use will entirely be the choice of individuals. In future eHealth services will complement existing services and provide more options on how to access services.

Will eHealth replace face to face contact with care professionals?

eHealth services will complement not replace existing services. Anyone needing a face to face contact will continue to have them. eHealth technologies can actually make face to face contacts better too by making sure your information follows you around the HSC. Care professionals will be able to access information about you and for you as you are being cared for so care should be more effective. The use of eHealth will be the choice of the person using the service.

There are a lot of failures in technology projects particularly in the NHS– how do you intend to stop this happening in Northern Ireland?

The NHS has had a lot of public failures but many more private successes, Northern Ireland can learn from both. Northern Ireland also wants to learn from other places which have used eHealth and Care successfully, in Europe and elsewhere. The lessons have been put into action and have been used in successful projects such as the Electronic Care Record and NIPACs which records X-rays electronically. As part of the eHealth and Care delivery process, the public and care professionals will help manage the delivery of the strategy to avoid the problems we have seen elsewhere.

How do you deal with innovations that don't work?

This is one of the major problems with managing innovation, some innovations that are tried won't work out and need to be closed quickly, cheaply and the learning taken from them. To make this happen the benefits for each innovative idea will be set out first so if the benefits are not delivered then they can be closed quickly.

How much do you spend on eHealth and Care technology at the moment?

At the moment the HSC organisations spend on all aspects of eHealth and Care technology about £75m per year, which covers over 1,000 existing systems,

45,000 PCs and over 60000 computer users and all the large and small projects happening at the moment.

The newspapers have had a lot of articles on problems with health information in England – Are we going to have the same problems in Northern Ireland?

The problems in England are something that Northern Ireland will learn from. In Northern Ireland the public will be involved and we will work closely with professionals including the information commissioner to develop the information and analytics strategy for Northern Ireland.