



The Governance context - professionals and solutions

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**"Current and emerging challenges of eHealth –
privacy, law, ethics, governance and beyond"**



eHealth Workshop
Middlesex University, Trent Park Campus, London UK
16-17 June 2011

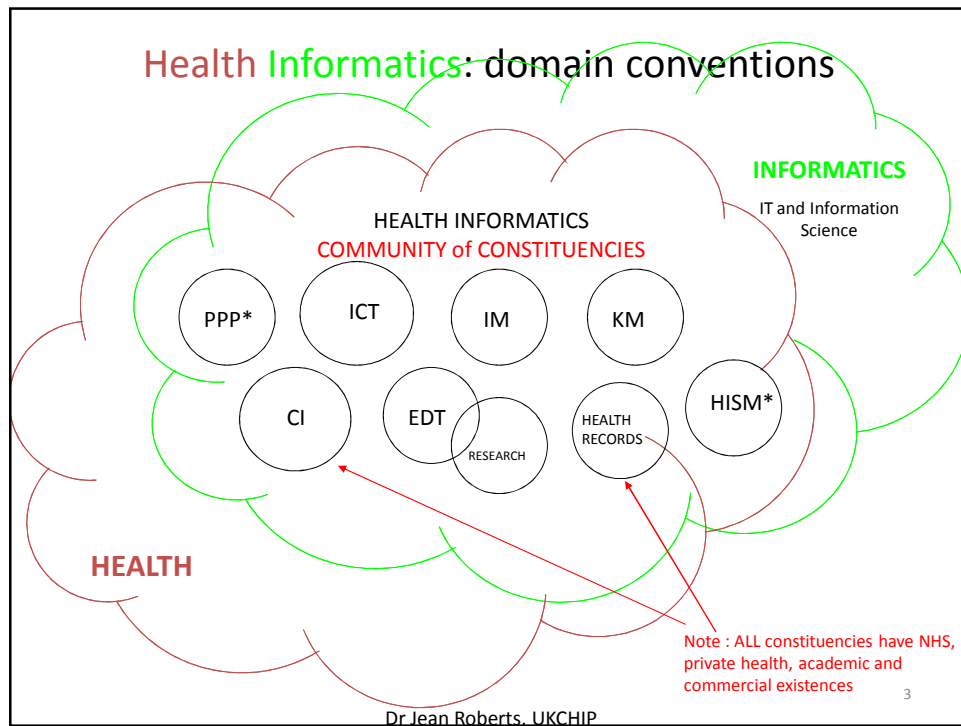


Agenda focus: Informatics/information governance –
not just doing no harm, but (continuing to) prove it ...



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Systems functions, devices and 'people training' inextricably linked

- Protect data from unauthorised access
- Deploy access controls
- Monitor logging of usage
- Prepare for recovery – disaster and business continuity
- Compliance and continuity



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Complex health intervention landscape



- Visits the dentist / therapist ...
- Has home visit from GP, nurse, care worker, midwife ...
- Visits a Walk-in Centre / Treatment Centre
- Calls / Visits Out of Hours (OOH) service
- Uses a Home Healthcare Guide
- Calls NHS Choices / NHS Direct Online / NHS24
- Visits Outpatients
- Attends Accident & Emergency department
- Visits GP / Practice nurse
- Goes to pharmacy / self-medicates
- Goes private / goes abroad
- Is referred to hospital as Inpatient and has interventions

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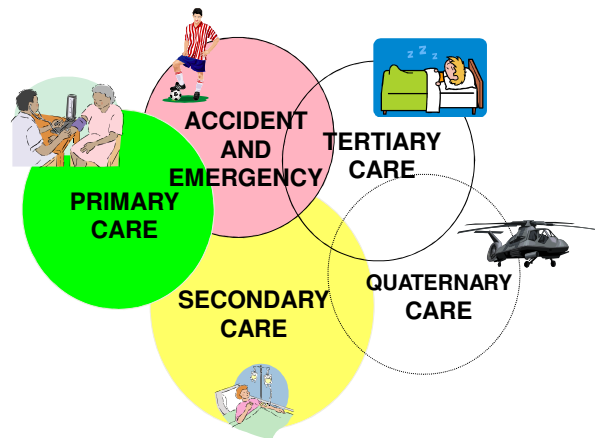
Challenges to the professional

- Citizen uses of the Internet for health 'data'
- Media campaigns
- Keeping up with the evidence base
- Data quality: multi-audience uses
- Eclectic sources of data inter-working (eHR)
- Information sharing and common language
- Pace of change: technology and health policy

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Health informatics has to be able to provide information to answer complex questions such as: 'Is the service we deliver to the local population as good as other areas?', or, 'If we also provide supra-regional and international specialisms in the same locations – are we extracting, interpreting and comparing LIKE with LIKE?'



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Externalities 'governing' handling sensitive health information

- UK Council for Health Informatics Professions
- Information Commissioner's Office
- European Commission Safety First principles
- EuroREC Seal standards
- NHSCfH Care Records Guarantee

UKchip
The UK Council for Health Informatics Professions



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What does a 'good' intervention look like?

- Hippocrates stated 'interventions that do no harm'
... prevent harm promote good
- short-term pain for long-term positive outcome
- indirect harm (e.g. societal, educational, image ..)
- negligence, defensible or defensive medicine?
- *'When will it be negligent for a GP not to use computer-based protocols and guidelines?'* (Hayes, 2002)

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Emerging models

- Outsourcing / right shoring
- Control of blogging
- Moves to m-health and multi-media
- In-house staff migration and loss
- Emergence of relationship managers
- Data extension: genomics and self-input
- Web-based personal health records: selective truths

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- Address public safety by:
- Compliance with professional standards of competence and working practices for the common good
- In care delivery: contribute to overcoming fragmentation, embedding quality and safety, and helping to manage costs in care delivery

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The final words for now!

- ... the 'new media' business model that surrounds consumer sites like Facebook etc does not easily apply in health and social care and, where it has been applied, it often generates more ethical dilemmas than the funding itself alleviates (Senior UK primary care informatician)
- The NHS – a **comprehensive** service, available to **all**, free at the point of use, based on **need**, not ability to **pay** (ex-NHS commentator)
 - ? a service which is available to everyone on equal terms
 - ? for many patients the NHS provides only a second-rate vestigial service
 - ? damned by the White Paper itself – a key aim – to provide access to information which will give patients 'the **information they need** about the best GPs and hospitals'.

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