Chapter 19
Health IT Policy in the UK:
The Case of Electronic Health Records

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ABSTRACT

The challenge to provide a nation-wide integrated health service is part of a UK government policy to transform healthcare using information and communications technology. The National Programme for Information Technology launched in 2002 is the largest, non-military, non-scientific government-funded IT programme, with an estimated total cost exceeding £20 bn. This chapter is a longitudinal study of the National Care Record Service, which is the largest part of the programme, aimed to provide 50 million UK (English) citizens with an electronic health record. Using episodic interviewing techniques over ten years and secondary source material, the findings reveal a serious mismatch between health IT policy and the failure to rollout electronic health records on time and within budget. Key stakeholders, notably clinicians and patient groups, continuously question the policy and merits of the programme, not merely as a "technical challenge" but as a means of transforming working practices in healthcare. This study suggests that government agencies therefore need to extend their health technology assessment criteria to include cultural, social, and economic issues, as imposing centrist, top-down health IT policy needs to secure the "buy-in" from diverse and influential groups and individuals to ensure the successful adoption and implementation of health technologies.

INTRODUCTION

In 2002, the largest health IT programme to date was launched to provide citizens with an electronic health record (EHR) (Wanless, 2002). The antecedents of the National Programme for IT (NPfIT) are found in previous health policies to modernise the National Health Service (NHS). Four decades of government White Papers and reports have all impacted on present-day health service delivery.[1] While earlier reports emphasise the introduction of private-sector style practices into UK healthcare, later reports promote IT to *transform* the NHS. Part of the rationale is to reduce costs, as expenditure on the NHS now exceeds £100bn per annum. Another reason is to develop government policy to provide citizens with more *choice* over their healthcare. Against this background, UK health IT policy has produced mixed results, often with *unintended consequences*, as processes and services continue to be fragmented, rather than offered as part of an integrated health system (Brennan, 2006, Currie and Guah, 2007). This study tracks the NPfIT over a decade up till 2012. The focal technology is the National Care Record Service (NCRS) with a planned roll-out of Electronic Health Records (EHRs) for over 50 million UK citizens.

This research considers the vision, design and implementation of the NCRS. Field work was carried out over a decade, using episodic interviewing techniques combined with significant secondary source data collection and analysis. Our findings show that, despite large investment in government sponsored IT, the NCRS has been fraught with problems in the implementation of health IT policy. Part of this problem is the poor integration of the various strands of the programme. In particular, the relationship between policy makers, professionals (clinicians, healthcare managers, IT professionals and the public) and reworking the service delivery processes and practices between healthcare organisations (primary and secondary care). We suggest that these factors are critical,

not just in healthcare, but also for the delivery of e-government policy more generally.

The chapter is divided into four sections. First, we consider the background to the research study. We note that, like other countries, the UK government is keen to develop health policy which uses IT as a primary vehicle to drive through change. The NCRS is the largest part of the NPfIT and the most contentious. Second, we introduce our methodology, which is based on longitudinal, episodic interviewing techniques. Since the NCRS is designed for all citizens in England, the range of interviewees was large, including clinical and non-clinical interviewees both inside and outside the NHS. Third, we discuss the findings from the study. We organise the data around important themes, which emerge from primary and secondary data. Our conclusions reinforce other studies on large scale, government funded IT projects, which suggest that adoption and integration is a highly complex and challenging process which extends far beyond the technical imperative.

THE NATIONAL PROGRAMME FOR IT IN THE UK NHS

Research on the use of IT in government organisations has increased steadily over the past two decades, particularly with the publication of reports which highlight the importance of IT-enabled transformation in public services like health, education and pensions (Department of Health, 1998, 2000). The transformational government agenda aims to, "systematically engage with citizens, business and front-line public servants to understand and then specify the transformational changes which service providers need to meet – learning from the best practice already within the public sector, from other governments and from the private sector. (Cabinet Office, 2005:7). Health IT policy is a major part of this agenda, particularly as healthcare has witnessed a shift from medical professionalism to market-driven policies with

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