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# CONSERVATIVE PARTY RESPONSE TO THE INDEPENDENT REVIEW OF NHS IT

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## 1. INTRODUCTION

In July 2008, Stephen O'Brien and Andrew Lansley launched the "NHS IT Policy Review Group" to produce an independent review of NHS Information Technology.

The Review was written by some of Britain's leading clinicians and public health experts. It proposes a radical shift away from Labour's top-down and centralised approach to IT.

Instead, the Review outlines a new post-bureaucratic approach based on open standards, modular IT architecture and personal involvement in health records. This model would empower individuals to take greater control over their healthcare. It will deliver better healthcare outcomes for patients, better value for money and higher standards in the NHS.

The Review's key conclusions are:

- A Conservative government should seek to dismantle Labour's centralised IT infrastructure. Instead, it should introduce open standards, initially through a catalogue of accredited systems, so that local NHS IT systems can be connected together.
- A Conservative government should allow hospitals to use and develop the IT they have already purchased and to choose their own software within a rigorous framework of interoperability.
- A Conservative government should create a level playing field for software and hardware suppliers and for open source solutions across the NHS.
- A Conservative government should encourage a coordinated approach to health and social care IT so that communication between the two sectors can be improved.

We welcome these conclusions. They are consistent with our plans to free the NHS from Labour's central control and interference so that it is locally accountable to patients and can focus on improving the results of their treatment.<sup>1</sup>

They are also consistent with the conclusions laid out in the report '*A better deal for taxpayers: improving IT procurement in government*'. This was published by Shadow Chancellor, George Osborne, last year and stated that the Government should not need to sign large, risky centralised IT contracts.

On the basis of the above principles, we have formulated our policy for NHS IT:

1. Patients should have greater control over their personal health records.
2. Patients should be able to choose their doctor, and give that clinician access to their health information quickly and easily.
3. The integrity of patients' health records must be maintained to ensure that clinicians are able to make decisions based on accurate information.
4. Open standards should be required wherever possible, enabling local NHS Trusts to procure their own IT systems, reducing the risk and cost overruns associated with national IT projects.

This document sets out the policy commitments we are making in response to the publication of this Review, and launches a consultation on the personal control of health records.

<sup>1</sup> For more details of our policies please see: [http://www.conservatives.com/Policy/Where\\_we\\_stand/Health.aspx](http://www.conservatives.com/Policy/Where_we_stand/Health.aspx)

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## 2. POLICY COMMITMENTS IN RESPONSE TO THE REVIEW

A Conservative government will:

- **Halt and renegotiate the Local Service Provider contracts to prevent further inefficiencies, subject to any applicable constraints.** As the Review makes clear, neither the Review panel nor their researchers were given access to the contracts, which remain shrouded in ‘commercial confidentiality’.
- **Seek to dismantle the IT central infrastructure, delivering its benefits through interoperable local systems instead.** The Review makes clear that swathes of the Government’s national structures are outdated and irrelevant. Centrally held data also raise security and privacy concerns.
- **Support and encourage Healthcare Trusts but not impose IT systems on them.** Frontline clinicians and managers are best placed to assess the needs of their hospitals and practices, and the pace of change. However, a Conservative government will also ensure the quality and interoperability of local IT systems
- **Allow hospitals to use and develop the IT they have already purchased and developed, within a rigorous framework of interoperability.**
- **Encourage the use of open source across the public sector.** As healthcare IT is freed from the constraints of Labour’s central programme, both private sector and open source software will develop.
- **Assess the cost effectiveness of the current National Programme for IT according to the benefits that can be derived for patients.** The Government has never published a compelling cost / benefit analysis of the National Programme for IT. This is despite calls for one in the latest Public Accounts Committee report (27 January 2009) and in Office of Government Commerce gateway reviews (2002-2005), which periodically assessed the early progress of the Programme.
- **Coordinate IT strategies between health and social care so that the patient can benefit from a joined-up approach to care across the two sectors.**

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### 3. PERSONAL OWNERSHIP OF HEALTH RECORDS

Governments across the world are introducing IT systems that enable greater personal control of health records.

- France, Canada, the United States, Germany and Austria have all adopted IT programmes that include personal health records.
- Patients in Canada and the United States have the option of storing health information on the web. In both cases, a local record is also held by the doctor overseeing a patient's care.
- Patients in France, Germany and Austria all hold electronic 'smart cards' through which they can access a record of their health information – data which is also held by the clinician in charge of their care, either on a central database or in local data stores.

We accept the Review's recommendation that the NHS should consult with patients on how much control they want over their health records.

New technologies being developed by the private sector will enable individuals to maintain their own health records on a personal data platform, and to choose whether or not to share this information with third parties – all at little or no cost to the taxpayer.

Personal Health Records run by the private sector (*see Box below*) mean little or no cost to the taxpayer if they are procured in a fully developed form. Unlike the Government-run IT systems, which seem to be characterised by a tendency to let the taxpayer foot the bill for product design, the Conservatives would seek to purchase IT products that are ready for implementation. We would therefore save money and improve efficiency.

Greater personal control of health records can lead to significant benefits. It can empower patients, allowing them to share information with third parties if they choose to do so. Giving patients greater control of their data can also drive social and commercial innovation, and enable communities of patients to come together online and discuss their conditions and treatments.

In addition, personal control of health records can improve communications between patients and clinicians. For example, patients can make comments on their records, adding details of additional medication being taken or other symptoms and conditions.

## Examples of individual data platforms being developed by the private sector

### **Dossia**

Dossia provides individuals with a “Web-based infrastructure that automatically provides an electronic summary of your medical history from many sources - most importantly, one that is personally-controlled, private, portable and secure.”

Patients can choose whether or not to share this data with third parties.

### **Microsoft HealthVault**

HealthVault allows users to upload and organise a wide range of medical information. According to their corporate materials, HealthVault allows users to:

- **Organise** your health information, with everything in one place
- **Simplify** your life: enter health info once, use it in many ways
- **Gain insight** with data that helps you make informed decisions

Information stored by individuals on HealthVault can be shared with a wide variety of healthcare practitioners and third party services (such as gyms, weight loss programmes, pharmacies, research organisations).

### **Google Health**

Google Health is a means of patients recording their health events in a non-standardised form on the web. It is currently used by patients in the U.S. who wish to collate data from a number of different private healthcare providers and services. In principle, patients select their health information from simple lists of conditions but their information can also be downloaded from provider health record systems. In contrast to the data kept by the NHS in each electronic patient record, the information in a Google Health record is currently unstructured and presented in a free format as there is little need for data to be shared and made interoperable when used in a private healthcare system such as the U.S. It is not currently available in the UK.

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## 4. CONSULTATION ON THE PERSONAL OWNERSHIP OF HEALTH RECORDS

There are a number of important questions relating to the personalised ownership of health records to which the Conservative Shadow Health Team invites responses:

1. **How much control do patients want over their health records?**
2. **What should be the limits to patient control?**
  - Should the patient contribute to and review their record?
  - Should patients be given editing rights, including the right to remove clinical information from their records? If so, would the doctor have access to an unedited copy of the record?
3. **Should there be any exceptions to patient control?**
  - Would a young person whose personal health record is controlled by another family member be in a position to access treatment for conditions that they may wish to conceal from everyone other than the doctor?
  - How would such a health records system ensure that those who might lack the capacity, or the desire, to control and monitor data are given equal rights and equal access to services?
4. **What provisions can be made to safeguard the rights of patients to control their health records and the rights of doctors to base their clinical decisions on a reliable evidence base of patient information?**

*Please send your comments and responses to Joanna Rossiter ([evidence@healthpolicyreview.info](mailto:evidence@healthpolicyreview.info)). The closing date for responses is 1<sup>st</sup> October 2009.*

