

THE REQUIREMENT FOR IMPROVED INFORMATION SYSTEMS

A 'First Class Service'²⁷- the 1998 document outlining how the government proposed to improve quality in the NHS contained this key statement: *"The new NHS will have quality at its heart. Without it there is unfairness. Every patient who is treated in the NHS wants to know that they can rely on receiving high quality care when they need it. Every part of the NHS, and everyone who works in it, should take responsibility for working to improve quality."*

NCEPOD has been participating in the improvement of the quality of care to patients for over a decade, yet still we see the same issues arising year after year. The clinical implications of our work are of paramount importance but without data our Enquiry could not continue. Whilst there are signs that some aspects of our data collection are improving, such as the response rates to detailed questionnaires, NCEPOD has increasing concerns with regard to the baseline data (deaths within 30 days of a surgical procedure) and the availability and accuracy of patient's case notes.

Whilst compiling 'Then & Now'¹³ last year, it became apparent that there were significant discrepancies between the Hospital Episode Statistics (HES) data and the data reported to NCEPOD. Whilst the definitions of this information were marginally different, some Trusts showed many more deaths within the HES database than NCEPOD and some were vice versa. Some Trusts

had not reported any deaths to NCEPOD at all. During the preparation for this report NCEPOD and the Department of Health have been able to undertake a more accurate comparison and for the first time such information by Trust is detailed within the report.

The amount of money spent on information systems, within the NHS in particular, has increased tremendously over the last few years but the investment does not appear to have improved the quality of patient care. In some cases Trusts seem to be going backwards rather than improving the use of operational data. One Trust has already informed NCEPOD that data on deaths within 2000/01 will not be provided, as their new computer system cannot be interrogated to provide the required information. The system that has been replaced provided the information with no apparent difficulties. Has the time come for all Trusts to be made to use the same information system (case notes, Patient Administration System etc.) with a nationally agreed specification? Surely the move to the Electronic Patient Record (EPR) would then become much easier. It has always been understood that if a system is to be computerised successfully it is necessary to ensure that manual systems are well organised first. It is therefore with some trepidation that NCEPOD imagines how the EPR will progress if the problems with the content and retrieval of manual case notes are anything to go by.

"Case notes thrown into a room", and *"case notes sent to be archived with no record kept of what has been sent"*, are comments that NCEPOD have heard this year when pursuing non-returned questionnaires. Medical record departments have for many years been a 'Cinderella service' and the results speak for themselves. It is not necessary to undertake a cost/benefit analysis to see why many departments are failing to cope. Lack of suitably qualified and motivated staff due to poor remuneration, lack of sophisticated filing systems and adequate space, and the failure to invest in modern document imaging and retrieval systems all play a part in the problem. Clinicians need to ensure that Trust management are aware of the difficulties they face with regard to the loss of casenotes for all patients, whether alive or dead.

How can quality be improved if some of the basics aren't right? The dedication and keenness of staff within the health service cannot be overestimated and it is this that has enabled NCEPOD to deliver its reports over the past decade. It is now time to move into the twenty-first century and ensure that the information provided to NCEPOD amongst other audits and Enquiries is as accurate as possible in order that we can all play a full role in improving the quality of care to the patient.