Chapter II

UK Primary Healthcare Groups: Stakeholders, Technology and Benefits

Ray Hackney
Manchester Metropolitan University

Neil McBride
DeMontfort University

INTRODUCTION

The UK Information Management Strategy (NHS, 1998) for the period to 2005 envisages the implementation of a Nationwide private network which will support clinical and administrative functions throughout the National Health Service (NHS). Using Web-based technologies, a wide variety of applications will enable rapid communication between professionals. Secondary, acute services and primary care services will be linked in a way that has not been previously possible. Communications concerning hospital appointment booking, referrals, discharges from hospitals, radiology results and laboratory test requests will all be mediated by the NHSnet, producing faster, more accurate communication and increased integration of services. Electronic patient records (EPRs) will be transmitted between general practitioners (GPs) and hospitals, prescription requests will be transmitted to pharmacists, even patients will be able to access information concerning conditions and treatment and communicate with health professionals from their homes. In effect we are observing the potential for technology-enabled change as ‘information powers the NHS’ (Nicholls, 1995).

The UK information management strategy provides the foundations for radical changes in healthcare philosophy: shifting the focus of activity to primary care, increasing patient responsibility and involvement in the healthcare process and increasing the information available to healthcare professionals and patients. Thus, an agenda for social and cultural change within healthcare delivery is to be driven by the availability of technical infrastructure (Lenaghan, 1998). It would be naïve to consider that the availability of the technology will naturally lead to its acceptance as a communication media or to the required organizational and cultural change. The management of a Web-enabled infrastructure and its Web-based information systems is as much about the management of its social...
construction as its physical construction. Stakeholders within the health service will have individual perceptions and expectations of the technology which through discussion and interaction within groups will determine the social construction placed upon the technology and ultimately the benefits incurred by its use. This social construction will be significantly affected by the context within which the technology is implemented. Contextual issues may include the attitude of stakeholders and stakeholder groups to the technology, economic drivers which influence the availability of the technology, and previous implementations of information and communication technology.

If the implementation of a Web-based communication system throughout the UK NHS is to be successful, the needs of stakeholders and the types of application possible should be matched to produce benefits. The management and delivery of benefits requires an understanding of stakeholders’ interests and the implementation of applications appropriate to those interests. This chapter considers the following questions: Who are the stakeholders involved in a Web-based information infrastructure? What applications are possible? How do we match applications to stakeholders to achieve benefits? In each of these areas a research agenda is developed, firstly we provide an overview of the technology which will enable a new approach to healthcare communications in the UK.

**BACKGROUND**

Since its inception in 1948 the National Health Service (NHS) has attempted to provide care to all regardless of their ability to pay. It is one of the largest employers in Europe with over 1 million employees in the UK. It has undergone significant government generated reforms over the years where, most recently, change has been implemented to make the NHS more accountable and competitive (Gillies, 1998). The election of a Labour government in 1997 has led to another recent and significant reform. The White Paper ‘The New NHS, Modern Dependable’ (DoH, 1997) outlines these changes for the integration of services through GPs and the abolition of so called ‘fund holding’. Under the new proposals GPs may control up to 90% of hospital budgets as health authorities lose their purchasing role (Deam, 1997). The NHS is a distributed organization. Services are distributed clinically and geographically. Patient services may be distributed between GPs surgeries, hospitals, community clinics, specialist services, hospices and so on. Support services such as laboratories, central administration, research, education and supplies are similarly widely distributed. This distribution results in a large amount of paper-based communication, redundant and repeated data, long waiting times and general disruption in the patient service. A computer-mediated network enables virtual organizations to be created in which allegiance, relationships and shared goals are established and maintained through electronic communication. Computer Mediated Communication (CMC) offers significant opportunities for the establishment of networks of communication within the health sector in which geographically dispersed workers—GPs, consultants, specialists, pharmacists, nurses and social workers—may be involved in the care of the same patient. An alternative future can be envisaged involving a completely networked health service in which information flows freely, resulting in a more efficient system in which quality data promotes the formation of virtual networks of clinical expertise for the benefit of patients (Hackney et al., 1997). The NHSnet is intended to provide the means of establishing integrated communications within the health service.
Human and Organizational Factors of Healthcare Data Breaches: The Swiss Cheese Model of Data Breach Causation And Prevention
www.igi-global.com/chapter/human-and-organizational-factors-of-healthcare-data-breaches/138458?camid=4v1a