



Bristol heart surgeons, will also need to devote time to studying for their new examinations; and yet other clinicians will desert their responsibilities towards their own trusts in order to examine them. All this before the effects of continuing medical education have been fully assessed and despite the fact that the new examinations will provide no protection whatever against either of the risks mentioned above.

The requirements of clinical governance mean that clinicians must devote time to these activities as well, and there are also mental health tribunals and complaint procedures. This has been in addition to racial-awareness training, which is often attended only by the most racially aware members of staff. And now there is the necessity for a personal development plan and peer appraisals.

In addition to those invented by the Health Department, clinical academics have their own inspections: the Research Assessment Exercise and the Quality Assurance Agency for Higher Education. These are on top of an academic appraisal.

When will there be an end to these incursions upon the time that clinicians might have devoted to patient care and managers to administering their own services? When will some account be made of the extent of the benefits produced by the new regulatory agencies and some proper estimate of the costs in terms of the time no longer available to be devoted to patient care?

Some will say this point has long since passed.

Declaration of interest

None.

Reference

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Psychiatric Bulletin (2002), **26**, 362–363

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Information and communication technology in mental health – opportunity or threat?

The purpose of this editorial is two-fold. First is to draw Members' attention to an important new learning agenda – clinical information management. Second, to alert Members to new opportunities for their trusts to invest in modern information technology systems and new opportunities for Members to obtain training in information technology (IT). For the majority of clinical professionals the very term 'information management', or its synonym 'health informatics', is at best a vague notion best left to computer buffs. For clinicians, the primary interest is to deliver effective, high-quality care to patients. However, consideration of two aspects of modern mental health services draw attention to the information challenge for clinicians.

The information challenge

The first challenge is the great variability in health care practice evident in diagnosis, treatment plans and management strategies. Recent research has shown that one of the major sources of such variability is a lack of readily accessible information on best practice. Although a tension can always be discerned between individual professional judgement and hard evidence, the lack of readily accessible reliable evidence at the point of clinical contact drives decision-making towards individual professional judgement and the inevitable individual variability within such judgements.

One of the major drivers within the present NHS strategy (England & Wales), *A First Class Service* (Department of Health, 1998), is to address variability in service quality and service effectiveness. Professional

efforts at clinical effectiveness and quality will now be informed by national service frameworks, clinical governance and frameworks for performance assessment. Information is a key element within all of these processes, the glue that holds the NHS Plan together.

A second information challenge is that care within current mental health services involves multiple contacts with many different professionals, often in different settings and across institutions. Effectiveness of clinical care depends on the collection, exchange and transfer of information, between clinicians, trusts and other agencies, in a flexible form at each and every point of patient contact. One of the most convincing strands of evidence is, sadly, the negative evidence – the great majority of claims by service users against hospitals and a recurring theme in incident enquiries concerns failed communication of information. The emerging premise is that optimal care and treatment of patients within a modern health environment is highly dependent upon:

- the availability, quality and accuracy of information
- the ability of professionals to access, use and manage information about individuals
- the use of information to enhance the effectiveness of professional practice.

This includes information on whether or not what we do actually makes a difference. However, present evidence indicates a substantial failure in the completeness of information of, and a lack of information flow within, health and social care and unsurprisingly poor analysis of information. This has been a key stimulus for the current NHS Information Strategy (NHS Executive, 1998).



Education and training needs

A crucial set of ingredients for effective information management is the necessary professional skills and understanding in information management, a valuing of information – a recognition of the importance of information and information sharing.

In England and Wales, the learning implications of the NHS Information Strategy prompted the introduction of a new learning strategy for education and professional development. This strategy recognises that, in order to realise the benefits of an Information Strategy, health professionals will need to learn new ways of working together with information. The strategy also recognises that learning about health information management needs to be embedded in clinical practice and integrated into arrangements for education and training, for all NHS staff.

Most of the professional and educational organisations, including the College, cooperated in the development of a new information proficiency framework. One of the first products of this initiative was the development of a generic framework for the health informatics component of clinical education, *Learning to Manage Health Information* (Severs & Pearson, 1999). The key aim of this document is to specify the core content for health informatics for lifelong learning. The main educational themes identified are:

- competence in authoring and reading health records
- competence in the use of clinical language
- understanding the importance of information in relation to team working
- knowledge management
- understanding confidentiality and security issues
- understanding professional governance and service audit
- understanding the relevance of information technology in clinical practice
- competence in basic computing skills.

An educational series covering these issues has just commenced in *APT*.

The training challenge

The learning agenda is about lifelong learning. We need to recognise that professional staff within mental health trusts are at very different levels of understanding. It is likely that such levels bear little relationship to current and anticipated needs. It is against this background that one has to consider the education and training agenda. These issues were the subject of a recent national symposium led by the College, attended by clinical governance leads, education leaders and other key stakeholders (the conference report is available at <http://www.rcpsych.ac.uk/college/stcomm/informatics/infEvents.htm>). One of the conference objectives was to consider training and learning solutions at local level. The following consensus was reached:

- (1) information management is a priority for multi-disciplinary training;

- (2) learning solutions need to be close to the workplace and practical in orientation;
- (3) training in technology will need to take account of variability in skills;
- (4) the demonstration of the utility and benefits of information technology will form an essential basis for cultural change;
- (5) there needs to be investment in training and matching investment in new technology within the workplace;
- (6) new technology must provide an easy interface to national and regional support networks;
- (7) staff time will need to be provided to enable training to take place;
- (8) key stakeholders in the change process include local education leaders and clinical governance leads.

The message

The Information Strategy in England has established local implementation strategy groups to oversee local implementation. These are informed by external reference groups that set the local strategy and order priorities. Quite substantial sums of funding are available and local psychiatric services must be involved to ensure that priorities include mental health services. Consultant psychiatrists are strongly recommended to seek assurance that there is strong mental health representation on local implementation strategy groups. For further information on local implementation strategy groups, see <http://www.doh.gov.uk/ipu/implement/index.1htm>. For further information on the Mental Health Information Strategy for England, see <http://www.nhsia.nhs.uk/mentalhealth>.

The NHS Information Authority is presently rolling out a training strategy in IT for all NHS staff. It is essential that psychiatrists avail themselves of this training opportunity. The NHS standard is based on the European computer driving licence. While the great majority of recent and future medical graduates will have these skills, it is our impression that the majority of practising psychiatrists have very limited skills in IT. This initiative provides a unique funded training opportunity. We recommend such training is prioritised within personal development plans and staff appraisal.

Declaration of interest

All the authors are members of the College's Informatics Sub-Committee.

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