



## Summary Response for Liberating the NHS: an information revolution

British Association of Dermatologists January 2011

- (1) The basic information and IT functions of the NHS need to be established. These are firstly getting the patient to the right doctor to make an accurate diagnosis, first time, at the right place, with communication between patient, primary care and secondary care. Then there are functions related to patient care eg booking investigations and receiving the results of tests. The third tier of information involves providing information to patients about all aspects of their care. A fourth tier of information relates to audit, governance and measuring outcomes. The top tier involves much of the material in this white paper.
- (2) There are major problems with the hardware and software providing the basic functions in the NHS. Problems include outdated equipment, systems which crash regularly, systems which do not talk to each other, systems which are slow and inefficient and inadequate printers, faxes and computers for the number of staff members to provide basic healthcare needs to patients. At a time of severe limitation of resources, funding should focus on resolving these basic information problems faced everyday by patients and staff now in the NHS.
- (3) Information transfer between providers is already limited and the planned introduction of multiple providers (AWP) governed by market forces may worsen this. There is likely to be poor transfer of safety information (eg allergy information and details of investigations and treatment) between providers who are working in competition with each other.
- (4) Information for patients with skin disease is currently provided by the British Association of Dermatologists [www.bad.org.uk](http://www.bad.org.uk) in 120 patient information leaflets that can be downloaded. These are written by experts and checked by patient groups for clarity and relevance. There is a program in place to translate these to relevant languages and introduce audio tapes and in the future Braille versions. Further information leaflets are being produced.
- (5) At times of illness, individuals are under great stress. There is no substitute for face-to-face consultation backed up by written, audio and electronic information. Face-to-face communication allows correction of misconceptions and interpretation of information.
- (6) Information on the internet is frequently out of date, often inaccurate and sometimes harmful. Patients may choose to access this information, which causes anxiety, time in consultations and poor compliance with costly NHS treatments. People should be guided by central government websites to sources of good quality guidance such as [www.bad.org.uk](http://www.bad.org.uk).
- (7) Information for healthcare professionals is of great importance and the NHS evidence website, the Cochrane database, the Centre for Evidence Based Dermatology in Nottingham and Clinical Knowledge Summaries should be supported and strengthened.