

Reviews

PICT Policy Research Paper no 10. Accounting for Patients? Information Technology and the Implementation of the NHS White Paper.

By R. Coombs and D. Cooper. ESRC–PICT Publication, 1990. Social Studies Faculty Centre University of Oxford, George Street, Oxford OX1 2RL. Pp. 14. £6 to individuals and non-profit-making institutions; £22 to profit-making institutions; £2.50 postage and packing if overseas.

This 14-page booklet, written by researchers from the University of Manchester Institute of Science and Technology, describes some aspects of the way information and communication technologies are being used in the current reshaping of the NHS.

Measure number seven of the 1989 White Paper concerns the audit of quality of service and value for money to ensure that all concerned with delivering service to the patient make the best use of the resources available to them. The general principle of resource management and medical audit appears to have been accepted in most of the commentaries on the White Paper with the proviso that clinical audit should not be confused with audit having financial or administrative implications.

This ESRC report describes a two-year project to monitor the evolution of management initiatives at two levels: the progress of six national hospital pilot sites, and four district health authorities in the North West of England which have not been designated as official pilot sites but are developing resource management initiative. It recognises that there have been attempts to make medical practice relate to cost-effectiveness. The authors discuss the tradition of clinical freedom in medicine and the perceived conflict between medical traditions and the need to institute more centralised management procedures.

The provision of cost information to doctors to enable them to make treatment decisions is central to a resource management initiative, but as the report points out, the information provided to doctors may be biased towards accounting, without giving sufficient weight to medical values.

It also acknowledges the difficulty in identifying the correct information to offer doctors about costs of treatment, and highlights the problems in short-term stimulation of treatment numbers using low prices and a consequent increase in patient numbers, leading to the need for more facilities.

The authors emphasise the difficulties in measuring output and the risks of embarking on a system which is collecting only partially relevant data,

leading to major management decisions based on inadequate data.

The report questions the validity of asking the medical profession to be concerned with responsibility for items over which they have no control and points out that ward-related costs, such as staff resourcing, are much greater than the relatively controllable treatment costs but current management structures give the medical profession little control over staff resource expenses.

Having identified what are recognised problems within the introduction of resource management initiatives, the report looks at several areas which do not seem to have been acknowledged and which do not have simple solutions. The research workers' observations of the introduction of information technology into the national pilot sites seem to show that differing sites have developed systems with different hardware and software and their perception is that the various commercial firms involved in competing for contracts systems will produce incompatible systems. The second major unrecognised problem is that of what the authors call "ownership" of the resource management system. The White Paper seems to acknowledge the need for medical ownership and suggests that information technology packages should build in information to enable the medical professional to carry out detailed epidemiological research in the context of formal medical audit. The aim of this policy appears to be to try and overcome clinicians' resistance by getting them to participate in the design of the system.

The reality in the development of systems which the authors have observed is that the approach adopted is somewhat different and that the information systems are being designed by "experts" and are based on conventional accounting concepts, with clinicians being invited to be involved once the system is operating. This "finance department ownership" approach is, according to the authors, the default option in many areas.

The researchers' analysis of the developments in the application of information technology to management information systems in the NHS leads them to make some general recommendations for resource management systems. They suggest that clinicians should be directly involved in the design of databases and the primary objective of systems should be initially to generate reliable data with which the clinicians can investigate patterns of patient flow, treatment profiles and clinical outcomes. They further suggest that only when substantial progress has been

made on these objectives should cost data be brought together with the clinical data, and this should only be done in those areas where activities are seen to be meaningful and manipulable by clinicians.

The report's final recommendation concerns not information technology or resource management but training, and emphasises the need for training in analysis of organisational goals and information technology needs as opposed to information technology skills. This report points out the folly of thinking that "throwing computers" at a problem will solve it.

The authors' concern about the trend towards finance department-led information technology systems as opposed to clinically-led systems is clearly important as the introduction of inappropriate technology may well have, as the authors state, significant negative consequences for the NHS.

The book is short, free from techno-babble, and encompasses a great deal of common sense in an area befuddled with the competing needs of commercialism, politics and a plethora of experts.

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The Mental Health Act Commission – Third Biennial Report 1987–1989 London: HMSO. 1989. Pp. 59.

This third Report, published and laid before Parliament as a statutory duty, reflects the work of the Commission over the last two years and is supplemental to the two previous reports. Written for a wide readership, it contains much of interest to psychiatrists.

In the period covered, an extensive review of the Commission's work has been undertaken under the leadership of its new Chairman, Louis Blom-Cooper QC, and Vice-Chairman, Professor Elaine Murphy.

An account is given of all major Commission activities including visits to hospitals and Social Services Departments, the investigation of complaints, the management of procedures under Part IV of the Act, and the withholding of patients' mail.

Inevitably, because of a remit with detained patients, the report deals extensively with Special Hospitals, Regional Secure Units and 'Difficult to Place Patients'. Delay in the transfer of patients from secure to less or non-secure units and the need for a 'network' of forensic services are noted.

The importance, for all patients, of aftercare and the availability of an adequate range of resources is stressed and for detained patients it is noted that arrangements should be jointly agreed between the Health and Social Services, and continued through a designated worker, until a joint decision is made that aftercare is no longer necessary.

When compulsory admission to hospital is required, collaboration between Health and Social Services is essential and should include, in the case of Section 136, agreed procedures and adequate training and understanding on the part of the Police.

The Judicial Review that excluded Goserelein from S57 and the use of Amygdalotomy, under that Section receive comment. For ECT and extended medication, procedures and problems under S58 are considered, including (i) the need for ward staff to explain and implement the relevant practices and (ii) the continuing difficulties, in some areas, of obtaining a 'third person' for the consultations. Attention is drawn to the duties of Health Authorities in making provision for compliance with this, as with any other part of the Act. The criteria for judging (in)capacity to consent are reviewed.

Those engaged in the care of the mentally handicapped and the elderly will find interest in the section on the problems of seeking consent to treatment in non-volitional informal patients and in the comments on the Appeal 'In re. F'.

Suggestions are made for the monitoring and care of black and ethnic minority groups. Other topics discussed include the care of detained patient in private residential and nursing homes, Guardianship, the management and nature of complaints to the Commission (about 25% of which refer to medical care or treatment), the elderly depressed patient, patients' monies, *de facto* detention, community treatment orders, seclusion and staff training.

When 'medical audit' is mostly regarded as a number crunching exercise, it is refreshing to find that this Report (like its predecessors) is based almost entirely on the experience of a concerned group of professional and lay persons who have spent a lot of time talking to individual detained patients. This is not necessarily to defend the Commission's difficulties in producing, let alone 'crunching' statistics. In both previous biennial reports reference has been made to 'doing better next time', but it is still not possible for example to relate the number of S58 consultations to populations at risk and numbers of detained patients so that comparisons between NHS Regions are impossible.

As an ex-Commissioner these can only be partisan views, but I would join with Stanislavsky in commending a critic who is "sane, calm, wise, and understanding" (Stanislavski, 1926) or at least tries to be!

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Reference

STANISLAVSKI, C. (1926) *An Actor Prepares*. London: Eyre Methuen.