

RCN/SHSC
e-HEALTH WORKSHOP:
BELFAST

*‘e-Health in Northern Ireland: How can we make
IT work?’*

March 4th 2008

REPORT

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RCN Information in Nursing Forum
RCN Northern Ireland

Carolyn Mason Head of Professional Development, Royal College of Nursing, Northern Ireland
Michael Dunne Committee Member RCN Information in Nursing Forum
Hilary Withers Conference Manager Royal College of Nursing Northern Ireland

Clive Andrewes, Head of Practice Development, IHCS, Bournemouth University

And of course all the speakers and colleagues who attended the Workshop and gave of their enthusiasm and time so freely.

Thank you to you all.

1. Background

The School of Health and Social Care (SHSC) at Bournemouth University is currently undertaking a collaborative project with the Information in Nursing Forum (ING) at RCN. This project involves running e-Health Workshops in each of the Four UK Countries. The RCN provides the venues and hospitality for the Workshops and IHCS provides the facilitation and write-up.

This report is as a result of the third of these workshops – that held in Northern Ireland on March 4th 2008.

The Workshop was attended by 17 delegates and invited speakers whose roles and interests reflected acute, community, mental health, midwifery, and educational experience. In addition at this workshop we were very fortunate to have the Deputy Secretary of the Healthcare Policy Group at the Department of Health, Social Services and Public Safety (DHSSPS) as a speaker during the morning session.

The full programme can be found in Appendix 1 and the delegate list is included in Appendix 2

2. Aims

The *generic* Project aims of the four workshops are:

- to highlight the issues emerging from working in an e-health context
- to make recommendations for developments for the future.

The *specific* aims of the Belfast day were agreed to be most usefully focused in the following way:

- To illustrate the current level of development and challenge in Northern Ireland
- To share examples of good practice
- To investigate and articulate the key elements required to take e-health forward in Northern Ireland using a facilitated workshop approach

Thus the format of the day evolved to include presentations from established examples from local practice and research in the morning and with the project workshop element in the afternoon (Full programme in Appendix 1).

3. Workshop Method:

As outlined above, after full discussion with colleagues at RCN Northern Ireland and representatives of Northern Ireland on the ING Committee, it was decided that – for Northern Ireland – the preferred format would comprise:

- a morning of sessions where speakers would present leading edge local initiatives and services related to e-Health and
- then to explore what was still needed to make e-Health work more generally for the whole of Northern Ireland in a Workshop session in the afternoon.

A key point to note is that local pressures of time and availability severely limited the number of invited delegates able to attend and the resultant numbers were relatively small (Appendix 2). In addition only 10 attendees were able to remain for the afternoon workshop session.

As the workshop group was thus very small - and included some who needed to leave early – it was decided to invite the small, but informed, group to brainstorm together what they felt were the key restrainers, challenges or barriers to taking forward e-Health in Northern Ireland – from their experience.

The following table reflects that brainstorm:

Table 1: Current 'Barriers' listed from Workshop Group Brainstorm

<ul style="list-style-type: none">• Training• Fragmentation• Overwhelming scale of it – where to start/how to visualize• Linkages between Trusts – Protectionism – underpinned by Information Governance (IG)awareness• Different Systems everywhere• Lack of access to IT/email• Nurses in GP surgeries not linked to Trusts• Minimal competency levels not available/known• Lack of central vision (in relation nursing/'health') as to how IT can support nursing• Need to illustrate/explain local e-health reality/structure – need for a diagram of where we are now• The 'department's' outcomes NOT the same as the 'professions'• Need to clarify what we want IT to do for us• How do we pull existing projects together and disseminate them? What is IT already doing for us?• Difficulty in rolling out existing successful examples/exemplars (power plays within organisations)• Intellectual property ownership• Reliance on Social service Systems• Lack of mutual valuing• Lack of 24/7 support: how to use functions/help with crashes• Many still do not see potential for IT in nursing – many senior nurse managers don't

In the short time available and with this small group an attempt was made then to highlight some key recommendations to start to overcome these barriers. The following table reflects that effort:

Table 2: Recommendations from Workshop Group Brainstorm

<ul style="list-style-type: none">• Support professional work groups• List/detail issues to underpin further local work• ?facilitate discussion around highlighted topics – help produce papers summarizing these locally• Support those nurses currently involved in projects – raise profile of this nursing work ASAP – create supportive networks• ? need to become something they (Dept) need• Organisational restrainers - ? nurses need to move out of organizational/employed role in order to innovate• RCN – can RCN 'incubate' nurses/nursing innovations in e-Health?• Nursing needs to articulate how IT can meet a health agenda

There was general agreement that the day had been a refreshing opportunity to illustrate and share good practice whilst having space and time to consider issues and frustrations. The enthusiasm and willingness of the attendees promises much for the future in Northern Ireland if their abilities can be recognised, supported and developed.

The workshop group recognised its small size and that it represented a very discrete section of the nurses across Northern Ireland.

4. Analysis, synthesis and discussion of delegates input at Workshop.

For the authors of this report it was fascinating to find that, whilst many of the barriers, issues and needs exposed on this day resonated with previous workshops (Baker & Edwards 2005, 2006) and projects and surveys from across the whole UK (Baker et al 2007, RCN 2004, 2005, 2006), the morning speakers illustrated and emphasised how far discrete areas of local – often individual – e-Health initiative had managed to progress in spite of any barriers. This reflects well the UK wide finding that a high proportion of nurses are enthusiastic about the concept of integrating and adapting e-Health into their practice (Baker et al 2007) – what is needed is to remove the barriers and restricting issues in order to enable wider expansion of implementation and engagement of a larger group of nurses.

One of the barriers for Northern Ireland which was not listed by the group brainstorm work above – but one which from the authors’ experiences is key to be recognised – was the very low actual availability of staff to get out of front line practice in order to physically attend the day. This should be considered alongside the fact that these nurses were special invitees – local key people with every reason to be interested and engaged in order to make e-Health work for Northern Ireland. Even these could not free themselves - or did not have the managerial authority to free themselves - to attend. This ‘non availability’ barrier has already been clearly exposed as an issue in England (Baker et al 2007) where, for example, nurses reported finding it virtually impossible to free themselves for LSP (Local Service Provider) work in Trusts. The great danger of not recognising this massive restraining element to staff engagement and involvement is that the ‘system’ then inevitably is obliged to move forward with input from whoever *is* free to attend as opposed to those who *should* be attending.

When considering the list of barriers in table 1 above it should be recalled that the morning had offered examples of successful projects and initiatives. Other workshops in this project series used the Force Field concept of drivers and restraining forces (Lewin 1951) to view the elements exposed by delegates. In this way it is interesting to look at Table 1 in terms of the listed ‘barriers’ being viewed as possible restraining forces - following on with a consideration of what could be done to remove or alleviate some of these in order to enable the positive driving forces and initiatives as articulated in the morning session to prevail.

In this way many of the barriers correlate with the recent RCN Information in Nursing Forum/Bournemouth ‘Emergent e-Health Issues Project’ (Baker et al 2007) where key themes were used to expose the emergent issues or restraining forces. The following table represents an attempt to demonstrate the obvious similarities between the Issues Project themes and elements exposed by the nurses at the Belfast workshop:

Table 3: Relevant Issues Project Themes correlated with Workshop Barriers.

Issues Project Theme	Barrier articulated at Belfast Workshop
Need for a ‘blue sky’ futuristic national/global vision of the future, coupled with a recognition of the gap between strategic vision and the current operational reality/experience	<ul style="list-style-type: none"> • Overwhelming scale of it – where to start/how to visualize • Lack of central vision (in relation nursing/‘health’) as to how IT can support nursing • Need to illustrate/explain local e-health reality/structure – need for a diagram of where we are now • The ‘department’s’ outcomes NOT the same as the ‘professions’ • Need to clarify what we want IT to do for us • Lack of mutual valuing • Many still do not see potential for IT in nursing – many senior nurse managers don’t

Lack of effective integration of e-health systems and pathways of care across health/social care, coupled with concerns about the affordability, sustainability or likely success of the national ICT programmes;	<ul style="list-style-type: none"> • Fragmentation • Linkages between Trusts – Protectionism – underpinned by IG awareness • Nurses in GP surgeries not linked to Trusts • Different Systems everywhere
Lack of access to appropriate hardware or a lack of 24/7 ICT support in the workplace, coupled with concerns about the reliability of ICT;	<ul style="list-style-type: none"> • Lack of access to IT/email • Lack of 24/7 support: how to use functions/help with crashes
Lack of training and education, or concern that the education and training provided was not relevant or appropriate, coupled with worries that older nurses might be resistant to the use of ICT;	<ul style="list-style-type: none"> • Training • Minimal competency levels not available/known
Concerns about confidentiality and security of records and sharing information, coupled with fears about legal issues and professional accountability;	<ul style="list-style-type: none"> • Linkages between Trusts – Protectionism – underpinned by Information Governance (IG) awareness
Lack of an effective, independent, professional voice on e-health issues on behalf of nursing.	<ul style="list-style-type: none"> • Minimal competency levels not available/known • Need to clarify what we want IT to do for us • The 'department's' outcomes NOT the same as the 'professions' • Lack of mutual valuing • Many still do not see potential for IT in nursing – many senior nurse managers don't

There are 3 particularly interesting areas exposed by this attempt at correlation:

1. The extent to which the Belfast 'barriers' agree with the UK-wide Issues Project themes
2. That 3 Issues Project themes were *not* articulated by this group at Belfast viz:
 - Lack of nurse input into the design of systems, coupled with tensions between central standardisation, decision support and the requirements of professional judgement;
 - Fear that computerised systems will take nurses from direct patient care, would take more time and could cause duplication, coupled with the fear or experience of computerised records not reflecting nursing, not being client-centred and not reflecting clients' wishes;
 - Fear that computerised data might be used for monitoring workload and/or performance management;
3. This group articulated 4 barriers not exposed by the Issues Project viz:
 - How do we pull existing projects together and disseminate them? What is IT already doing for us?
 - Difficulty in rolling out existing successful examples/exemplars (power plays within organisations)
 - Intellectual property protectionism
 - Reliance on Social service Systems

With respect this approach to consideration of the Belfast workshop barriers, it could be suggested that:

- the correlation with emergent UK wide issues in (1) above shows that Northern Ireland is reflecting a current UK 'nurse experience norm' and not any unusual local difficulties.
- In (2) above similarly maybe local Northern Ireland e-Health roll-out is not yet to the extent at which these issues become apparent.
- It is (3) above which must be of particular local interest for colleagues in Northern Ireland – accepting that this was a small group most of whom already had substantial experience and/or knowledge of the extended possibilities. These elements/barriers have not been so clearly articulated elsewhere.

It is also interesting to note that the very approach taken by colleagues in Belfast (ie to use the morning to expose that already achieved and the afternoon the needs) resulted in people present in the afternoon with the experience and insight which enabled them to expose these key restrainers.

It could be suggested that this group exposed needs in relation to two key groupings:

1. organisations within the health and social care system/providers and the Health Department in Northern Ireland and
2. needs which RCN might need to consider in relation to further developing independent professional e-Health support.

Certainly these colleagues at this particular workshop were very insightful, articulate and informed around advanced e-Health issues such as Intellectual Property and the tensions around nurses being able or allowed to fully develop software/e-Health options within NHS employment situations. They felt that – from their current experience - there was possibly a need for nurses and midwives to become independent of the NHS either as suppliers or consultants in order to develop these e-Health initiatives to their full promise. They recognised how, both within organisations themselves and out-with organisations across the integrated Health/Social Care economy, traditional delivery methods within the NHS actually dis-incentivised sharing, development and roll-out of e-Health initiatives – a culture similarly known to be a UK-wide issue (Healthcare Commission 2008). Nurses perceived that the only current way for visionary nurses to manage this problematic e-Health restrainer was to move out of employment and into independent roles.

In relation to this difficulty with developing and sharing/promoting e-Health systems the workshop group seemed to demonstrate the need for the RCN to recognise two main potential 'action' strands:

- that of supporting and bringing together nurses independently/outside their employment-employers – to investigate, share and independently articulate a nursing opinion/best practice
- that of supporting/speaking for and/or negotiating for nurses who have e-innovated locally and are then caught in employment situations where their intellectual property rights and associated issues constrain their ability to a) take the idea forward b) get any recognition for it c) use it somewhere else if the Trust loses interest

Some discussion was facilitated around the possibility of support for emergent e-health 'Entrepreneurs' in a model frequently seen in Universities. In this model students are granted ownership of intellectual property (IP) but are supported to develop their ideas from proof of concept to final product production, with the University acting as Consultant and provider of business expertise. The level of support offered is negotiated in advance and based on a profit-sharing model.

Whilst the situation regarding ownership of IP is more complicated in an employer/employee relationship, such as exists within the NHS, this model could suggest a way forward for nursing innovation in this and other clinical arenas. As an independent charity the RCN could perhaps act in a

pivotal manner and, therefore, we would suggest this approach merits further exploration. The expertise shown by the nurses in Belfast, coupled with their integration with social care, suggests that this would be an ideal environment in which to pilot this supported and incentivised approach to e-health innovation.

5. Recommendations

The limited numbers and specialised and experienced nature of the participants means that the views expressed are almost certainly unrepresentative of the insight of the majority of nurses, at all levels, in Northern Ireland. This was exemplified by one delegate who noted that e-health was absent from the majority of nursing policy documents generated by nurse executives across all the main trusts. Nonetheless it was apparent from the presentation by the Department on Connected Health (European Centre for Connected health 2008) in the morning that the DHSSPS is considering new methods of service delivery exposed by the introduction of e-health which will require a larger number of nurses at all levels to become engaged as soon as possible.

In view of the integrated nature of e-health any recommendations should be viewed as requiring action by both the RCN and the Department. It would be ideal if this could be carried out in tandem. We therefore offer the following recommendations:

Firstly there needs to be recognition that the majority of nurses do not share the same level of insight, experience and motivation as those attending the workshop. This shortfall appears to be replicated amongst senior nurse leaders. This requires urgent attention by all concerned. However, the workshop has shown that there already exists a small but firm foundation of expertise in e-health innovation within Northern Ireland which would be of great benefit to further develop and utilise in the achievement of this.

Our comparisons of the outcomes of the workshop with the 'e-health issues project' demonstrated that many of the concerns expressed are comparable with those of the rest of the UK for many of which recommendations have already been made (Baker et al 2007).

The expertise of the group made a unique and important contribution which requires somewhat advanced consideration; particularly in relation to:

The need for incentivise and design and pilot new models to support innovation in e-health. It was suggested that Northern Ireland would provide an ideal environment for this to take place

There is a potential for the RCN to use this workshop as a springboard to trial and develop new methodologies, in partnership with service development opportunities such as Connected Health, to encourage widespread e-health engagement within all levels of nursing

The need for active integration with social service IT systems.

6. Conclusion

Whilst many areas of need were exposed, the enthusiastic and insightful contributions from those who attended demonstrate clearly there is an embryonic nucleus of powerful innovators on whom the foundations of e-health service development can confidently be built.

The authors would like to express our thanks for your invitation and kind hospitality; we found your knowledge and enthusiasm inspiring.

Programme

The final Programme included:

- 10.00am Introduction and Overview of the Day
Dr Carolyn Mason – Head of Professional Development, Royal College of Nursing, N Ireland
- 10.05am 'ICT/eHealth – Evolving Issues for Nursing'
Mr Michael Dunne – Committee Member, RCN 'Information in Nursing' Forum
- 10.15am 'Issues for Nursing/Drivers for Change'
Mr Andrew Hamilton – Deputy Secretary of Healthcare Policy Group, DHSSPS
- 10.35am 'Findings of 'UU' Research'
Professor Marlene Sinclair – Professor of Midwifery Research, University of Ulster
- 10.55am **Tea/Coffee**
- 11.20am Alcohol Liaison "What a Difference a Year Makes"
Mr Gary Doherty – Ward Manager, Shaftesbury Square Hospital, Belfast
- 11.40am 'How IT Supported the Re-Design of a District Nursing Service'
Mrs Kay Kane – Nurse Manager, District Nursing, Belfast Health & Social Care Trust
- 12.00Noon Panel with Questions and Answers
- 12.15pm **Lunch**
- 1.00pm Workshops (To investigate the Key Elements)
Ms Bernice Baker – ING Committee Member
Dr Bernie Edwards – Practice Development Fellow (Open Access)
The School of Health & Social Care, University of Bournemouth
- 2.30pm Feedback from Groups
- 3.00pm Taking IT Forward: Next Steps
- 3.30pm Evaluation and Close

DELEGATE LIST

'e-Health – How can we make IT work in Northern Ireland?'

Workshop – Hilton Hotel, Templepatrick

Delegate List

Catrina Austin	Staff Nurse	Whiteabbey Hospital (A & E Department)
Bernice Baker	Facilitator	University of Bournemouth
Claire Buchner		Queen's University Belfast
Brian Cunningham	Lecturer	RCN/University of Ulster
Gary Doherty	Speaker	Shaftesbury Square Hospital
Michael Dunne	Speaker	Educare Nurse Education Consortium
Bernie Edwards	Facilitator	University of Bournemouth
Sharon Evans	Community Nursing	Inniscoole Day Centre
Loretta Fegan	Practice Development Nurse	St Lukes Hospital, Armagh (Southern HSC Trust)
Andrew Hamilton	Speaker	Dept. of Health, Social Services & Public Safety
Audrey Harris	Primary Care Nurse Team Leader	Inniscoole Day Centre District Nursing
Kay Kane	Speaker	Belfast HSC Trust
Beverly Mann	Manufacturing Services Manager	South Eastern HSC Trust
Carolyn Mason	Head of Professional Development	Royal College of Nursing
Marie Nesbitt	Director of In-Service Education	Educare Nurse Education Consortium
Bronagh Scott	Director	Northern HSC Trust
Marlene Sinclair	Speaker	University of Ulster

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