

The introduction of computers into the NHS:

Where did it go wrong?

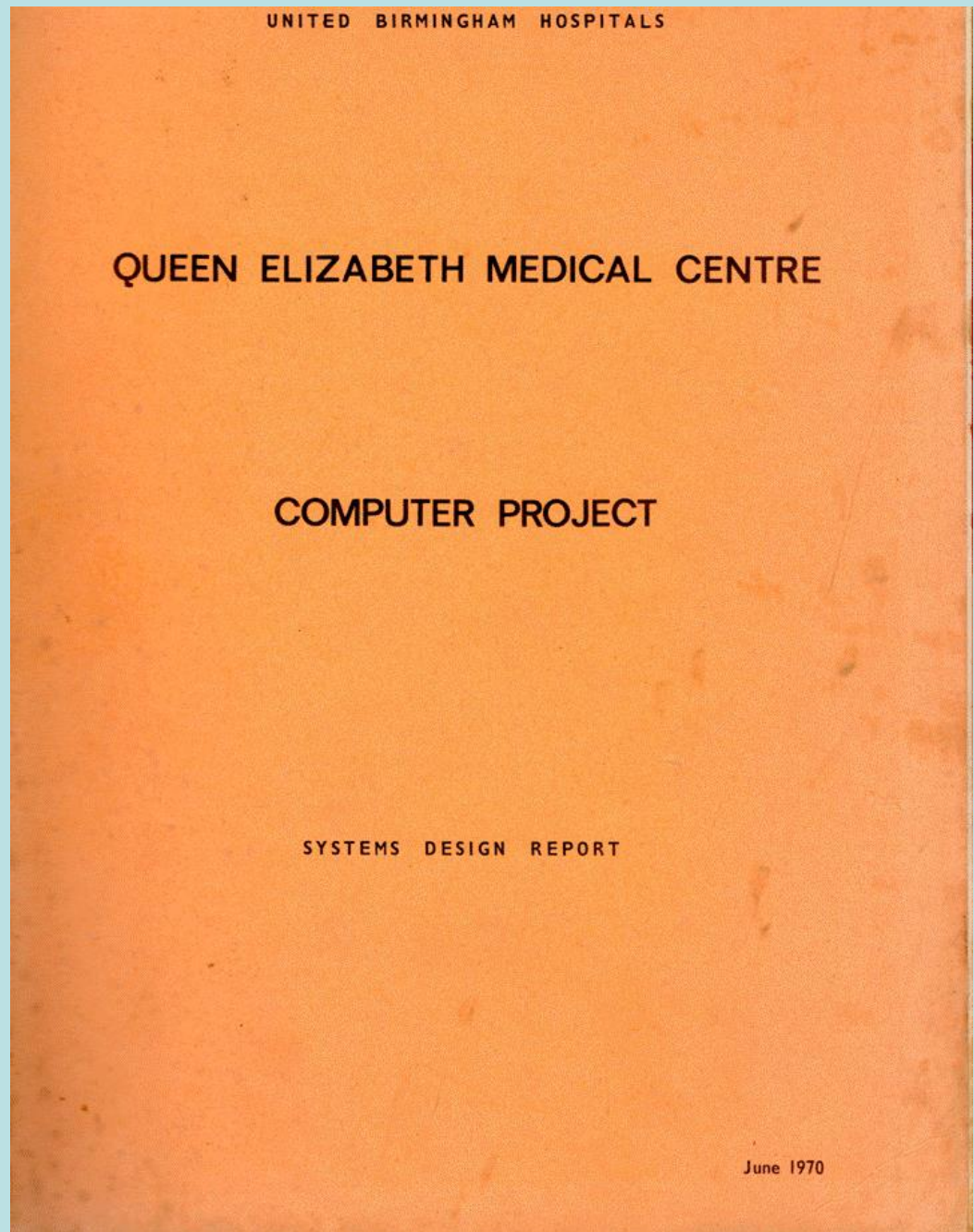
Jack Barber

Shadow Governor

University Hospitals of North Midlands



Q E
Medical
Centre
Design
Report
1970



Stoke Hospitals User's Description 1968



Richard Turner.

NORTH STAFFS H.M.C. COMPUTER PROJECT

PRELIMINARY USER'S DESCRIPTION

CONTENTS

1. Introduction
2. Description of the Proposed Systems
3. Implementation Sequence
4. Systems Handling Methods
5. Files
6. Message Structure and Processing

North Staffs Project Team,
Medical Development Group,
Medical Sales Area,
ICL,
November 1968
(Second Edition)

Experimental projects approved by the DHSS in 1968

- Kings College Hospital
- Guy's Hospital
- Stoke Hospital Centre
- The London Hospital
- United Birmingham Hospitals
- GP System - Exeter

Q E Terms of Reference

The computer development policy of the Department of Health has as its objective the development of real-time computer systems designed to assist in the improvement of patient care, the better use of clinical and other resources and better research facilities.

Letter from Ministry of Health, 21st October, 1968



Stoke project specification

4.3 Security

4.3.1 General

There are two main problems to be considered.....

...mistaken identity of a person or record

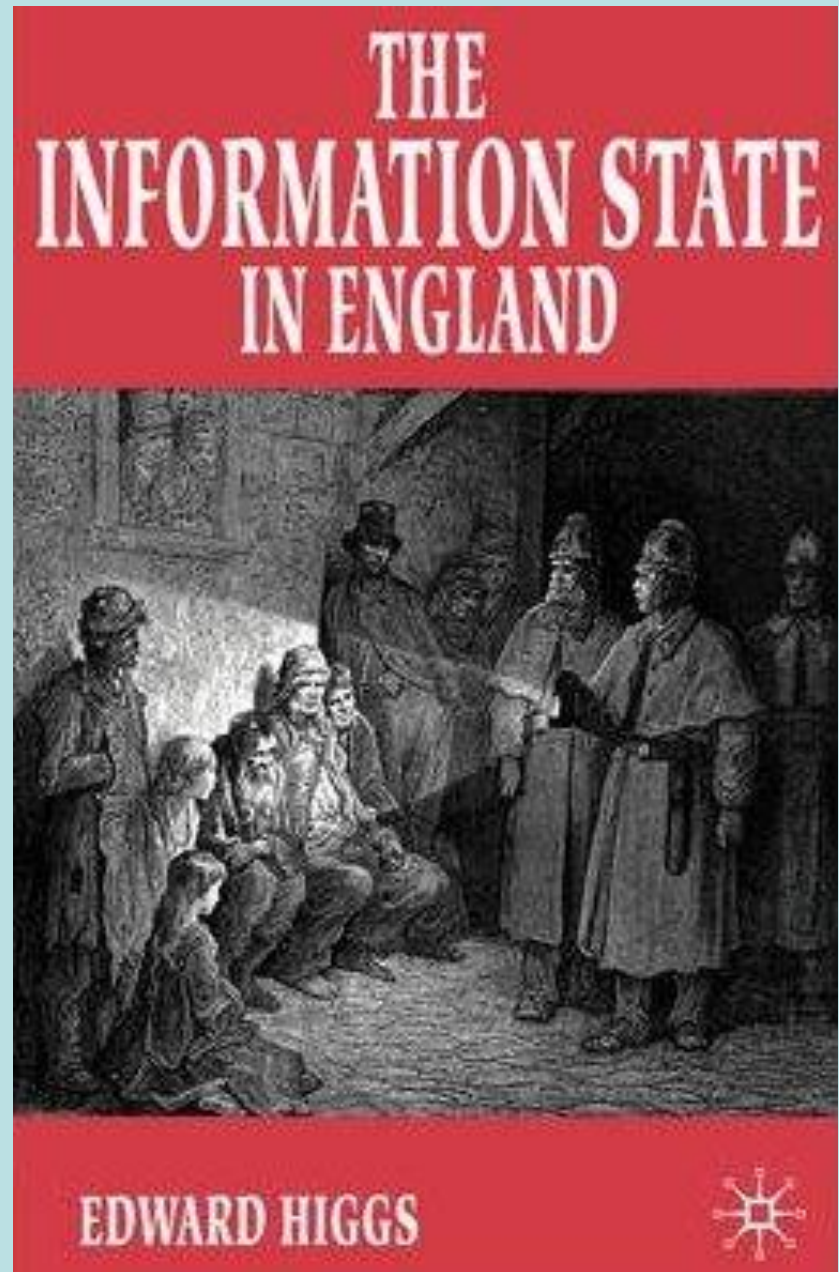
...the problem of preventing unauthorised people from seeing information contained in the system.



Edward Higgs

Head of History

University of Essex



Registration of Births and Deaths 1874

Certificates of Cause of Death.

Regulations
as to certifi-
cates of
cause of
death.

20. With respect to certificates of the cause of death, the following provisions shall have effect :

(1.) The Registrar General shall from time to time furnish to every registrar printed forms of certificates of cause of death by registered medical practitioners, and every registrar shall furnish such forms gratis to any registered medical practitioner residing or practising in such registrar's sub-district :

(2.) In case of the death of any person who has been attended during his last illness by a registered medical practitioner, that practitioner shall sign and give to some person required by this Act to give information concerning the death a certificate stating to the best of his knowledge and belief the cause of death, and such person shall, upon giving information concerning the death, or giving notice of the death, deliver that certificate to the registrar, and the cause of death as stated in that certificate shall be entered in the register, together with the name of the certifying medical practitioner :

Report of the Working Party on Computers in Medicine

BMA Association Planning Unit Report No. 3, London 1969

‘When Hippocrates formulated the Hippocratic Oath about keeping a patient’s information confidential, he had no extensive organisation to deal with.’

‘There are two important principles that should be followed: firstly, that constraints (about sharing information) should be clear and open to discussion, and secondly, that medical men (sic) should be involved in all stages of the development of medical computer systems.’



**Report of the Committee on Privacy to the
UK Parliament, chaired by Sir Kenneth.
Younger 1972**

Maintained that any confidential information should be regarded as held for a specific purpose and not be used, without proper authority, for other purposes.



MT Caddick & DT Lee

MEDINFO 74 Stockholm

‘The DHSS has the responsibility to set the scale, objectives and priorities of healthcare computing.’

‘We should also guide field authorities (hospitals & clinics) and control standardisation’



Information management and patient privacy in the NHS

ALISONTONKS - BMJ Volume 307 13 November 1993

Confidentiality must be better protected, probably by statute

It is clear that there is a tension between sharing information, with all its benefits for patients and for health professionals, and the fundamental human right of personal privacy.



The privacy of our medical records is being sold off

Ross Anderson, Professor of Security Engineering,
University of Cambridge *Guardian, Tuesday 28 August 2012*

‘Medical records are difficult, because they often contain publicly known information mixed in with private stuff: think of Gordon Brown's eye operations.’

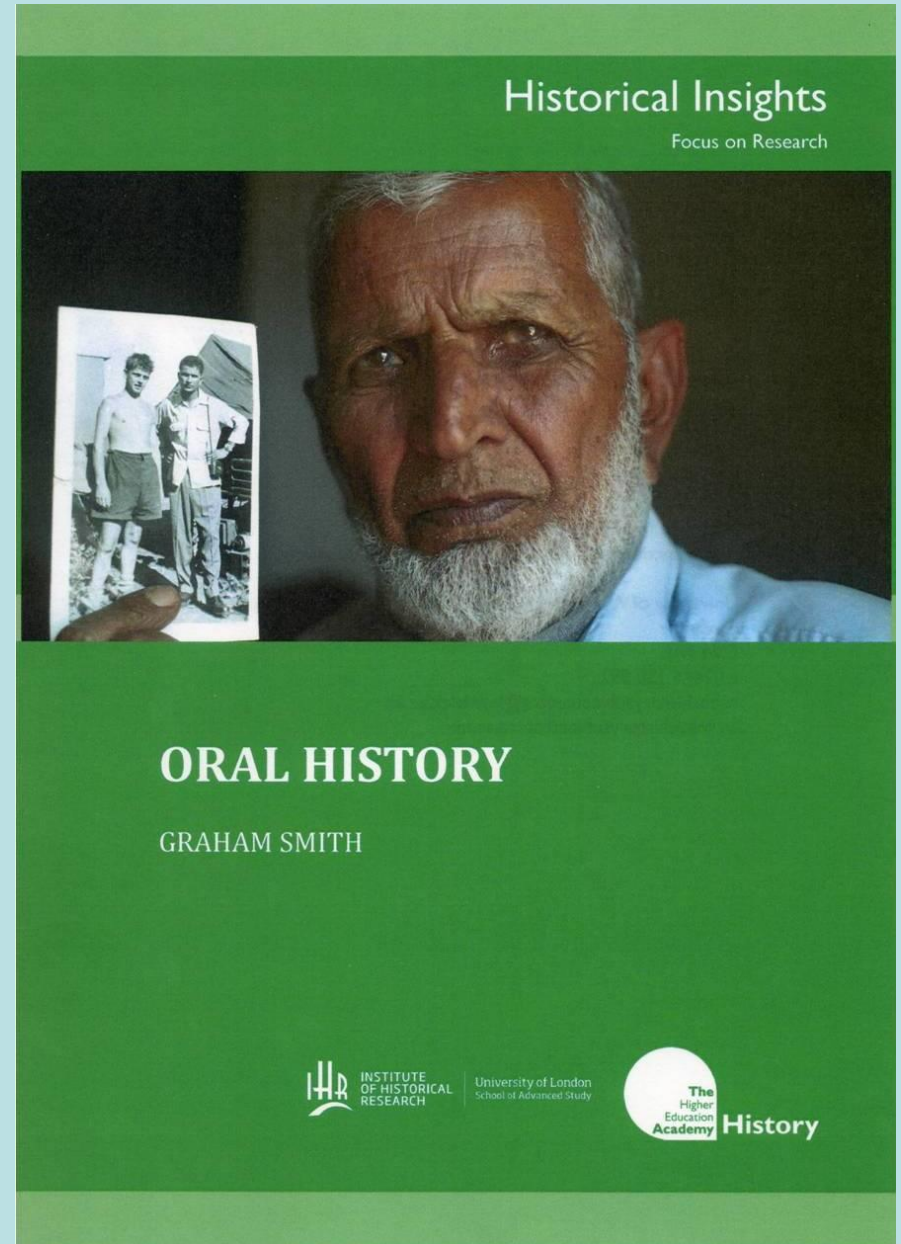


Oral History:

History from below

Recording experiences
'hidden from history'

Individual testimony



The Körner Report

A report on the collection and use of information about hospital clinical activity in the National Health Service

Steering Group on Health Services Information ; chairman, E. Körner

Department of Health and Social Security.

Published 1982



Data for management: the Körner Report

**DOUGLAS BLACK, President,
Royal College of Physicians of London**

‘It seems to me a matter of fine judgment whether one makes an information system so open that no one will contribute to it, or so confidential that no one can get anything out of it;.....’

BMJ, Oct 1982; 285 (6350): 1227-1228



Data for management: the Körner Report

Dr MICHAEL BLACK and Dr JEAN HARRIS (Child and Family Psychiatric Service, Bedford MK40 2SH) write

‘We welcome the Körner Committee, its first report, and, still more, the witty lucid leading article by Sir Douglas Black (30 October, p 1227).’



BRITISH MEDICAL JOURNAL VOLUME 286 1 JANUARY 1983

Where did it go wrong?

The lessons learned from the early projects seem to have been frequently mislaid or forgotten, often leaving the initiative with the government.

Healthcare systems development should be a joint effort, as the BMA report of 1969 directs us. To avoid the mistakes of the past it should include clinical staff, patients and other agencies as myhealth aims to do.

