Editorial

Culture eats strategy for breakfast!

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Editor

This special issue of Informatics in Primary Care publishes the papers presented at the PHCSG 21st Birthday Annual Conference in September this year. As usual, both the presenters and the delegates enthusiastically explored a wide variety of topics. As well as the papers and posters published here, we welcomed a number of excellent keynote speakers, invited for their ability to challenge preconceived ideas and provoke in-depth discussion of new concepts.

In his talk on standards and interoperability in primary health care, Dr Dipak Kalra from CHIME challenged us all with his view of the potential future for primary care informatics: we will be able to read and write to a common record structure, use common terminology servers, and use common guideline servers, thus moving from the static, paper-based view of a clinical record towards the dynamic decision-support model made possible by well-structured electronic health records.1 ‘Easy, really’ he said! This provoked much lively discussion from the audience.

Dr Peter Drury, Head of the Information Policy Unit at the Department of Health, discussed the new strategy for an Integrated Care Records Service in some detail, including the observation that people are the really difficult issue.2 A number of papers in this issue reinforce this opinion (see Chapman pp. 197–9, Gadzhanova pp. 217–20, Teasdale pp. 221–5). He raised some wry laughter also when drawing our attention to a headline in that day’s Financial Times announcing the new Director General for Information in the NHS: ‘IT job from hell’!3 Some concerns were expressed from the audience about the possibility of loss of focus on the patient’s clinical record in the very high-level strategy changes about to take place, about the risk of stifling innovation in cutting down the number of suppliers, and also about the change management methods to be employed.

As a little light relief before lunch, Dr Glyn Hayes and Ewan Davis (wearing a T-shirt emblazoned with ‘I’m not unemployed – I’m a consultant’) presented the history of GP computing over the last 21 years. Rather like Topsy in Uncle Tom’s Cabin, GP clinical systems seem to have ‘just growed’, but this evolutionary approach to change and development seems to have produced a small number of world-class systems with very little intervention from government; there are naturally some anxieties about the effects on this achievement of the latest strategic developments.

An excellent address from Jake Chapman is reproduced in this issue of the journal. Once again, the message seems to be that a ‘big bang’, fiercely project-managed solution is likely to bring about unintended and potentially damaging consequences in an area that lends itself par excellence to being viewed as a complex adaptive system. I was reminded uncomfortably at this point of the view that ‘Culture eats strategy for breakfast’.4

Professor Don Detmer from the Judge Institute in Cambridge then piled on the pressure by reminding us that ‘Things will never get back to normal. Get over it!’ He was speaking about the fascinating topic of ‘disruptive technologies’: the concept that introduction of new technologies may have the desired effect but, even if they do, the outcome is likely to be far different from what we can foresee at the start – who would have imagined the uptake of text messaging among teenagers when mobile phones were introduced? What will be the effect of such disruptive technologies as bioinformatics, bioengineering, clinical informatics and knowledge management (not to mention the interactions between them) over the next few years?

We were brought back to earth with a bump by Dr Paul Cundy, presenting the view from the GPC, and Dr John Williams, new Chair of the Joint Computing Group. There is significant disquiet about the proposals for the future of clinical computing across the NHS, not just in primary care, and real concern that we do not seem to be learning the lessons of the past, and from other sectors than our own.

Our last keynote speaker, Sheila Bullas, spoke about yet another factor that is likely to affect any changes we might wish to see introduced: the way in which the NHS handles diversity and access, in its approach both to patients and to staff. Information, and the ways in which it is handled, is key to ensuring equity of access to health care and employment for all regardless of age, gender, disability, racial origin or religious belief, and it is the responsibility of all working in health informatics to be aware of this issue and to try to take positive action wherever possible.

Over the past 21 years of PHCSG annual conferences, it is fascinating to see how the focus of the
group has changed; for many years, the conference organisers tried to cap the previous year’s programme by getting the latest whizz-bang bit of kit or software, but in the last few years, there has been an increasing recognition that the ‘softer’ people or organisational aspects are at least as important as the technology. I for one am delighted to see this change of emphasis and recognition that both aspects are important and interdependent. In system thinking terms, ‘The whole really is greater than the sum of the parts!’

REFERENCES
1 Centre for Health Informatics and Multiprofessional Education (CHIME): www.chime.ucl.ac.uk