

Soapbox

Why is ICRS so hard?

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A decade or so ago it was possible to find people who were able to explain exactly how and why the global telephone system and how large distributed computer systems worked. These experts shared an understanding of architectures and participated in a process by which *de jure* standards slowly and clumsily, but nevertheless reliably, delivered a vendor neutral language for defining big complex systems.

Then things began to change in response to factors such as deregulation and convergence. The important standards became the *de facto* ones, and the problem of how to get systems and applications to exchange data and share in transactions changed into one of organising and managing channels, supply chains and client relationships.

This did not happen smoothly. The early reaction of traditional infrastructure suppliers was vociferous. They said that you could not possibly do business on the Internet, it is unsafe, unreliable and insecure. Best effort relationships could not deliver the quality of service required by industry and the Internet could never be more than a playpen for academics. The entirely different reaction of the 'dot.com revolution' was that the Internet was the *only* place you could make interesting investments and invent new business models. That bubble burst, of course, and a new equilibrium emerged where computers were no longer connected to each other but were connected to the net and an enterprise which does not have some visibility in that global public space is considered rather unusual.

The thing I want to stress is that these transformations did not happen as a result of central direction or planning, they emerged. The new infrastructure was not designed and, even now, we may have some theories but there is no general consensus about how it all works. The fact that some enterprises have found ways of making sense of it, discovered modes of operation within it and exploited the opportunities it affords is an example of co-evolution and adaptation; it is what enterprises do.

But what of the National Health Service (NHS) during this period? Here the constraints and drivers seem to have been entirely different and any survey of systems and networks, supplier relationships and the procurement processes shows very little evidence that

what has been going on in the rest of the world has had any impact except at the most basic technological levels.

So, in the debate about the systems aspects of modernisation in the NHS infrastructure we have a number of separate discourses.

- A political discourse which says 'why can't the health service be more like other sectors, enabling itself through information systems and networks and offering flexible, responsive client/patient relationships just like the world of e-commerce? And, why can't this be delivered in time for the next election?'
- A programme development and management discourse which, in an attempt to contain risks, uses the concepts and methods of a bygone age to translate political aspirations and demands into pleas for the appropriate standards and demands for uncritical acceptance of its own narrow rhetoric of control.
- A supplier discourse which is built on a set of implicit and largely unanalysed assumptions about their current practice in delivering e-business information and communications infrastructure, which is to a large extent alien to accepted wisdom and practice of health care and public service.
- A clinical discourse concerned with the ethics and governance of care and the exercise of custodianship of clinical information and transactions: responsibilities which are situated in the real world of surgeries and wards rather than in the virtual and abstract one of networks and systems.
- Patient discourses about the experience of health and of illness, empowerment and safety, informedness, access and availability.

Communication within these different world views is difficult enough. Communication between them is well nigh impossible. This is why Integrated Care Record Services (ICRS) is so difficult.¹

Even if we are smart enough to develop common languages for framing these questions and exploring their solutions, the expectation that a profound transformation of the NHS can be delivered through programming centrally prescribed processes and relationships in an infrastructure which is then installed and imposed in a top-down fashion, is patently absurd.

The remark that such an analysis is not politically correct and that those who articulate it should be ostracised is simply another symptom of the barriers of understanding between the discourses and the world views they embody.

This is not an argument to reject short-term targets. The changes which have taken place in the commercial sector have been forced by market conditions, and enterprises either responded or died. The NHS must respond to the political and social forces which have implications which are just as real. My argument is that the NHS needs to think harder, be more realistic about the nature, scale and complexity of the things it is attempting to organise and, most importantly, all parties must recognise that any progress which is going to be made will emerge out of the energy and commitment of health communities and networks; it will not come from outside or from above.

REFERENCE

- 1 Department of Health (2002) *Delivering 21st Century IT Support for the NHS*. The Stationery Office: London. www.doh.gov.uk/ipu/whatnew/procstratsummary.pdf

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