

The NHS is not Google - so why doesn't it use its data?

By Dr Peter Mills | 14 Mar 2012

Data, or more precisely the intelligent analysis of data, is the lifeblood of the modern business.

Google, Amazon and even supermarkets like Tesco all rely upon data to tell them who their customers are, what services they use and how they use them. Supermarkets change what is stocked in their stores, as well as the physical in-store location of items, based upon numerous geographic and demographic characteristics, and Amazon can increase the chances of you purchasing additional items by over 30% by matching your buying history with others like you.

By contrast the healthcare industry seems intent on remaining in the dark ages. I sit in my hospital out-patient clinic and am amazed at the sheer inefficiency of the system we employ to communicate with our primary care colleagues. To start with I have no access to a patient's primary care record; all I have is what has been included in the referral letter (or fax).

I almost audibly sigh with relief when a print out of the patient's active medical problems and current medications is included with the initial referral. But the process becomes even more absurd as the consultation progresses. After wading through a random pile of paper that masquerades as a set of hospital notes I then dictate a letter, with an analogue dictation machine, which is subsequently transcribed by a secretary.

If all goes according to plan I view and sign all of my clinic letters a few days later and they are then placed in envelopes and posted to the relevant GPs. The time lag from seeing the patient to when their general practitioner receives any information about the outcome of the consultation is approximately ten days. How can this be acceptable in the second decade of the 21st century?

Surprisingly inaccessible

What's more, none of the communicated information is accessible, or certainly not easily accessible, for analytic purposes. The spirometric readings, the new diagnoses, the new prescribed medications; none of this is delivered in a format that can be stored and analysed without significant re-entry of the datapoints.

This having been said, it is not the availability of technological options that is the barrier to change, rather it is data security and privacy that is making us persist with our

horse and cart approach. The story I hear is that patients don't want their primary care physicians to allow their data to be accessed by clinicians in secondary care.

I suspect that the objections come from a vocal minority in the leafy suburbs. However, high profile and very public breaches of data confidentiality, both within and outside the NHS, have not helped with moving the debate on.

When I've specifically asked, and I've been doing a lot of that recently, over 90% of patients I speak to believe that I already have access to their GP records. When told that I don't most appear bemused at best.

With NHS net we have a secure nationwide technological infrastructure in place. With 'software as a service' electronic health records we also have the means to seamlessly share relevant health information. The benefits seem self evident; better quality, safer, and timely patient focused care.

In fact the potential for a return on investment is so compelling that the US federal government currently provides incentives to the tune of \$40,000 to physicians to adopt certified electronic health record systems.

What's more, they are investing in health information exchanges that amalgamate clinical data from disparate systems and make them available instantly to authorized providers of care at the point of delivery.

Whose data is it anyway?

The NHS needs to make cost and efficiency savings. The way we communicate and share information has to be part of the solution. It's probably time to forget the £10 billion Connecting for Health debacle, take the lessons learned and move on. The somewhat facile arguments about data security from a vocal few should not prevent us doing what is right for patient care and right for the NHS.

After all it is unlikely that the NHS will ever get close to matching Facebook or Google in the amount of personal information they have stored about individuals. Surely time to trade up from that horse and cart?

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