



## **Report from the TFPL Health Special Interest Group held on 15 June 2010 at the Royal Society of Medicine, London**

Linda Wishart stimulated discussion with a presentation on current and future challenges for knowledge and information management (KIM) professionals in the health sector. She gave an overview of the potential economic climate in the sector and some of its implications, starting with the messages that are emerging from the coalition government. She highlighted the financial cutbacks and likely impact of efficiency savings on managerial levels in the public sector where KIM activities traditionally sit. Other emerging messages from the new government include the aim that all areas of the public services are efficient, provide value for money, and increased openness, transparency and accountability.

The new Secretary of State for Health has set five priorities:

- A patient led NHS: strengthening patient choice and management of their own care.
- Delivering better health outcomes: shifting the focus and resources to improving outcomes.
- A more autonomous and accountable system; removing political interference and providing greater accountability to patients and the public.
- Improved public health through a new public health system.
- A focus on reforming long term care.

Linda suggested some wide ranging implications for KIM professionals starting with a changing context implicit in the likely organisational change expected to be proposed in a Health Care White Paper due out in July. A new NHS Board could be appointed to direct policy, taking on some functions of the Strategic Health Authorities, which are likely to be disbanded, with the power for commissioning moving to GPs, who will have the leading contract responsibility for significant proportion of health spending. This implies a shift in roles and responsibilities between the PCTs and the GPs. A fundamental review of DH's eighteen Arms Lengths Bodies is also underway. Patient and outcomes information will become increasingly important and there may be a different focus for performance information – so excellent and joined up information management should be high on the agenda.

Partnership working, particularly with the voluntary sector, and other external partners – with its implications for cross boundary working and information exchange – is anticipated to increase as is the expansion of the voluntary sector, drawing on the concept of the 'informed citizen'. Increased pressure on resources will make it imperative that resources are in the right place at the right time emphasising the need to examine access, methods of delivery and partnership working.

The reality for KIM professionals, Linda suggested, is a challenging situation with many opportunities to make their skills and experience really count. The KIM staples will still be required – the protection of the corporate memory, facilitation of information sharing, in particular lessons learned and sharing across organisational boundaries, and managing information risk – an increasingly vital area. The new context will bring new information audiences and end users, for example GPs will need improved access to clinical evidence, outcomes and management information. It will be increasingly important to gather patient experience information, plus a need to consolidate and rationalise the fragmented and diverse sources of information for patients that is currently available.

Justification and demonstration of value will become vital for KIM professionals who will need to consider new and relevant ways of achieving this. Equally, they will need to ensure that they are maximising financial resources by utilising cheaper and free resources and exploring opportunities for shared services, exploring innovative ways of delivering services to their new audiences such as GPs, utilising information technology and web applications to reach many of them.

Linda closed her presentation by asking participants what they saw as the key challenges and what the KIM community should do:

- Immediately.
- In the next six months.
- One year's time.
- Longer.

The participants then broke into three groups for discussion and the following details the suggestions and some questions.

#### Group 1 - Challenges and Actions

- Need to carry out knowledge audits or a knowledge management self assessment - easier perhaps, as described by Chris Collison in Learning to Fly and later<sup>1</sup>, and developed in NHS by among others by Rachel Cooke<sup>2</sup>.
- Work more closely with IT departments to make sure organisations do not see knowledge management as a purely IT responsibility 'KM is a human approach, not IT'.
- Identify the contribution of KM for our strategic managers. What can KM save, or contribute?
- Support and share each other's successes and learn from each other's failures – learn from each other.

*Question:* GP's will be getting busier. How will they have time to "do" information sharing?

*Response:* 1. GPs may contract out the information sharing work – information professionals need to be their preferred contractors. 2. Persuade GPs of the importance and competence of KIM professionals by linking information sharing to data sharing requirements and the contribution of both to outcomes

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<sup>1</sup> <http://www.chriscollison.com/l2f/whatiskm.html> link to self assessment table at bottom of page

<sup>2</sup> [http://www.lihnn.nhs.uk/document\\_uploads/Library\\_Managers/RC\\_Workshop\\_131108.pdf\\_slides\\_18\\_and\\_19](http://www.lihnn.nhs.uk/document_uploads/Library_Managers/RC_Workshop_131108.pdf_slides_18_and_19)

### Group 2 – Challenges and outcomes

- Prepare short presentations on the impact KM can have – ‘elevator speech’ justification - one minute presentations and upwards.
- Challenge and support each other’s efforts by peer reviews.
- Get GPs more involved in KIM as an integral part of and support for the Patient Pathways
- Encourage the sharing of good practice – even where it is not initially welcome.
- Support the Patient Focus by grounding KM benefits and activities in the patient experience.

*Question:* How are we going to move from being fearful of IT departments to confident collaboration with them?

*Response:* By helping them to understand what we and KM are really about: experience shows that when the penny drops, they will be our willing allies – we are the missing piece in the IT architecture and development jigsaw..

### Group 3 – Challenges and outcomes

- Engage with GPs on the basis of the proven benefits of KIM.
- Make our organisations’ knowledge management assessments “bottom up” to ensure that individuals recognise their responsibility for KM and that the corporate assessments reflect what actually happens.
- Ensure that KIM professionals are good advocates.
- Identify KM capacity available in our organisations and find internal and external partners to help realise the potential value.
- Organisations should volunteer what information they hold in order to build a picture of what resources are available. This should go some way to overcome the fragmentation and duplication and work towards a ‘joined up’ information resource.

*Question.* Why does there have to be a separate NHS Scotland KM initiative? Why can’t it be part of a single UK KM initiative?

*Response:* 1. Devolved responsibilities/powers/financing militate against a single initiative. 2. No department has a remit to create a unified initiative 3. Perhaps try to persuade National Institute for Health and Clinical Excellence (NICE) to push for it.

### Overall conclusions

Messages for the KIM profession are:

- Clear advocacy of how good KIM can contribute/support/provide cost savings.
- Link up/work with other services, including the voluntary sector, to provide single joined-up information services to:
  - Know when to stop a service as provided by others.
  - Form consortia, with publishers, to provide best value resources.
- Work with IT.
- Work with new user groups – GP’s, patients.

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