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Changing Models of Healthcare Provision in Britain: How Can ICTs Contribute to This Process

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Abstract
My research in progress is informed by the view that the implementation and use of ICTs is deeply intertwined with changes in organisational structures and practices. Hence the new coalition governmentâ s proposals to reform the NHS will require the introduction of new information systems and modifications to existing programmes. Already, the Health Secretary has announced that the multi-billion pound NHS IT Programme will be dismantled, but at this stage it is unclear what systems will be required to support the new proposals. My research focuses on what these proposals mean for primary care in the UK, addressing general practitioners (GPs) state of readiness, how they plan to reorganise delivery of their services and the information systems that will need to be in place to do so. At present, a consultation process is underway and early indications are that some GP surgeries will amalgamate and purchase off-the-shelf packages available from the US. Even before the new proposals were announced, a number of software vendors were working on these systems in the background in light of the ongoing debate about the future for the National IT Programme.

Keywords: Healthcare modernisation, socio-organisational change, general practitioners, ICT policy

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CHANGING MODELS OF HEALTHCARE PROVISION IN BRITAIN: HOW CAN ICTs CONTRIBUTE TO THIS PROCESS?

Kathy McGrath (Brunel University)

The British National Health Service (NHS) was formed in 1948 with a mission to provide good healthcare to all that was free at the point of delivery and based on clinical need rather than ability to pay. Although charges have since been introduced for some services (such as prescriptions and dentistry), the vast majority continue to be free at the point of use since they are pre-paid from taxation. Balancing its budget has always presented a considerable challenge for the NHS, and over the years a variety of commissioning structures have been implemented in an effort to find an effective and responsive organisational model. Following Griffiths' call (DHSS 1983) for more professional management of the NHS, a limited market economics was introduced in the early 1990s, in which district health authorities purchased the services they required from hospitals, ambulance services, and other health service providers on a contractual basis that supported competitive tendering (DOH 1989). The 'internal market' logic was superseded in 1997 by a system of clinical governance called "integrated care" (DOH 1997), which aimed to encourage more collaboration among health care actors while extending the drive to improve performance. From 2001 onwards there was evidence of a return to the internal market with initiatives that increased private ownership, competition and profit-making within the NHS. The most recent government proposals (DOH 2010) outline another radical reform of the NHS in which about 80 per cent of the NHS budget of over £100 billion will be reallocated from about 150 primary care trusts (overseen by 10 strategic health authorities) to nearly 30,000 general practitioners.

My research in progress is informed by the view that the implementation and use of ICTs is deeply intertwined with changes in organisational structures and practices (Avgerou and McGrath 2007). Hence the new coalition government's proposals to reform the NHS will require the introduction of new information systems and modifications to existing programmes. Already, the Health Secretary has announced that the multi-billion pound NHS IT Programme will be dismantled (Simons 2010), but at this stage it is unclear what systems will be required to support the new proposals. My research focuses on what these proposals mean for primary care in the UK, addressing general practitioners' (GPs) state of readiness, how they plan to reorganise delivery of their services and the information systems that will need to be in place to do so. At present, a consultation process is underway and early indications are that some GP surgeries will amalgamate and purchase off-the-shelf packages available from the US. Even before the new proposals were announced, a number of software vendors were working on these systems in the background in light of the ongoing debate about the future for the National IT Programme (Greenhalgh et al. 2010).

Since the modernisation of healthcare provision is the agenda driving the use of ICT for health management in many Western countries, this work should be of interest to OASIS delegates and provide a basis for collaboration and comparative analyses.

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Keywords: Healthcare modernisation, socio-organisational change, general practitioners, ICT policy

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