

**Medix UK plc survey (Q1066) of doctors' views about the
National Programme for IT (NPfIT) – November 2006**

Report on findings

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1. Executive Summary

This survey was commissioned by the *British Journal of Healthcare Computing and Information Management*, *Computer Weekly*, *E-Health Insider*, the *Guardian* and *GP* to investigate the views of doctors in England about the National Programme for IT (NPfIT). NPfIT is being implemented by the Department of Health agency, NHS Connecting for Health.

The survey ran from 7th to 13th November 2006 and is the seventh Medix has conducted on this subject, starting from February 2003. There were 1,026 respondents, over 1% of doctors practicing in England, representing a balanced range of specialties.

The findings (**Appendix C**) confirm earlier Medix findings that a majority of doctors believes that NPfIT has the potential to benefit clinical care. However, they also confirm that doctors are increasingly critical of the project – especially of its costs and of how it is being implemented. Knowledge of NPfIT has not improved: few doctors know much about it and a large majority continues to say that there has been inadequate consultation about it.

An important new finding is that, although a majority of doctors agrees that there is clinical benefit in having patients' details on a national database, when asked if they will upload such details without a patient's specific consent, nearly half of respondents say they will not or are unlikely to do so.

In addition to the main survey, respondents were invited to write in their comments on NPfIT; these are set out in **Appendix D**.

2. Overview of findings

- Most doctors recognise the benefits of NPfIT. For example the majority, 58% of GPs and 69% of non-GPs (mainly hospital doctors), believes it will improve clinical care in the longer term. And most of the main NPfIT services are supported by respondents: for example 64% regard the Care Records Service as important with 51% of GPs and 65% of non-GPs agreeing it will help clinicians make better decisions.
- However, overall support for NPfIT continues to fall: nearly four years ago, 67% of GPs said that it was an important priority for the NHS – now 35% do so. For non-GPs, the equivalent figures are 80% and 51%. And, although 25% of GPs and 41% of non-GPs are still enthusiastic about the project, that is down from 56% and 75% nearly three years ago. Further, most doctors, 76% of GPs and 61% of non-GPs, do not consider NPfIT a good use of NHS resources. Only 1% of doctors rate its progress so far as good or excellent.
- Levels of information are improving: for the first time for a Medix survey, 50% of doctors say they have had some information about NPfIT. However, only 7% have a lot of information – not much better than the 3% who said so nearly four years ago.
- Poor levels of personal consultation with doctors have hardly changed: today 5% say they have had adequate consultation compared with 2% in early 2003. Yet 92% says that personal consultation is important.
- And doctors know little about the introduction of key services affecting them. For example, few know when they are likely to start recording patients' clinical details for the Care Records Service or when they are likely to be sending prescriptions electronically.
- 80% of GPs now have some experience of Choose and Book and their support for that service has improved from 17% at the beginning of this year to 26% today. Of those with such experience, about half say they use it for more than 40% of referrals. However, of these, over 90% say that it increases the time of dealing with a referral and over 70% think it either makes no difference to or is detrimental to patient outcomes.
- 79% of GPs and 55% of non-GPs think the Care Records Service will lessen patient record confidentiality (up from 71% and 46% in January this year) although, because of its potential for patient benefit, some think an additional risk to confidentiality is acceptable. Nonetheless, 51% of GPs and 47% of non-GPs say they will not or are unlikely to upload a patient's clinical details without specific consent. Their main concerns are hackers and access by public officials from outside health or social care.

3. Analysis

Background

The survey was commissioned by *British Journal of Healthcare Computing and Information Management*, *Computer Weekly*, *E-Health Insider*, the *Guardian* and *GP*. The objective was to investigate the views about NPfIT of doctors practising in England and to consider how those views had changed over the past three years, Medix having completed six such surveys during that period.

The questionnaire retained the “core” questions used in February 2003, July 2003, February 2004, July 2004, January 2005 and January 2006. However, five questions from the latter were dropped and eight new questions (Qs 8a, 8b, 8c (about Choose and Book) and 11a, 11c, 11d, 11e and 11f (about the Care Records Service)) added.

History, demographics and representation

The survey ran from 7 to 13 November 2006. Respondents were invited to the Medix website (www.medix-uk.com) where they completed the survey on line. Completion took about 5 minutes. Medix has strict procedures to ensure that responding doctors are eligible and that a doctor who has completed the survey cannot do so again. 1,026 doctors responded: 437 GPs and 589 other doctors – mainly hospital doctors.

Respondents are over 1% of the 90,000 or so doctors who practice in England and are, therefore, affected by NPfIT. Respondents cover a wide and well-balanced range of specialties and, in terms of grade, commitment and decade of qualification are a good representation of practising doctors on the GMC register. That and the large sample achieved are strong indicators that respondents represent the views of the wider population of doctors affected by NPfIT.

Findings

*[Note: as GPs’ responses are often significantly different from those of other doctors (largely hospital doctors), most detailed findings set out in **Appendix C** do not include combined figures. An “All” category is used only where a combined finding is useful. Respondents are described as either “GP” or “nonGP”.]*

This survey confirms the overall finding of the surveys conducted over the past two years that, although a majority of doctors supports the thinking behind NPfIT and believes that it has the potential to benefit clinical care, doctors still know little about the project and their enthusiasm for it continues to decline. See **Appendix A** for a comparative overview of results of Medix surveys since the beginning of 2003.

Attitudes to NPfIT

Earlier Medix surveys indicated that doctors were positive about NPfIT's potential for patient benefit. That has continued. For example, 58% of GPs and 69% of non-GPs believe it will improve clinical care in the longer term (Q2b) although the figures are almost halved when they were asked about the next year or two (Q2a). For GPs, these findings, hardly changed since January 2006, are a substantial improvement on the 40% who said so at the beginning of 2005. They also reflect a few of the comments set out in **Appendix D** which point out that, notwithstanding any deficiencies or concerns, the NPfIT concept is vital to the NHS. This was further illustrated when doctors were asked (Q5) how they rated the main NPfIT services: with one exception, all services were rated as important or very important by 50% or more of all respondents – for example, 69% of hospital doctors rated the Care Records Service as important or very important (Q5b) and 81% did so re PACS (Q5c). The exception is Choose and Book (Q5a) which 57% of GPs rated as unimportant or not at all important and only 26% as important or very important, although even that is a marked improvement on the 17% recorded at the beginning of this year.

However, this survey confirms the earlier finding of a marked and continuing decline in overall support for NPfIT. For example, whereas in early 2004, 56% of GPs and 75% of non-GPs were fairly or very enthusiastic about it, today (Q15) the figures are 25% and 41%. And, whereas in 2003 47% of all respondents thought NPfIT a good use of NHS resources and 27% judged it a poor use, the figures today (Q14) are down to 11% good and 68% poor – a substantial decline even from the 16% and 58% reported earlier this year. As before, the decline in GPs' support is particularly striking: for example, the 35% who agree (Q4) that NPfIT is an important priority for the NHS is down from 38% in January this year and 67% in 2003. When asked how they rated the progress of NPfIT so far (Q13), only 1% of all respondents considered it excellent or good and 8% as satisfactory. 82% of GPs and 72% of non-GPs rated it poor or unacceptable. The equivalent figures in January this year were 75% and 63%.

Information and consultation

For the first time, half of all respondents say they have information about NPfIT, although only 7% have a lot of information and 19% no information, including 3% who say they have never heard of it (Q1). And earlier findings of poor consultation have continued: despite (Q6b) an overwhelming view (92%) that personal consultation is important, only 5% of respondents (Q6a) say they have had adequate consultation – little better than the 2% recorded four years ago.

Many responses also demonstrate how little doctors know about the project. For example, re the Clinical Records Service (Q11a), 76% of GPs and 75% of non-GPs do not know when they are likely to start recording their patients' clinical details electronically. Likewise, re electronic prescriptions (Q12), 78% of GPs and 74% of non-GPs do not know when they were likely to be sending prescriptions electronically. Only 8% of all respondents are fully aware of any action regarding the introduction of any services affecting them (Q7).

Local implementation

Very few respondents (7%) think (Q9) that their acute trust, PCT etc. has or is likely to have sufficient funds to properly implement NPfIT in its area – e.g. for new equipment and systems, consultation with staff, process change and training. Most (68%) agree, however, that current local working practices should be aligned with NPfIT before new systems are introduced – only 6% disagree (Q10).

Choose and Book

A substantial number of GPs are becoming familiar with Choose and Book: 80% say that they have experience of some referrals being dealt with using the service (Q8a) and of these about half say they use it for more than 40% of referrals. As this is the first major NPfIT service to be widely introduced, their views on it are particularly interesting. Support is improving: whereas in January of this year only 17% considered it important, 26% do so today (Q5a), although this is still well behind support for all other major NPfIT services. But GPs' experience so far is not altogether encouraging: of those with experience of Choose and Book, over 90% say (Q8b) that it increases the time taken to deal with a referral, in the majority of cases by more than five minutes, and over 70% say (Q8c) that it either makes no difference to or is detrimental to patient outcomes.

Confidentiality of patient records.

Doctors continue to be concerned about the security of patient clinical records uploaded to the national database. When asked (Q11b) if they thought that the advent of the Care Records Service (CRS) was likely to mean that patients' records would be more or less secure than they are today, 79% of GPs and 55% of non-GPs said they would be less secure (compared with 71% and 46% in January this year) and only 6% and 16% more secure. However, when asked if some additional risk to confidentiality was acceptable in view of CRS's potential for patient benefit (Q11c), 55% of the 65% of respondents who thought there was such benefit also thought either that there was no such risk or that any such risk was acceptable.

But, despite this finding, 51% of GPs and 47% of non-GPs say (Q11f) that they will not or are unlikely to upload a patient's clinical details to the national database unless that patient has given specific consent. Doctors' key concerns in this regard (Q11e) are that hackers might be able to access records and that records might be accessed by public officials from outside health or social care.

Respondents' write-in comments

301 respondents (30% of the total) wrote-in their comments about NPfIT: 136 GPs and 168 non-GPs. Most are interesting, some useful and constructive and a few supportive. But the majority are critical, particularly about Choose and Book, costs, lack of consultation, implementation and confidentiality.

These comments are set out at **Appendix D** (page 29).

4. Comment

When NPfIT was launched, doctors, recognising the critical need for greater investment in IT systems for the NHS and in particular in the benefit to patients of an integrated clinical record, were pleased that the Government had decided to allocate substantial funds to a radical update of NHS IT systems. They were enthusiastic supporters of the initiative. Today, four years later, half of doctors know little or nothing about it, hardly any say they have had adequate consultation and most think the project is being poorly implemented. Because of this, and despite their continuing belief in its potential benefits, doctors' confidence that NPfIT will deliver those benefits is undermined and their enthusiasm is waning.

A revival of that enthusiasm could forge a strong partnership between CfH and the medical profession, a partnership that would be a basis for jointly overcoming many of the problems that are inevitable for such an ambitious project. Therefore, the programme of engagement now planned by CfH is important and urgent. It should be widespread and detailed and should last for long enough to ensure broad support from the doctors who will be the key users of the new systems.

Appendix A

Comparison with earlier Medix surveys

A1

All respondents

		Q265 Feb 2003	Q354 June 2003	Q476 Feb 2004	Q558 July 2004	Q647 Jan 2005	Q850 Jan 2006	Q1066 Nov 2006
<i>How much information have you had?</i>	Little/none	94%	94%	77%	71%	64%	56%	50%
<i>How much consultation with you?</i>	Adequate	2%	2%	4%	5%	5%	5%	5%
<i>Is consultation with you important?</i>	Yes	-	85%	88%	84%	86%	89%	92%
<i>Is NPfIT a good use of NHS resources?</i>	Yes	47%	43%	31%	-	-	17%	11%
	No	27%	28%	30%	-	-	57%	68%

NOTES: - = question not asked in this survey

Appendix A

Comparison with earlier Medix surveys

A2

GPs

		Q265 Feb 2003	Q354 June 2003	Q476 Feb 2004	Q558 July 2004	Q647 Jan 2005	Q849 Jan 2006	Q1066 Nov 2006
<i>Likely effect on clinical care?</i>	An improvement	57%	53%	57%	46%	19/40%*	31/59%*	34/58%*
<i>Likely effect on your working life?</i>	An improvement	47%	44%	45%	34%	11/27%*	16/37%*	19/37%*
<i>An important NHS priority?</i>	Yes	67%	66%	70%	58%	41%	38%	35%
<i>How do you rate these NPfIT projects?</i>								
(a) <i>Choose & Book</i>	Important	-	31%	26%	29%	11%	17%	26%
(b) <i>Care records</i>	Important	-	77%	81%	79%	59%	59%	56%
(c) <i>E-prescriptions</i>	Important	-	59%	58%	57%	50%	55%	51%
<i>Effect of the Care Records Service on patient confidentiality?</i>	Better	-	-	-	-	6%	8%	6%
	Worse	-	-	-	-	70%	71%	79%
<i>What is your level of support for NPfIT?</i>	Fairly/very enthusiastic	-	-	56%	45%	21%	26%	25%

NOTES: - = question not asked in this survey

* = question split between "next year or two" and "longer term"

Appendix A

Comparison with earlier Medix surveys

A3

non GPs (largely hospital doctors)

		Q265 Feb 2003	Q354 June 2003	Q476 Feb 2004	Q558 July 2004	Q647 Jan 2005	Q850 Jan 2006	Q1066 Nov 2006
<i>Likely effect on clinical care?</i>	An improvement	63%	66%	68%	60%	38/68%*	39/66%*	38/69%*
<i>Likely effect on your working life?</i>	An improvement	57%	59%	61%	53%	29/56%*	29/57%*	25/58%*
<i>An important NHS priority?</i>	Yes	80%	73%	80%	73%	68%	56%	51%
<i>How do you rate these NPfIT projects?</i>								
(d) <i>Choose & Book</i>	Important	-	46%	44%	50%	28%	28%	28%
(e) <i>Care records</i>	Important	-	83%	82%	88%	73%	69%	69%
(f) <i>E-prescriptions</i>	Important	-	55%	58%	72%	62%	62%	63%
<i>Effect of the Care Records Service on patient confidentiality?</i>	Better	-	-	-	-	18%	15%	16%
	Worse	-	-	-	-	42%	46%	55%
<i>What is your level of support for NPfIT?</i>	Fairly/very enthusiastic	-	-	75%	65%	51%	45%	41%

NOTES: - = question not asked in this survey

* = question split between "next year or two" and "longer term"

Appendix B History and demographics

History

Started: 2006-11-07 10:36
 Finished: 2006-11-13 10:54
 Duration: 6 days
 Responded: 1026
 Deferred: 16
 Refused: 13
 Offered to: 1055
 Refusal Rate: 1%

Demographics

Specialty	%
Accident and Emergency	2%
Anaesthetics and ITU	4%
Cardiology	3%
Cardiothoracic Surgery	1%
Chemical Pathology	1%
Chest Medicine	3%
Dermatology	2%
Endocrinology	2%
Gastroenterology	2%
General Medicine	2%
General Practice	42%
General Surgery	2%
Genitourinary Medicine	0%
Geriatric Medicine	2%
Haematology	1%
Histopathology	0%
Infectious Diseases	0%
Lipidology	0%
Microbiology	0%
Nephrology	0%
Neurology	1%

Specialty	%
Neurosurgery	0%
Obstetrics and Gynaecology	2%
Occupational Health	0%
Oncology	3%
Ophthalmology	1%
Oral and Maxillofacial Surgery	0%
Orthopaedic Medicine	1%
Other	7%
Otorhinolaryngology	0%
Paediatrics	3%
Palliative Medicine	0%
Pharmaceutical Medicine	0%
Plastic Surgery	0%
Psychiatry	4%
Public Health	0%
Radiology	3%
Rehabilitation Medicine	0%
Rheumatology	2%
Trauma and Orthopaedic Surgery	1%
Urology	3%

Grade	%
Associate Specialist	2%
Clinical Assistant	0%
Consultant	31%
GP Assistant	2%
GP Partner	37%
GP Registrar	1%
Hospital Practitioner	0%
House Officer	0%
Locum	1%
Other	2%
Salaried GP	0%
Senior House Officer	2%
Specialist Registrar	16%
Staff	6%

Commitment	%
Full time	89%
Part time	11%

Region	%
Eastern	10%
London	17%
North West	14%
Northern & Yorkshire	11%
South East	15%
South West	12%
Trent	9%
West Midlands	12%

Decade Qualified	%
1960s or earlier	4%
1970s	24%
1980s	34%
1990s	33%
2000s	5%

Appendix C Quantitative Results

Notes: *results may not total 100% because of rounding
base figures may vary between tables as Medix does not
require respondents to answer all questions*

Q1 How much information have you had about NPfIT?

	All	GP	nonGP
A lot of information	7%	8%	7%
Some information	43%	50%	38%
Not much information	31%	31%	30%
No information but I have heard of it	16%	9%	22%
This is the first I have heard of it	3%	2%	4%
Base	1026	437	589

Q2a What effect do you think NPfIT is likely to have on clinical care over the next year or two?

	GP	nonGP
Significant improvement	5%	8%
Slight improvement	29%	30%
No difference	34%	27%
Slight worsening	14%	13%
Significant worsening	9%	8%
Unsure	6%	7%
Insufficient information to comment	3%	6%
Base	435	584

Q2b What effect do you think NPfIT is likely to have on clinical care in the longer term?

	GP	nonGP
Significant improvement	19%	35%
Slight improvement	39%	34%
No difference	21%	11%
Slight worsening	5%	3%
Significant worsening	6%	4%
Unsure	7%	8%
Insufficient information to comment	3%	5%
Base	434	584

Q3a What effect do you think NPfIT is likely to have on your working life over the next year or two?

	GP	nonGP
Significant improvement	4%	7%
Slight improvement	15%	18%
No difference	13%	29%
Slight worsening	32%	22%
Significant worsening	29%	13%
Unsure	5%	5%
Insufficient information to comment	2%	6%
Base	420	557

Q3b What effect do you think NPfIT is likely to have on your working life in the longer term?

	GP	nonGP
Significant improvement	14%	24%
Slight improvement	23%	34%
No difference	14%	14%
Slight worsening	24%	8%
Significant worsening	14%	7%
Unsure	9%	8%
Insufficient information to comment	3%	5%
Base	421	558

Q4 Do you agree or disagree with the statement “NPfIT is an important priority for the NHS”?

	GP	nonGP
Strongly agree	9%	15%
Agree	26%	36%
Neither agree nor disagree	16%	16%
Disagree	26%	20%
Strongly disagree	19%	9%
Unsure	3%	5%
Base	432	577

Q5 How do you rate these NPfIT services?

Q5a Choose and Book:

	GP	nonGP
Not at all important	30%	20%
Unimportant	27%	22%
Neither important nor unimportant	13%	19%
Important	20%	23%
Very important	6%	5%
Unsure	3%	4%
Insufficient information to comment	1%	6%
Base	430	573

Q5b Care Records Service:

	GP	nonGP
Not at all important	7%	2%
Unimportant	9%	4%
Neither important nor unimportant	18%	12%
Important	37%	35%
Very important	19%	34%
Unsure	2%	3%
Insufficient information to comment	7%	11%
Base	427	569

Q5c Electronic Transmission of Prescriptions:

	GP	nonGP
Not at all important	8%	2%
Unimportant	14%	5%
Neither important nor unimportant	22%	16%
Important	33%	42%
Very important	18%	21%
Unsure	2%	3%
Insufficient information to comment	2%	10%
Base	430	574

Q5d Picture Archiving and Communications System:

	GP	nonGP
Not at all important	8%	1%
Unimportant	12%	2%
Neither important nor unimportant	22%	8%
Important	31%	30%
Very important	14%	51%
Unsure	5%	2%
Insufficient information to comment	9%	6%
Base	427	570

Q5e IT support for GPs (QMAS)

	GP	nonGP
Not at all important	4%	2%
Unimportant	5%	5%
Neither important nor unimportant	15%	13%
Important	39%	29%
Very important	30%	17%
Unsure	4%	10%
Insufficient information to comment	3%	23%
Base	427	571

Q5f email and directory service (Contact)

	GP	nonGP
Not at all important	6%	4%
Unimportant	11%	7%
Neither important nor unimportant	19%	19%
Important	37%	39%
Very important	21%	21%
Unsure	2%	3%
Insufficient information to comment	4%	6%
Base	429	574

Q6a Do you agree or disagree with the statement “There has been adequate personal consultation with me about NPfIT”?

	All	GP	nonGP
Strongly agree	2%	2%	2%
Agree	3%	3%	4%
Neither agree nor disagree	10%	10%	10%
Disagree	32%	31%	32%
Strongly disagree	51%	53%	50%
Unsure	2%	1%	2%
Base	1001	428	573

Q6b Do you agree or disagree with the statement “*Personal consultation with doctors about NPfIT is important*”?

	All	GP	nonGP
Strongly agree	54%	53%	55%
Agree	38%	39%	38%
Neither agree nor disagree	4%	5%	3%
Disagree	2%	2%	2%
Strongly disagree	0%	0%	1%
Unsure	1%	0%	1%
Base	1000	427	573

Q7 Are you aware of any action regarding the introduction of any of the NPfIT services in your geographical area or in respect of your function?

	All	GP	nonGP
Fully aware	8%	8%	8%
Somewhat aware	31%	32%	29%
Vaguely aware	27%	26%	27%
Unaware	31%	31%	31%
Unsure	3%	3%	4%
Base	999	428	571

Q8a In your experience, about what percentage of referrals are dealt with using Choose and Book?

	GP	nonGP
None	12%	13%
1 – 20%	21%	26%
21 – 40%	15%	11%
41 – 60%	11%	5%
61 – 80%	17%	6%
81 – 100%	16%	2%
Insufficient information to comment	5%	23%
Not appropriate to me	3%	14%
Base	427	569

Q8b If you have experience of Choose and Book, what are the time implications compared with your previous method of dealing with a referral?

	GP	nonGP
I don't have experience of Choose and Book	17%	48%
Saves 10 or more minutes	0%	2%
Saves 5 – 9 minutes	1%	1%
Saves 1 – 4 minutes	1%	1%
It makes no difference	3%	15%
Adds 1 – 4 minutes	22%	6%
Adds 5 – 9 minutes	32%	3%
Adds 10 or more minutes	22%	11%
Unsure	2%	12%
Base	422	561

Q8c If you have experience of Choose and Book, how do you think it affects patient outcomes?

	GP	nonGP
I don't have experience of Choose and Book	14%	45%
Beneficial	6%	3%
Somewhat beneficial	18%	6%
No difference	31%	20%
Somewhat detrimental	18%	11%
Detrimental	9%	8%
Unsure	4%	8%
Base	415	557

Q9 Do you agree or disagree with the statement “My acute trust, PCT etc. (as appropriate) has or is likely to have sufficient funds to enable it to properly implement NPfIT within its area – e.g. for new equipment and systems, consultation with staff, process change and training”?

	All	GP	nonGP
Strongly agree	1%	2%	0%
Agree	6%	4%	8%
Neither agree nor disagree	7%	8%	5%
Disagree	28%	27%	29%
Strongly disagree	38%	42%	35%
Unsure	6%	6%	6%
Insufficient information to comment	11%	10%	12%
Not appropriate to me	2%	1%	3%
Base	992	425	567

Q10 Do you agree or disagree with the statement “*The alignment of current local working practices with NPfIT must be completed before any new system is introduced locally*”?

	All	GP	nonGP
Strongly agree	18%	17%	19%
Agree	50%	52%	49%
Neither agree nor disagree	10%	9%	11%
Disagree	4%	4%	4%
Strongly disagree	2%	3%	1%
Unsure	7%	7%	6%
Insufficient information to comment	9%	8%	10%
Base	994	426	568

Q11a Are you aware of when you will be expected to start uploading your patients’ clinical details to the national database as part of the Care Records Service (CRS)?

	GP	nonGP
I am already doing so	4%	1%
Fully aware	4%	3%
Slightly aware	8%	9%
Unaware	64%	63%
Unsure	12%	12%
Insufficient information to comment	8%	7%
Not appropriate to me	1%	7%
Base	426	566

Q11b Do you agree that the advent of the Care Records Service (CRS) is likely to mean that the confidentiality of patients' records will be more secure than it is today?

	GP	nonGP
Strongly agree	1%	1%
Agree	5%	15%
Disagree	37%	36%
Strongly disagree	42%	19%
Unsure	10%	19%
Insufficient information to comment	5%	10%
Base	425	567

Q11c Do you agree with the following statement: “CRS will benefit patients by enabling clinicians to make better decisions by having easy access to a complete, up-to-date record of clinical information”?

	GP	nonGP
Strongly agree	7%	18%
Agree	44%	47%
Disagree	21%	14%
Strongly disagree	8%	5%
Unsure	15%	10%
Insufficient information to comment	5%	7%
Base	427	568

Q11d If you agreed with the above statement (Q11c), do you agree that some additional risk to patient confidentiality would be acceptable?

	All	GP	nonGP
I don't think there will be any additional risk	6%	3%	8%
Agree strongly	4%	3%	4%
Agree	45%	42%	46%
Disagree	26%	29%	24%
Disagree strongly	9%	12%	8%
Unsure	8%	9%	8%
Insufficient information to comment	3%	2%	3%
Base	571	212	359

Q11e What are your key concerns about the possible impact of the Care Records Service on patient record confidentiality? (Select any three – unless first option selected)

	GP	nonGP
I don't think CRS is likely to make patient records less secure	10%	14%
Clinicians not adhering to the rules	24%	22%
IT technicians not adhering to the rules	21%	17%
Social services staff not adhering to the rules	26%	19%
Researchers not adhering to the rules	16%	9%
Bribery or blackmail of people with access to the records	34%	22%
Outsiders hacking into the system	62%	56%
Inadequate access controls	48%	42%
Access by public officials outside health or social care	62%	51%
Unsure	2%	7%
Insufficient information to comment	5%	8%
Other	4%	2%
	425	566

Q11f To safeguard confidentiality, the DH has published a “Care Record Guarantee”. In view of this, are you prepared to upload a patient’s clinical details to the national database if that patient has not given their specific consent?

	All	GP	nonGP
Yes	5%	5%	5%
Probably	11%	8%	13%
Unsure	17%	22%	14%
Unlikely	13%	13%	13%
No	36%	38%	34%
Insufficient information to comment	15%	13%	15%
Not appropriate to me	4%	1%	5%
Base	988	424	564

Q12 Are you aware of when you will be expected to start sending prescriptions electronically?

	GP	nonGP
I am already doing so	2%	2%
Fully aware	5%	1%
Slightly aware	13%	7%
Unaware	65%	62%
Unsure	13%	12%
Not appropriate to me	2%	16%
Base	423	564

Q13 NPfIT started in 2002. How do you rate its progress so far?

	All	GP	nonGP
Excellent	0%*	0%	0%
Good	1%	1%	1%
Satisfactory	8%	7%	8%
Poor	47%	50%	45%
Unacceptable	29%	32%	27%
Unsure	6%	5%	7%
Insufficient information to comment	9%	5%	12%
Base	988	424	564

* One respondent selected "excellent"

Q14 Do you agree or disagree with the statement "*The expenditure of over £12bn on NPfIT is a good use of NHS resources*"?

	All	GP	nonGP
Strongly agree	2%	1%	2%
Agree	9%	6%	11%
Neither agree nor disagree	13%	11%	14%
Disagree	27%	28%	27%
Strongly disagree	41%	48%	36%
Unsure	6%	4%	7%
Insufficient information to comment	3%	2%	4%
Base	997	434	563

Q15 What is your level of support for NPfIT?

	GP	nonGP
Very enthusiastic	3%	7%
Fairly enthusiastic	22%	34%
Neither enthusiastic nor unenthusiastic	24%	22%
Unenthusiastic	28%	18%
Very unenthusiastic	18%	10%
Insufficient information to comment	3%	6%
Unsure	2%	3%
Base	423	565

Appendix D Comments about NPfIT

Note: respondents were advised that these may be quoted – those who were willing to be attributed or interviewed were asked to give name and contact details

GPs' Comments
A big project with not much info locally or consultation
A crass waste of money when patient services are being cut!
A Government white elephant
A huge drain on resources with unacceptable security risks
A lot of money for an illusion
A rolling disaster
A waste of time and money
A historic and courageous development which will make the UK leader in the world in the clinical database on UK population which can be used if properly protected to enormous advantage
An almost complete waste of money by a government who does not consult the doctors enough and do not listen to what we say anyway.
An idealistic problem hopelessly burdened with lack interest computer resources and really not needed when pure health care continues to suffer. J veitch Cumbria
Another Labour b***s up
Another national disaster waiting to happen. Far too big a concept, politically driven (Choose & Book is nonsense) and without clinicians on board from the outset. R M Falk GP Principal 01427 873037
Appears to be driven by political requirements rather than health requirement.
As ever, some very good aims dulled by planning from the wrong people and unmonitored system design to produce an inadequate product. andrew.taylor@zen.co.uk
As is often the case a poorly thought out solution to a variety of problems poorly implemented and not including advice from those who will have to use these systems.
At a time of financial stringency why do we have to spend billions on unproven infrastructure?
Calamitous waste of money when clinicians are outnumbered by managers. DH and HM gov should be held to open public account.
Choose & Book is a total waste of time & resources, please scrap it before we spend more on it!

GPs' Comments

Choose and Book an unmitigated disaster. Patients want to be referred to a doctor I know, not a building from a brochure.

Choose and Book has significantly reduced patient choice on the consultant that they see. They are able to select the place and time, but not the person. Several patients have commented that it is just about targets and not about patients, and I have to agree with them. There is also a concern on confidentiality and how information released will be used, by whom and for what length of time. There needs to be clear and explicit consent on the use information, the spread of information and the duration of that information. There also needs to be a named person responsible for the information. Patients may not be willing for information to be used in an anonymous way to be used for planning, as they may object to the planned route and not wish for their information to add to that process. Andrew Sanderson, andrew.sanderson@gp-a83001.nhs.uk

Choose and Book has sometimes had the opposite effect intended for my patients. Perhaps due to inadequate resourcing, the appointment booking line takes a long time to be answered (or never is) and some give up after several attempts, returning to me for a non-Choose and Book appointment, increasing my work load further. Others have got through and been told to go back to their GP and get referred to a different hospital as they are too busy! I.e. the patient's choice is refused (the whole point, surely) and again workload is more than doubled for me. Referrals are 'rejected' and once again entail more work for rebooking if the consultant on the referral letter thinks the patient should be seen elsewhere. Before choose and book, they helpfully passed on your letter to the colleague they recommended or discussed the problem with you. Now there is an increase in pointless paperwork. No patient has ever asked me to go to a hospital further away except in the very few cases of rare disorders where specialists only work in a certain hospital, perhaps in London. Patients want local care with good quality and short waiting times - artificially introducing a market is disrupting care and training in hospitals.

Choose and Book is a colossal waste of resources which pleases politicians but makes no difference to the vast majority of patients

Choose and book is an unmitigated disaster, it takes over an hour of my secretarial time to make a booking, we have abandoned it. DES is another nightmare of time wasting rules and hoops to jump through with no benefit to my patients, we have abandoned it. NPfIT is shaping up to be as big a disaster as the passport fiasco. And is a huge waste of money.

Choose and Book is extremely slow, wastes valuable time, currently is confusing and in this area is preventing patients from being referred where they would like to be.

Choose and Book is slow, there is insufficient detail for choice. It does not take into account the way professional choices are made, it is inefficient, it is very time-consuming. The system needs fundamental rethinking asking doctors how they would like it to work. I find it a colossal pain. Allan Harris, Haxby Group Practice, 01904 724600

Choose and Book is used for the majority of referrals in our practice

Choose and Book will not work from this practice despite our efforts to use this - our hardware isn't up to the job and no money in PCT to invest! If this doesn't work how on earth will the national spine. Patients are not benefiting - it is amazing how political will can defeat commonsense.

GPs' Comments

Electronic transmission of outpatient and discharge letters should be a priority

Every time a government minister talks about the spine, they seem to mention elderly patients in casualty (usually female) who have forgotten their list of Rx This just doesn't happen that often. Also I seem to get more information from The Guardian these days; in my grandfather's words, this country is going to the dogs with this new NPfIT system

Experience so far shows this is an expensive disaster, doesn't work, and is time-consuming and frustrating for doctors and patients. Fiona Underhill
fiona.underhill@pobox.com

Feel NHS priorities are not understood - reason is too much political interference from people sitting in Ivory Towers - e.g. DH issuing directives which are inappropriate and so lead to wastage of resources, frustration for NHS staff and patients and blame from patients often directed to messenger e.g. their GP!

Good idea, but software, hardware, connections and clinicians expertise is 3-5 years behind the expectations of what it can do. Spending a fraction of the money improving our computer skills would be more economic use of money

Good, improved patient care, and competition for NHS

Great idea, but a hugely challenging agenda which has been poorly implemented so far. Political interference (as with the rest of the NHS) is, I believe, a significant factor, and the sooner politicians understand the need to interfere less with the NHS as a whole, the better.

Great Idea, slow/poor implementation

Great in principle but the practicalities are very complex and have not been introduced with adequate consultation with NHS staff e.g. GPs etc

Huge mistake due to top down imposition rather than listening to what grass roots clinicians need.

I am a GP rep on the ETP project so know quite a bit about this project. This project is progressing well. Mob 0776 467 3911

I am a keen and committed proponent of IT to support patient care. My experience has been with GP clinical systems which were designed from the bottom up to support clinical care. My fear is that we will be saddled with a huge behemoth which managed billing OK in a former incarnation but which is not fit for purpose as far as supporting clinical is concerned. The establishment of a huge central database was too ambitious - we should have started with smaller locally managed systems built to common standards with common protocols for communication. That way we would have been able to engage clinicians fully in the choice of system and design for the environment in which they have to function. Andrew Rigby andrew.rigby@nhs.net

I am enthusiastic, but my PCT is not supporting us. Choose and Book is badly designed, and is too slow to use as often as I would like to. My PCT will not fund extra printers, so I have to keep changing the paper in my printer - this adds time to using Choose and Book. I am very keen to get this project working - why isn't the PCT?

GPs' Comments

I am extremely concerned that the public is unaware of the fact that their personal medical records may be uploaded to the national spine without any real safeguard about who can access them. I believe such a move will destroy the concept of medical confidentiality and that patients will be unwilling to confide in their doctors and doctors may well be unwilling to record information given in confidence. Richard Johnson
01229464696

I am seriously worried about the human rights issues of placing intimate patient details on a web based database (no matter how secure it is supposed to be) that is accessed by potentially huge numbers of NHS staff (and probably others) without positive agreement from the patients. Even if agreement is given, it is unlikely that this would be fully informed because the government spin has been that this is completely safe, vitally important and enormously beneficial to the individual patient and their doctors, without detailing the inherent problems and dangers associated with the project. A full discussion giving both sides of the argument impartially (without the usual spin) must be available before patients are asked to sign up to this, and no-one should be put on the database without positively opting in to the project. It is quite unacceptable that we could be included without our agreement. simonhayhoe@doctors.org.uk

I am worried that information is not going to be protected - protection level relies on some very weak links

I am worried that reorganisation and financial situation may mean NHS side of deal is hard to fulfil with financial consequences. I look forward to NHS hospitals having better IT systems. Choose and Book shouldn't be used to ration or restrict clinician choice...its meant to facilitate choice not restrict it surely?

I continue to be frustrated at the failure to communicate with grass roots GPs. Enormous amounts of money are being thrown at projects that have been insufficiently piloted. Unrealistic deadlines are being made for political reasons and are failing, as anybody working in the real world would have predicted.
Mike North, GP Maylandsea

I enthusiastically embraced the idea starting with Choose and Book. We were one of the pilot practices on the Isle of Wight for it. 2 years down the line it does not appear to have delivered its promise. The Qof is still not active properly but we have been reassured that it is a temporary set back. We participated in electronic transfer of records it showed lack of information such as hospital reports not being transferred.

I feel Choose & Book is largely a waste of money. In the case of my practice, most of my (largely elderly) patients simply want to be referred to the local hospital, which they can get to easily, and where family and friends can visit easily

I feel we are being pressured into disclosures that would have been actionable by the GMC a few years ago. I cannot remember an instance where availability of all notes would have helped patient care - if it is that important a smart card would be better in that access could be policed by the patient or his/her representative. As many rural GPs I feel that the money is being wasted in the context of limitations on treatment options locally. Despite the financial input we are being provided with (new)PCs which are really not up to scratch - front desk our appointment module has been downgraded as new PCs cannot handle the complexity.....there appears to be no forum to voice our concerns.

I have not received any contact or support from my PCT - my computer is still not updated

GPs' Comments

I have yet to see any true benefits for any of my patients from NPfIT. Choose and Book, although patients like it, is time consuming and does not really offer any advantage to the patients ultimately

I see no benefit at all to the patient from Choose and Book in my area. It adds extra time to the consultation. Doctors know which the best and most appropriate places to refer locally.

I think it is a disastrous mistake, the concept is wrong, and none of it is needed.

I think its a complete waste of money that could have been better spent reducing the waiting lists, resourcing better services that are in desperate need of improvement etc

I think this questionnaire is unhelpful as an indicator of the use of NPfIT. there are aspects which will be useful - e.g. GP2GP, but the expenditure has been disproportionate to any benefits and, as ever with new systems, the promised functionality has failed to materialise- e.g. with the care record. Also, Choose and Book is a hopeless mess - the electronic booking function is fine - but why was this combined with choice? Why not produce an integrated referrals system such as had already been introduced for GPs referring to local hospitals and allow web based browsing for waiting list times if patients wanted referral elsewhere? Choose and Book has not increased choice one iota in our area where patients want to go to their local hospital except for tertiary referral specialities. The information they want, about waiting times, is not presented easily enough in Choose and Book anyway, and it has hugely increased admin workload both at the GP end and at the hospital end (because the hospital has to run 2 systems, one for new bookings and one for follow ups - and new bookings have to be frequently re directed - a problem I anticipated in 2003 which I put to the national team and which was ignored. Choose and Book also slows up the process of logging in and the general running of our computer system, especially at our branch surgery.

Francesca Lasman e- mail Francesca.lasman@nhs.net

I was initially very enthusiastic about NPfIT and wanted our practice to be involved from the beginning. After some minor officials from local FSHA?PCG paid a visit to us and tried to involve us, the whole thing crashed and these people left. Since then there has been a black hole into which all questions and answers about what is going on are disappearing, as there is no local involvement. Our PCT is nearly £24 million (or more - depending on the day of reporting) in debt and is cutting services and making people redundant. It has no money now, and there is no money coming to bail it out anyway, so this is a colossal waste of taxpayers' money which should have been used for maintenance and development of local services. If the public would know how the money has been misallocated and costs have run away, they would not be pleased and it would be a political suicide.

I will not let my notes go onto NPfIT

I wonder where all the money has gone

In theory a good idea but in reality a disaster. IT frequently crashes, data gets lost, there are huge confidentiality issues, I am completely against social care staff having access to medical data, if patients are going to be truthful then information given must be only on a need to know basis between doctor and patient, for example if you have a knee problem there is no need for an orthopaedic surgeon to know you also have erectile dysfunction although it would be relevant to pass this onto a urologist.

GPs' Comments

It appears now that computers are more important than patients in the modern NHS. We need a system that benefits patients and doctors rather than one that needs feeding with information to satisfy targets and political ambition.

It has become an obsession with this Government - I would prefer money to be channelled into actual patient care.

It is hard to justify this expenditure on an IT system that will inevitably have cost escalation and fail to deliver the hope invested in it in the current climate of reduction in clinical services, redundancy of clinical staff, hospital bed reduction and the scandal of wasting the whole cohort of physiotherapy graduates of this year, last year and for the foreseeable future Dr Michael Loverock 01803 862671

It should not be about connecting Penzance with Penrith, it should be about connecting Penzance Hospital with Penzance GP Practice.

It's a pathetic waste of money being poorly implemented to satisfy the demented demands of lawyers masquerading as MPs who want more central control and don't care or understand about primary care. It should be dumped. And I'm an IT enthusiast.

Little consultation with users

Little information is given to non - principals (locum GPs)

More local support & infrastructure is needed -- internet connection too slow, local hospital isn't receiving details sent by Choose & Book. There will be benefits from NPfIT but they're slow to appear.

My diagnosis: too ambitious, poor financial controls, poor doctor consultation, especially at ethos & design stages, project creep. The resultant mess is behind schedule, has too many gremlins, costs are inordinate and don't deliver any benefits to doctors, whilst benefits to patients are meagre. My impression is that this NPfIT was designed around political objectives which are neither supported at the professional coalface nor the vast majority of the public. Dr.R.Bull (r.bull@nhs.net)

My experience of C&B has been very poor - poor access, poor information and poor help from IT experts. My patients are generally dissatisfied with C&B.

My only concern is confidentiality - I predict major problems over inappropriate use of sensitive information

My PC has been huge trouble since the C and B software was fitted – it's already overloaded with Front desk etc. The C and b stuff seems half-baked and we are of course offering less choice not more.

Need more information re NPfIT - more communication with GPs essential, Andrew Girdher

NHS e-mail is clunky. Directory is useless. CRS is a million miles away for me as my current clinical system is incompatible and our chosen new system cannot accurately import the old data.

NHS resources are limited. This programme is very poor use of limited resources.

Not enough consultation with GPs who are expected to use the system & how practical it may be.

GPs' Comments

NPfIT inherited a network of consultation mechanism and squandered it. It inherited an ocean of goodwill and squandered it. Richard Granger has attempted to bully both the contractors and NHS staff. That it has not delivered can be no surprise. Most of the things they have 'achieved' so far were already in existence before the onset of the NPfIT. Numerous international studies have shown that the large IT projects that fail to deliver tend to be those that do not adequately involve the user. NPfIT set out with a set of priorities that were not the priorities for the NHS and has tried to bully everyone into falling into line. It is a tragic waste of money, of time and most importantly perhaps of goodwill. We may never have such an opportunity again.

NPfIT lost my goodwill years ago. Rolling out a monolithic structure to professionals without getting them on board in advance is likely to fail. ian.sweetenham@nhs.net

One of the questions talked about configuring local services to fit in with NPfIT - surely the NPfIT should be designed to work with clinical needs not the other way around! Also as an initially keen user of C&B I have been very disillusioned by its grinding slowness, at times taking up to 10 minutes to make a booking with nobody able to solve this as a problem. The national helpline is distinctly cumbersome and unhelpful!

On paper such a good idea but I really doubt the technology to efficiently link so many sources of information together with differing levels of encryption

Organic growth around proven platforms is the industry standard - why use big bang approach which is proven to fail?

Organisations tendering at the highest level have corrupted the good intentions of the IT strategy. I suspect that political lobbying has a lot to answer for and there are some very fat cats who have been paid colossal amounts of tax-payers money who have not delivered services and have been allowed to walk away from their obligations by our government. This is the true national disgrace, not the ideas behind NPfIT. Another good idea wrecked by a moronic government ministry.

Poor implementation and achievement to date

Poor track record so far. As the department of health regard it as a priority the PCTs follow suit and push things onto health care professionals without having regard to resources and time involved in trying to implement these so called priorities. My own experience of Choose and Book is that it consumes far too much time during consultations and results in everything subsequently running late.

Poorly controlled and managed much like the NHS, hence proving to be very expensive

Potential for some good. (& a lot of harm in certain circumstances).

Put a named person in charge; make that person responsible for system. Make sure all primary and secondary care users have compatible equipment to make it work. consult with people on ground to make sure it works

GPs' Comments

Q10: "The alignment of current local working practices with NPfIT is necessary before any new system is introduced locally"? This is completely the wrong question, and the fact that it should be asked and in this fashion is amply illustrative of the problem at the heart of NPfIT and its politics. The technology should be the servant, not the master of the worker who uses it.

NHS staff have, for the most part, taxing and time-pressured jobs to do. When a technological intervention does not support staff in doing the job already in front of them, when it adds friction not lubrication to existing work processes, when it adds new and hitherto unnecessary procedures, when it enforces changes in the nature of the work.....should anyone....anyone at all be surprised that it engenders indifference or resistance?

Does it need the wisdom of Solomon to appreciate that if implementation ever does occur under these circumstances it is always late and vastly more expensive than if enthusiastically supported? Or to see that the meagre and expensive result...so much less than that which might have been achieved is entirely a consequence of failure in management, compounded by the malign influence of political whim and interference? It scarcely needs a Solomon, but it is seldom that we see it reported thus.

And do we see contrition or maybe even reflective thought from the senior managers who are even now snatching failure from the jaws of their undeniable success in spending the taxpayer's shilling? Sadly no, for they are hard at work letting more contracts...this time to the publicity officers and spinmeisters whose business it is to redefine paltry achievement as glowing success, and to bray 'It's all going wonderfully' often and loudly enough that it becomes fact.

Only by these devices can it be claimed that QMAS equates to 'support for GPs' when it is but one pole in the scaffolding. Or that the greyed-out (=made unavailable) local clinic on a GP's Choose & Book screen has delivered 'Choice' to the patient in front of her.

IT professionals are familiar with six stages in the lifecycle of big IT projects:

1. Wild enthusiasm (as hype and blarney run ahead of rational appreciation of the problem)
2. Total confusion (as the devils in the detail are discovered, one by one)
3. Fear and uncertainty (as honesty about initial mistakes fails to prevail over self-interest)
4. Search for the guilty (after stage 3, the remaining steps follow with a dreadful inevitability)
5. Punishment of the innocent, and
6. Promotion of the uninvolved.

CfH/NPfIT is in Stage 3 at the moment, and the die is now cast. The people taking the most money home from NPfIT are those who control it - and who have most to lose from an honest laying-open of the facts. So this is the very last thing we should expect to see; instead, one can observe that the news management gets steadily more ferocious, and the moderating of ambitions for functional richness (and so usefulness) of the central record is well advanced. When the first GP summary of the first patient's record gets sent to the spine, we should get ready for the declaration that 'We have delivered the CRS'. Hurrah indeed.

Really PACS and E-mail would be most important for me - so I can extract info out of the acute trusts!

GPs' Comments

Seems to be a mess. Currently PBC is using central phone number for Choose and Book

Seems very expensive with piecemeal progress and no overall strategy. Primary Care systems appear to be static not progressing.

Since C&B appointments are very much quicker than written appointments, and the only way a patient can opt out of uploading, this is despicable blackmail to make them wait very much longer for hospital care if they do not want their medical records shared with anyone who may have access or who can hack in

So far it's been a complete waste of money and time.

Some bits are good but will rely on people (esp. secondary care) using it to make it work. Seems very expensive

Some bits of NPfIT e.g. electronic transfer of records are good but most of it is unnecessary. I didn't spend 5 years at medical school to become a C&B clerk - a complete waste of clinician's time & skill. While in theory a clinical record available to all might be useful, the accuracy of many records leaves a lot to be desired and the more people who have access the greater the risk of breaching confidentiality - unless access controls are so strict and time consuming that they become intrusive and unhelpful. Contact again in theory might be good but it is very slow and un-user-friendly compared to outlook

Some excellent ideas that may well improve patient care but is in danger of failing because it is too politicised and political imperatives are not matching clinical ones , Dr Scott Thomson dr.scott.thomson@gmail.com

Such a major project is bound to have appreciable problems; I hope these will be ironed out in time

Suffers from "mission creep" the initial idea of a central database was ok, but tacked onto this are various other programs which just add complexity. The original program is still not running properly and the Choose and Book is taken on the top; result more problems. It would be better to get the original to work, then see what doctors would like not a wish list from politicians.

The £12bn spend on the IT project is an outrage whilst other healthcare budgets are being cut. Choose and Book is farcical - Hobson's choice is no choice but according to C&B it's still a choice.

The ability of central government to monitor and control patients is a concomitant of this, but is an unavoidable aspect. It could be misused by a political party who wish to exercise social and medical control over the population more than we see at present. John Etherton, Peacehaven 07753 631883 johnetherton@doctors.org.uk

GPs' Comments

The aim is laudable but I have never been consulted about what would save me time. I am concerned that a central repository of patient records could and will be abused. We may be reluctant to write what we currently do for fear of who might get hold of the information. As a GP I am frustrated by the fact that notes recorded electronically have to be printed when a patient transfers practice, only for the receiving practice to have to go through them, summarise and then manually type in their interpretation of records. What a waste of time and resources. While consultants' letters are undoubtedly written on Word, they are sent by post and I have to employ a full time member of staff to scan them in! What a waste of resources again! As far as a national record is concerned it could be extremely difficult to see the wood from the trees. Who will be responsible for tidying it up? Who will decide what different classes of people can see? What about STDs and confidentiality? Nobody has ever asked me or anyone I know what we think on all sorts of issues. I can see GPs trying to keep separate records for their eyes only!

The biggest challenge for my practice will be changing our clinical system to be in line with the rest of our district. This will require a lot of training and will be de-skilling for some of us

The clinicians on the ground should have been consulted instead of people unaware of how General Practice works

The confidentiality risks of the centralised clinical record are now becoming a big issue for patients. I have already received several requests forbidding me from uploading these. The scale of opting out will make the overall scheme worthless, but NPfIT have ignored all the warnings about this up to now. The programme has stifled innovation and development of IT in the Primary Care sector, and has been a huge waste of money. All the proposed advantages of Choose and Book could have been achieved by a much more elementary, cheaper, but more secure system. Vast amounts of money have been thrown away to IT companies with no conceivable benefit. The government are now using the programme to gain political control over clinical staff and patients which is very worrying. markmccartney@doctors.org.uk (General Practitioner, Cornwall)

The current priorities for NPfIT are politically set and do not represent the needs of NHS workers

The money could should be being spent on patients not computers & the staff to work them

The NHS fraud department should look at what has been received.... If I had purchased the software at PC world then I would be demanding a refund. Was this an A level schools project?

The NHS will never crack it...it is beyond their ability....Choose and Book confirms this

The resources have been wasted and the systems implemented are wasteful and unhelpful e.g. Choose and Book; patients really don't like it either!

The systems currently available to hospitals in our area are too unwieldy and diverse to be of any use - the paranoia of the hospital trusts about their firewalls is preventing sensible access to pathology by GPs. I can understand a strong NHS-wide firewall but not one that cuts NHS systems off from each other - GPs in our area also cannot access their patient's retinal screening photos and data because the hospital IT techs won't open their firewall to the GPs. (phil.holt@nhs.net)

GPs' Comments

The total failure to examine in detail the needs of patients and people working in the service means that the poor quality software supplied is unable to improve services and in the case of Choose and Book communication of important clinical information between primary and secondary care has been damaged

The Training we got before we went on VISION was about 5% of what we needed. PCTs are not willing to purchase necessary training

The trouble is this has been a top down rather than bottom up approach. GP systems work well and should have developed NPfIT by building on them not imposing on them

The whole project applies only to England and has been imposed on us without consultation by the British government. There has been no discussion in England about this because England, unlike Scotland and Wales, has no specific representative Parliament or assembly. This aspect has been carefully obscured. I do not think that most GPs or allied professionals appreciate that there are now 4 NHSs and that the DH is the department of health for England ONLY. Bearing in mind that England has by far the worst funding from the British government on a per head per annum basis and that there has been no public discussion or scientific rationale for this discrimination, the expenditure of such a large sum of money, taken from the already too small English health allocation, has produced and will produce a further worsening of the already severely stretched health funding situation in England. In particular, Choose and Book should have been introduced on a pilot basis, say several counties only, and expanded from there. It is of dubious value. Patients are not taken with it and find it very confusing.

There seems to have been a great deal of money wasted on IT systems due to lack of consultation with doctors with regards to their practical needs and requirements. As usual it seems to yet another system or working practice devised by people in a theoretical manner without adequately addressing the needs and requirements of those who will ultimately use the systems. As for Choose and Book, whilst I hope it offers more flexibility for booking appointments and reduces DNAs, it is time consuming and the system is often slow or malfunctions when the NHS spine isn't working

This is an ambitious project with potential improvement to provision of clinical care, but at great risk of jeopardising patient confidentiality. I believe patients should give their consent to the uploading of their clinical records.

This is being driven by people who don't have much idea about life on the coal face and come up with cockamamie expensive ideas which will do very little to enhance the patients experience of the NHS

This should be stopped now

This system has not had enough contact with the real world. The "local" meetings are not particularly local. The idea that clinical work has to change to "fit in" with the system is the major example of the cart being put before the horse.

There is total incompetence in the contract and requirements made of IT companies. Whilst undoubtedly the IT industry is at fault I suspect the majority of blame lies in those who fail to give adequate and in depth direction/requirements of those of design the IT software. This leads to unnecessary wastage on money.

Toning down the information on the care record is appalling. Apollo interrogation of systems is just beyond belief a breakdown of confidentiality rules - and good manners

GPs' Comments
Too little, too late - should have invested in producing a single effective computer system in the past that was secure
Too many chiefs, few Indians. Get the Indians to sort out the mess
Too much money is being wasted on it, specially Choose and Book with local experience - 70 % of services from local hospital not available
Total waste of time and money; a system that practising clinicians have had very limited input into. And serious concerns about patient confidentiality.
Totally misguided and a waste of money
Tremendous waste of money in a programme that is excellent in concept but very ill conceived with totally unrealistic and unattainable timescales - the pace has been too fast and impossible to keep up without botched up solutions that are no good and will have to be remedied in the long term - to get GPs on board the government has resorted to financial bribes via DESs. Any good GP would automatically support a system that works for his patients
Unforgivable waste of resources
Unnecessary expensive and gimmicky
Very badly thought out. Waste of money. No significant consultation with the profession. A politician's gimmick.
Very disappointed. Promises of progress were held out, grubby financial carrots to boost politicisation of the whole agenda. I'm sorry - they are t***ers.
Waste of money in the face of so many real pressures on patient care
We are encountering data corruption of patients' notes with Choose and Book. This and other problems need to be tackled and dealt with before any further movement re electronic prescription and care records etc
What a ridiculous amount of money to divert away from clinical care. Spend that on clinical care and you wouldn't need all these extras anyway
What a waste of billions!
What a waste of money. You could house all the homeless people in England for a fraction of this; that would make a real difference to health. NPfIT is about hot air.
Why didn't the DoH go to Amazon or eBay for example for the software instead of those idiots at Accenture/iSoft/etc? The costs are astronomical. This project would never have been approved as it is in a private sector company. Why do these national government projects become so bad? Why can't my local hospital implement C&B properly? I.e. lack of directly bookable appointments, no directly bookable cancer 2 week wait appts
Will be a major change in the system when fully functional and safe and not hacked by some IT wiz kid
Wrong model implemented in wrong way and with wrong timing. Significant lack of evidence for a project sucking out resources from direct patient care. Dr Daryl P Goodwin. Wand Medical Centre, Birmingham. B12 0UF

Non-GPs' comments

40 billion or whatever it will eventually cost is a very poor use of NHS funding given the current financial problems of the NHS. This is more about lining the pockets of the rich friends of New Labour than improving patient care.

A complete waste of money! We could have got Bill Gates to have organised it better and still had change! What was wrong with the HISS computer system?

A demo download would be nice

A lot of time effort and money seems to be being spent inventing "in house" software and solutions for the NHS when commercially available products which have been available in North America would work. Too many bureaucrats writing reports! Dr Phil Mc Andrew Radiologist Barnsley.

A monument to the folly of central planning

A relatively small involvement of clinicians' input has occurred - I personally volunteered to contribute at the onset of the project (because of my previous experience in Italy and the US) but the game was set without significant input from clinicians

Mr. Riccardo A. Audisio
Consultant Surgical Oncologist
Whiston Hospital
Prescot L35 5DR

A revolutionary system that would change patient care provided the right people are implementing it and have consulted the main users about what would be useful

A total waste of the NHS budget

A vast amount of money wasted on a system that is a disaster waiting to happen

Another poorly thought out government driven (inflexibly) IT system

Availability of all patient records at all times will make a lot of difference to patient care and prevent unnecessary investigations.

Being headed up by technicians with little knowledge of health care at clinical level

Choose & Book - as a consultant gynaecologist involved in medical student teaching we have a very enthusiastic service at our hospital. I used to review GP referral letters and decide which patients were suitable to come to a teaching clinic. The patients were then informed that it would be a teaching clinic and could opt out if they just wanted to be seen by a doctor. Now with Choose & Book, which Gynae patients are going to choose to come to be assessed by in front of medical students? - david.d'souza@swh.nhs.uk

Choose and Book has been given booking priority in our Trust over traditionally referred patients. This is presumably to encourage C&B referrals, but it means that patients with relatively non-urgent conditions get an appointment rapidly, because it is convenient to them, while more urgent referrals arriving by post have to wait longer. When did convenience become more important than clinical need?

Choose and Book is a disaster - it causes delays and frustration to patients and doctors and the 13 week target restricts patient choice. I have no confidence that NPfIT can ever be made to work.

Choose and Book is a disgraceful waste of money

Non-GPs' comments

Choose and Book is a poor system that has been implemented atrociously. It wastes time and leads to poor outcomes. If its symptomatic of NPfIT, then heaven help the NHS

Choose and Book is sadly a complete waste of time and money. Our patients are benefiting because so few practices in Surrey are trying to access the allocated C&B slots. Patients are disappointed to be told that the wait will be as long as it is, and generally feel that the delay is so long, they can make arrangements accordingly to keep appointments sent to them under the old system. The main problem with the electronic sharing of notes is that Emis, one of the most common systems, does not use proper Read codes and without these the notes appearing on a Synergie system become meaningless as, without Read codes, the entries in the notes cannot be put in the appropriate place, i.e. "patient improved" without an appropriate Read code to attach to, becomes an orphan entry, and the new doctor cannot determine in which area the patient has improved, or which condition is now better. With regard to patient confidentiality, a centralised system to be accessed by thousands of practitioners must be less secure than a locked filing cabinet. A less than benevolent government will undoubtedly be able to access medical records, for whatever purposes it deems fit. This is why I will not be using this system

Dr Neville Staunton
Crouch Oak Family Practice
Addlestone Surrey KT15 2BH

Choose and Book remains an unmitigated disaster creating duplication of work and effectively removing control in prioritising who should be seen when. It will I believe be a stumbling block to the 18 week target. If the government want to work with us on this then they need to give us back control.

Clinicians need to be more involved in this process. People like me are very enthusiastic about developing this but are hampered by very poor dissemination of information at the grassroots level

Sriram, Consultant Urologist, University Hospitals Coventry and Warwickshire

Clinicians should be updated at regular interval about progress, IT training and the responsibility they will have

Connecting PACS between hospitals looks like a disaster. We should be able to dial in and see images as necessary. Cancer MDT meetings are a disaster as more patients have their PCTs and GPs choose to buy care from elsewhere. Surely the ISTC should also be equally well connected if more and more care is shared? What's going on?

Non-GPs' comments

Considering the large sums of money involved in the project, delays in consulting a broader set of clinicians are unforgivable. It will impact every prescribing doctor yet has attained clearly biased expectations by selecting only a handful of opinions. The near collapse of iSoft is a reminder that a number of issues were at fault. To rectify this would require even further public funding and more delays. It is a shame that public consultation did not materialise before this survey.

Mr L Maraqa, MRCS
Research Fellow
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Cost blow out. Should have been finished by now with far greater consultation with clinicians.

Current lack of information about patients accessing hospitals in acute emergencies causes delays and drug errors. If the NPfIT works, it should benefit patients and improve efficiency in hospitals.

Despite being live with Choose and Book, the system is still not accessible to me and I have not been able to spare time from clinical duties to receive my training

Efficient use of Information Technology under the auspices of NPfIT is the way forward for improving patient care and safety. Dr. Shahida, doctor.sha@gmail.com

Electronic record keeping is the only way forward for the future. Adherence to paper records which are frequently a shambles, overlarge, out of order, repetitive or lost is an anachronism in the 21st century. However clinical involvement should have been better supported in order to get a tool that is as effective clinically as administratively. In addition its inability to keep real time activity data is disappointing.

Excellent idea but minimal consultation; it has inhibited local development to the detriment of local services; for what is has/will deliver, it is poor use of scarce resources; too many stories of over-paid staff underperforming for whatever reason.

Excellent in principle. However have doubts about practicality and may be outdated before full implementation nationally occurs.

Expensive with little impact so far - a good example of the billions thrown away by this government and then trusts are blamed for minor financial mismanagement

Focuses on political imperatives and not clinical ones. Choose and Book is a political dogma not a clinical priority.

Fragmented information and inadequate local support and funding - whilst very important, is it really such a priority that such enormous funds are required to set the system up?

Further delay in its implementation is going to be counterproductive. We need to move on with it fast!

Get on with it!

Non-GPs' comments

Good idea but implementation is poor. You can't expect applications at layer 7 to work if ground work at layer one is crumbling. Let's not blame the initiative and idea but focus on admin and implementation which should be watertight at this level. If not charge penalties for shoddy work on the admin and contractors. If they couldn't foresee the problems with local NHS systems before jumping in then their design was faulty right from the start and NHS shouldn't pay for that sort of shoddy work. Show us the results or pay up.....Mr Prasad Patki

Good idea but seeing it through will pose a significant challenge and patient confidentiality is a major issue

Good idea in principle, but lack of initial consultation has meant many problems as implementation has been attempted. Do not believe suppliers were chosen for their ability to achieve objectives, but appear to have been chosen on political grounds.

Good idea, potential to be world leader, but very ambitious project

Great idea. Appalling implementation by inept and possibly corrupt middle and senior management tiers... both within the Health/Civil Service, and also in the IT industry.

Gross over-spending of scarce resources. Choose and Book particularly has added huge amounts of extra work to my schedule without any added benefit to patient care. PACS however has been beneficial, but is relatively inexpensive compared to the other projects.

Grossly expensive. Unwieldy. How will this succeed when much smaller projects e.g. CSA and most recent pensions project have failed? The government has been taken for a ride by commercially driven companies.

Huge waste of money for no guaranteed returns, taking money away from front line patient care

I am confident it will not be implemented in Dorset before I retire (2011) Simon Parvin 07802-353627 simon.parvin@rbch.nhs.uk

I am enthusiastic about local improvement in IT in every Trust before the development of a National IT behemoth.

I am involved with implementing CfH in my trust and I am not engaged by the software suppliers

I am not sure how far it is going to help with the overall clinical management of the patients in a busy acute surgical practice.

I am very disappointed in the progress made. Choose & Book does not yet operate as an on-line system locally. We are told that the new system will offer less functionality for Path results than our existing system. This will impact on patient care. I have misgivings about confidentiality. Health records should not be regarded as Government records and access should be restricted to healthcare needs only except where specific judicial permission is given. There are important civil liberties issues here.

Non-GPs' comments

I believe that the whole process has been pushed through by people who neither understand, nor wish to understand that, as far as clinicians go, this is really very low priority. I have little faith that it is going to work. In my own trust, the IT doesn't even work together across different sites, and I am extremely sceptical that it will work with NPfIT nationally. I am deeply concerned that patient confidentiality is going to be overridden in a roughshod manner. I don't believe it will be long before the entire system is hacked and details made public. In addition, I strongly believe that the figure of 12 billion will be looked back on as laughable, and it will be at least twice that. As for being completed on time, I'll take a rain check. Maybe some system in place by the deadline, but not a useable user-friendly secure one. It will be out of date by the time it arrives, and will be just another nail in the coffin of Tony's idealistic political career.
mark spatulaclark@hotmail.com

I do not know how the confidentiality problems can be solved alongside the access that is needed to make it work

I have been on my Trust's IT committee for 7 years and seen IFH come and go, with a black hole between this and NPfIT, undoing all the progress we were making. I have attended a meeting with Richard Granger, since when there has been no improvement in communications. Our Trust is currently going live with PACS, but this has been IT driven and although several clinicians have been involved, their advice has been largely ignored and what is being provided is clunky, non intuitive and not Windows CUI compliant. The IT dept has also chosen to block the few tools with which we might have made it better fit our needs. We have been forced to buy expensive workstations (which are only standard computers with a greyscale monitor), as Agfa have refused to supply us with the current version 6 of IMPAX which would have allowed us to buy sufficient 19" high quality monitors instead.

I have been on the design team for 3 months, and have seen some of the many problems and issues that exist with the project. My opinion is that the overall idea of electronic records etc. is good. The approach that is being used, however, is wrong and full of problems which are not being adequately addressed and will be problematic at deployment. (Jenny Dean: jennydean@doctors.org.uk)

I have had little or no information about this. Systems such as PACS and electronic records have already been implemented in the hospitals I work in some years ago - I consider these systems useful, but do not consider them part of NPfIT. Implementation of electronic patient care records will only work if they completely REPLACE paper records. The way these systems fail completely is when health professionals have to record information both on paper and electronically - this wastes time and leads to the new electronic system being ignored.

I hear a lot of negative feedback and negative comments about costs. It is a sound idea, badly implemented and underfunded - NHS on a shoestring again trying to be the best but badly.

I strongly support the objectives but there are real issues around enabling organisations to identify and deliver the required process changes essential to realise the business benefits. In my experience so far, insufficient resource has been dedicated to this and also to the training of staff to implement the desired and required changes.

I think the idea of NPfIT is excellent, but there has not been enough consultation with stakeholders, clinicians and patients and there should be pilot projects

Non-GPs' comments

If funded properly with professional development this program could be an excellent program. So far development has been slow and the products not to a high professional commercial standard.

If the PACS implementation is anything to go by, other aspects of NPfIT are likely to bankrupt acute Trusts as they will not receive the funding to cover the revenue costs

If they don't talk to us about it, how the hell are we meant to have any knowledge of the process or be able to comment?

I'm a secondary care Consultant. C&B is looking to be just as much a headache for us as for GPs; furthermore, I work in chronic disease where a patients choosing to be seen at any hospital other than their closest is more likely to be more detrimental to their care than any minor differences between the services they receive.

I'm sure someone, somewhere knows what they are doing. They just need to let the rest of us know.

In 1979 the hospital I worked in could generate computerised coded discharge summaries; I can only do the same in 2006 with software I have personally written and implemented. IT support in general is atrocious, and appears orientated around Microsoft Office rather than software which supports clinical services. Most hospital IT services are orientated around management support in preference to clinical services. There is a real failure to identify and support clinicians who are IT literate (or more!) who have developed local IT solutions well in advance of their local IT services. Hamish Towler hamish.towler@whippsx.nhs.uk & hmat@hmatowler.co.uk

In principle a good idea, but I have reservations regarding confidentiality. We are paralysed in intensive care at the minute, as we wished to implement a local electronic system, but it is looking likely that we will be forced to take the Cerner system, which none of us have seen. This will have the issues of concern regarding central confidentiality as well, but I think this is less of an issue for ITU stays. The ITU implementation will not happen until the R2 stage, and god only knows when that will be. I do not believe the quoted time frame of 2 years. I can see us sitting here in 5 years time still seeing a botched service being implemented piecemeal. I have been given no information on any of this, I know all of this from my own efforts. The Connecting for Health website is useless. Our PACS service, however, is excellent and has palpably improved patient care. Caleb McKinstry Cheltenham General Hospital

In principle it is an excellent idea but to date it has been overly expensive and I still require some reassurance regarding its implementation with respect to security.

In the present climate of severe cost restraint, blame culture and possible leaks in security regarding patient details, I feel that there is no urgent need to dive into NPfIT. There already exists a robust communication system between various levels of health care to allow safe dissemination of info. PACS alone might be safer for access instead of the whole caboodle of data, which may be abused.

MR.S.IYER, Associate Specialist in Urology, Nobles Hospital, Isle of Man, UK

Inadequate systems, incompetently introduced and so much 'health' money wasted!

Insufficient information to comment

Non-GPs' comments

Invention of paper was a milestone in the management of information so will be the NPfIT after effective implementation. It has the potential to improve the management of healthcare delivery at the expense of increasing the overhead expenditure in the NHS. It can also make the NHS more vulnerable to control-freaks. Thomas Joseph, josephet@gmail.com

It can prove difficult to get two IT departments to talk the same language and use the same systems – e.g. trying to set up videoconferencing can be really frustrating sometimes. I think that NPfIT should have been rolled out across the country together with other databases like the required minimum datasets etc for various specialties, rather than have each Unit/Trust reinventing their own version of the 'wheel'

It cannot come too quickly - the NHS desperately needs a cohesive organised IT system.

It could potentially be labour-saving and improve clinical care, but it is fraught with dangers, particularly regarding confidentiality, and is likely to create more difficulties in working lives initially.

Dr Quentin Spender, Consultant Child and Adolescent Psychiatrist

It has been poorly planned and executed with little consultation to the staff on the ground. It is a very important to get it right, yet if the email system is anything to go by (nhs.net), things are not going very well!

IT in the NHS has been a continuous series of disasters over the last 20 years that I have been working in it. My local experience of PACS and Choose & Book has only served to reinforce this opinion: specifically broken promises about quality & capability of service, downtime, accessing images and access times. Choose and Book manages to get patients into the wrong clinic: spinal referrals into a hand clinic!

It is 4 years so far and progress has been abysmal

It is a good idea but probably too ambitious. Choose and Book is a complete waste of resources as far as older patients are concerned. I know very little about other aspects of it.

It is a step in the right direction; but practical issues (like cost, training, etc..) and method of implementation remain largely suspect.

It is an evolving scandal of national proportions

It is difficult to believe that this project will not be another example of previous poorly managed and over-budgeted drains on clinical resources that eventually fails to deliver the required and essential service. Andrew Hill, BSUH.

It is vital over the longer term to improve IT and some of the aims of the NPfIT are laudable. However in these days of scarce resources where many services are being closed and staff are being made redundant, the overspend, poor management and lack of progress make it a questionable use of resources at present. Choose and Book has caused huge problems as it takes so long to refer patients from the GP and patient end and so long to organise at the secondary care end. Too much choice is confusing to patients, and many patients do not make hospital bookings as they do not understand how to make them. Therefore vulnerable patients are being lost. Surely the old system of one referral is more worthwhile and cost effective. Patients also want to be guided about where to be seen and who to see.
details susannah.baron@ntlworld.com

Non-GPs' comments

IT programme was started with a view to have paperless medicine. This has not happened. I only see duplication of work. I am not sure whether this will ever work.

It seems a huge waste of money for objectives no clinicians ever wanted or were asked about.

It should be very advantageous for hospital based treatment but is very expensive and possibly poor value for money.

It's an aircraft that needs the right propellant to take off....but when it does take off it will fly high for sure. Dr. Narender Seshadri, MS

I use PACS - v good. The Cerner package seems more to do with list making and bed availability - waste of resources. Expecting clinicians to input large amounts of consultation info is impossible - clinics overrun already - will need continued admin support for info input. Clinicians need to communicate info not just a diagnosis, via the written word.

I was keen on NPfIT and had some involvement. I have resigned my role. We had PACS before NPfIT and it is superb and would have happened anyway. PAS offered by NPfIT is nowhere near as efficient or effective as our current, reasonably new system. We have refused to implement Lorenzo PAS despite initially being keen to be an "early adopter"

Local implementation of PACS has worked well and brought benefits. We have a hospital electronic prescribing system, which generates discharge letters containing recent blood results & all medications, with free text to detail the admission - this allows us to enter and provide more information to our GP colleagues on the initial discharge letter than is usually possible with the handwritten variety. Prescribing and discharging does take a bit longer though. Everything that I have heard about the clinical records aspect of the system seems to indicate that it would not be secure and the money being put into this aspect of NPfIT does not seem worth the potential benefit.

Local meeting and dispersal of inf. would benefit.

Looks promising

Lots more info required

Lots of talk but very little action on the ground and precise information is hard to come by

Money spent on it can be used to improve the NHS than the current chaotic state.

My biggest frustration at present is the large number of logons and passwords I need to access all the different systems in our Trust

Need more manpower to make this a reality and patient care better

Needs more resources than have been allocated and will end up in a botched job with new politicians trying to blame the previous lot for its failures. A Garg

Needs to be much more user friendly

None if attributable. I'm afraid this is a Dept of Health which only wants good, on message announcements and does not want healthy debate. They are in this mess because all that is wanted are those who will agree.

Non-GPs' comments

NPfIT is already improving the care delivered to patients. My personal real time access to information is of huge value in ensuring efficient high quality emergency care.
Laurence Gant, EM Consultant laurence.gant@homerton.nhs.uk

NPfIT is intended to remove ownership of patient records and decision making from Trusts and clinicians so that private operators can take over large chunks of NHS work. Once program is up and running clinicians and local trust management will be bypassed

NPfIT may turn out to be one of the greatest wastes of public money ever that could have been better utilised for improving care for patients.

NPfIT would work better if the organisation had focused more on drawing up standards and recommendations rather than provision of services. Hospitals have ended up negotiating interim measures when they could have been moving on with systems compatible with NPfIT standards.

Our local Choose and Book system has been such a disaster that a pseudo system (paper based) is in use. Amazon has a good useful system; if the government had designed it I would be paying over the odds for a book different from the one I'd ordered.

Overall a total waste of resources.

PACS has been the only good part of NPfIT. Choose and Book is a waste of time locally as there is effectively minimal choice between hospitals as I suspect like most places outside London, other hospitals are too far away and inconvenient to access compared with the local DGH-Dr Gordon Campbell-01223217786

PACS is already a major benefit to my hospital. Fear that electronic patient records etc will be very unwieldy and it will take ages to go through results or previous letters etc.

Patient clinical information system is very basic and needs to be very much better, especially for my specialty (Ophthalmology) or else a lot of time and effort will be wasted by using both written records and inadequate computerised patient information system - time and effort which will be much better spent on patient care. Mr Tony Leong, 07821-784664

Patient confidentiality is a worry and system delivery seems very slow.

People involved in the set up have proved themselves incompetent and have so far wasted lot of available fund

Probably a worthy initiative but poorly communicated to hospital clinicians

Seems to be rushing into it without the hard and soft ware

Setting up a system of electronic patient records and communication within the NHS is essential and, if done properly, will undoubtedly save money in the long-run and improve patient care. Unfortunately the process appears to have been totally mishandled with gross incompetence and wasting of huge amounts of taxpayers' money. This is a scandal. It is also typical of the Department of Health's organisational skills

Shocking waste of public funds - absolute disgrace.

Should have been good but has been badly mishandled into a total waste of time and money

Non-GPs' comments

Shut it down - now! Stop wasting our money on something that doesn't work and clinicians don't want.

Slow to be implemented, very expensive to run, several problems with day to day running of the partially implemented services. Mr Michael Bishay FRCS (orth) Consultant Orthopaedic Surgeon, Royal United Hospital. Bath, UK

So far the project is behind schedule and not adding anything to the patient or clinician experience. One can't help thinking that more locally created solutions would have been more successful. A great waste of taxpayers' money. Think how many hospitals and schools could have been built with the money.

Sounds good in theory, but my current experience with EPR and Choose and Book (which have experienced major problems) makes me doubtful whether NPfIT will be of any practical use within this decade

Stake holders are not properly informed.

Strongly support the basic principles. However implementation deeply flawed. Major risk of breach of confidentiality, loss of data integrity, and providing poor quality/meaningless data. Implementation of initiatives such as Choose and Book tied to ideological agendas forcing change in working practices and giving control of processes to non-clinical staff at PCT is fraught with risk. Processes have not been properly managed. It would have been much better to separate implementation of electronic systems from changes in working practices

Support, implementation and training seem uniformly awful

The concept of NPfIT is absolutely correct. The method of implementation has been woefully inadequate. Two or three hospitals in the UK should have been chosen to develop the software locally and then these Trusts should have been linked up to a virtual national database initially. We should not have spent billions on systems developed in the US for a different environment. Instead the DH should employ its own high-end developers (probably poached from US companies) who would need to be a) highly paid and b) embedded in Trusts rather than an expensive glass office building in Paddington. The software should then be developed for several types of Trust (Primary, Secondary and Tertiary) at the same time. Andrew Millar, Consultant Physician and Gastroenterologist

The design is grandiose: rarely is it necessary to have instant access to notes which are stored elsewhere, and a spine is not necessary to make this possible - it could be done by phone and email. Systems need to reflect the working practices of those who use them, and therefore must be de-centralised - as the web is. Indeed, it is this that gives the web its robustness.

The reason that dealing with C&B referrals isn't taking up any extra of my time is that Trust IT technicians are bearing the load instead!

The fact that "celebrities" will be treated differently suggests little faith in the system's security. I think the whole thing is a ridiculous waste of money.

The half life of IT equipment in our hospital is amazingly short. IT support is improving but it is almost like a distant company's call centre.

The idea is an excellent one, but the execution has been a shambles and without sufficient consultation of those who will actually be using the system.

Non-GPs' comments

The idea of secure electronic patient records is great, but the implementation I have seen so far has been poorly thought through, counter intuitive and pathetic.

The implementation process and roll out programme is too slow.

The imposition of a National system is excessive. Few people move about the country a lot and if they do records can be made to follow. The primary function of NPfIT is therefore to reduce the linkage between people and their local hospital so their choice can be restricted and they can be sent to anywhere the NHS waiting list police want them to go...

The money would have been MUCH better used for local initiatives and specialty initiatives. For example, we need to buy an IT cataract care package for our trust to improve the care pathway and to automatically send audit data to the national database. The cost is modest (probably about £50,000) and the benefits considerable. There is however no local money and we shall almost certainly have to use charitable funds. This is a disgrace when there is so much money being wasted centrally on IT. Choose and Book has just started in my locality. It is a joke. GPs don't want it. They have no time to use it properly. Their receptionists are booking appointments and they are booking all the wrong clinics. They get them into appointments so quickly there is no time to redirect to correct clinics. Patients therefore end up having to attend twice to get to the correct clinic - previously we could redirect them properly. There is no relative assessment of urgency so C&B patients effectively jump the queue.

The national electronic records should have been introduced before the other initiatives.

The original expectations were far too high and there was not enough consultation with clinicians and other staff. There has also been too much political interference. The LIS solution has been a very bad idea - local health enterprises should have been able to select providers who could match the requirements of the OBS.

The PACS procurement has been a big disappointment. The much vaunted "deals" done by Richard Granger have simply resulted in increased costs for Trusts, huge fees paid to Service Providers and Trusts being locked into expensive contracts which they have never seen and in which they are not even the customer. Typical "Scope drift" of public IT contract and huge unnecessary waste of taxpayers' money.

The principle is good - the details and communication have been very poorly circulated

The vision was excellent, but the costs and technical problems were totally underestimated.

There has been insufficient real clinician inclusion to date. Local initiatives are being completely ignored in the face of a perceived 'master plan' which is mainly spin with little substance. Why not have a series of competitions in, for example, "Hospital Doctor" magazine applauding the best in-use local systems which could be piloted elsewhere and build from the bottom up?

Non-GPs' comments

There has been no progress in my local trust on this issue. My mental health and social care trust has an ancient system which is poor at recording some of the most basic information. This can lead to quite misleading and inaccurate statistics which are then fed back to central government. Our dilapidated IT system is also completely different to the IT systems at the local hospital foundation trust and local GPs. So what's the point of the NPfIT if different NHS trusts and GPs within a 1 square mile radius are all using different IT systems? Will the NPfIT remedy this basic problem? I've heard that some of the systems being introduced at GP practices have been second-rate. So what's the money being spent on? The NPfIT could be extremely beneficial if there weren't muppets trying to implement it and if there was some consultation with frontline staff and patients whom it actually affected.

There seems to be unequal roll out of the PACS across the country. It's excellent and should be supported. Choose and Book results in patients being seen in the wrong clinics and the DNA rate is significantly higher. I have insufficient knowledge of the other components of NPfIT or to comment further

This government has a record of not listening to public sector workers and NPfIT is no exception. There has never been any true 2-way consultation. It makes it decisions and presses ahead regardless of advice from the frontline, presumably to save face and to con the public. We welcome the money but it has been used inefficiently and the provider companies have been allowed to rip the NHS off. It makes me so angry that the government would waste tax payer's money to meet their own objectives. Dr. Dey, Spr Radiology, Southampton General Hospital

This is a crucially important project to the NHS. Its failure to deliver is beginning to disengage even those of us who were most enthusiastic at the start. It is essential that the project starts to show tangible benefits NOW and that the strategy is "refocused" by asking clinicians what we really need.

This is the most senseless waste of taxpayers' money ever

This on paper is a great idea. I hate never having all the patients' records in front of me when I need to make a clinical decision. Records are often not updated, results are not present etc. On the other side, I worry about who will have access and correct entry of information by junior members of staff. Mr. MD Dooldeniya, modool@btinternet.com

This system must be introduced to bring the NHS into the 21st century but I fear there will be dreadful problems on the way.

This whole system is already doomed. Patients will suffer because the money could have been spent on something useful. Sadly nothing can change until there is a different government since the present one will never admit defeat.

Too ambitious, implemented too rapidly with totally inadequate clinical consultation. We will be made to adapt to the inflexible system, not get a system that supports excellence in patient care

Too many committees who do not talk to each other even if they know they exist. I tried for the first 2 years as regional chairman for my speciality to get involved the process with virtually no success.

Too slow, very little input/consultation of the people who would actually be using it!

Non-GPs' comments

Total farce - needs proper central decision making with a proposed structure, open source software, solid access control, and huge cuts in costs. It is not needed by clinicians on the 'coal face' as we used to have access to notes out of hours, using clerks, but now the Trusts have cut this out. Also input of any data by non-doctors is highly suspect. One only has to review medical and nursing notes to see the large numbers of errors that nurses, physios and secretaries already make entering information.

Mr Andrew O'Brien, dr_andrew_obrien@mac.com

Trying to do too much all at once. As a radiologist, I obviously think PACS is now essential and will benefit doctors and patients. Choose and Book has some advantages, however is time consuming for GPs who are now being expected to do more and more. The rest of the NPfIT is less beneficial and I worry about the security of electronic patient records.

Understandable and potentially predictable delays and over expenditure are threatening to turn this into another national white elephant

Very poor knowledge about implication of this initiative

Waste of money, time & resources

Waste of money for a system that will probably never be good enough, and will probably be outdated by the time it is "online"

Waste of public money

Waste of time - get rid of it

We are currently in the middle of PACS/RIS implementation in our radiology department. The RIS system is up and running. So far so good! This has gone smoother than I had expected. Hopefully PACS implementation will go as smoothly.....

We are imminently downgrading our current PACS system to replace it with the one recommended for NPfIT. This hardly represents an improvement in services!

We have had a PACS system for some time (outside NPfIT) and it is a huge advantage. I am looking forward to electronic prescribing systems to try and prevent more errors. I am worried about a clinical record system being implemented without the people who will need to use it being involved in designing it

We implemented PAS locally outside NPfIT. The collapse of the local provider was locally foreseen for some time yet despite communication local concerns they were ignored and the "Plan" proceeded with. Unsurprisingly it failed to materialise.

What a disaster this whole thing has been. I have experience of PACS and it is a good idea but resources are always scrimped on making the use of the system difficult for clinicians

What a great idea; what poor implementation.

What a waste of money

Non-GPs' comments

What I have heard in the lay media, computer press and medical press about the progress of NPFIT scarcely fills me with any confidence. Sadly the history of non military public sector IT projects in the UK is a catalogue of disasters and I fear the same may happen again here. It is of interest that as far as I know no other country in the world has attempted anything on anywhere near this scale. RJ Thwaites, Paediatrician, Portsmouth.

When many community and hospital clinics have no computers...when NHS is cash strapped.....when staff are being sacked...hospitals being closed down.....when a teenager can hack into the pentagon.....Isn't the NHS being over ambitious about NPfIT? Electronic prescription?how about making all the hospital prescription charts the same.....save lives and money!

Whilst all that is hoped for is theoretically possible, I doubt that expectations will be met and it will turn out to be terrible waste of time and money.

Who is going to input patients paper medical records into computer format?
P. Cartwright, Whitehaven

Why have we not heard anything?

With the current of cash deficit in the NHS it is a very expensive and risky gamble to play in NHS.

Would like to see it up and running as soon as possible.