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E-prescribing

From N. Ford, MRPharmS

I read Derek Swanson's **Comment** with dismay (Electronic prescribing — "I wannit and I wannit now!", *Hospital Pharmacist* 2007;14:210). The title hints at many of the reasons why the vast majority of NHS acute trusts are in the current situation with regards to information technology development in the NHS. Drawing up an "I want" list and hoping for the best is unlikely to produce a workable system. We need to learn to walk before we can run. Governments rarely choose any suppliers, especially IT suppliers, on the basis of proven track record delivering workable solutions.

These highly complex systems are difficult to implement, requiring politics, a great deal of patience and painstaking work. Most of this takes place at the local hospital level and the bigger the hospital the more complex the politics and the greater management commitment required.

Like it or not, properly integrated electronic prescribing and medicines administration (EPMA) systems are multidisciplinary in their nature. To get the level of sophistication cited by Mr Swanson in the longer term, it is essential to have a fully integrated hospital information support system that all clinical staff are signed up to and use, including pharmacy departments. Only then is it possible to collect the necessary patient data in a form that can be used in more intelligent decision support systems. We have heard talk about "best of breed" or "web-based systems", and it all sounds convincing but, at best, they will work inefficiently and, at worst, they will increasingly put patients at risk as vital information is not shared reliably.

I suggest that Mr Swanson gets out there with his medical and hospital management colleagues and starts to look for a working system that can deliver what he wants, and has a 10- or 15-year plan to finance and deliver a fully functional hospital information support system that includes integrated electronic prescribing and pharmacy systems. This might require a look at systems developed overseas. Burton Hospitals NHS Trust did this 15 years ago and have not looked back since. Our systems are still proceeding apace towards what Mr Swanson thinks should be provided to him on a platter.

Nick Ford

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DEREK SWANSON, deputy director of pharmacy at The Royal Liverpool and Broadgreen University Hospitals NHS Trust and author of the **Comment** responds:

I thoroughly agree with all the points raised — a project as vast as EPMA requires much thought and planning and we are currently in the middle of it.

My main point is that even when we have done all you suggest, Connecting for Health does not appear to offer much for those of us who have the required clinical system components in place and now want an EPMA system. The National Programme for IT has not met its intended milestones but the pressing need for EPMA remains — we do need it now.

Regarding the need for integration with other systems, I think I described our requirements quite clearly. I am not looking for a quick fix "on a platter" but, given the demands of 21st century hospital care and the ever increasing complexity of prescribing choices and their financial consequences, patients and prescribers are right to expect something better than antiquated pen and paper systems with all their inherent errors.

I suggest that your comment about your own system's development actually confirms my argument. Your investment has clearly paid off. I merely want to be in the same position.