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E-prescribing

From H. Lockie, FPS (NZ)

May I be a heretic and suggest that while Nick Ford and Derek Swanson are both correct in agreeing that electronic prescribing systems are complex and difficult to get right (**Letters** — *Hospital Pharmacist* 2007;14:308), they are wrong in concluding that this means that "much planning" and "politics" are required to get them to work. We humans are simply not clever enough to do the planning to forsee all the complex interactions and downstream effects of large and complex information technology systems, or to handle the politics of the competing agendas of large bureaucracies. As a result, major IT projects overseen by large bureaucracies almost always fail — although, once some small part works, victory is usually declared and work stops. The only safe way to pull the plug.

The long history of IT projects has shown that the way to success is to have many small projects, let them all work away and painfully learn how to work together. There will be many failures, but those that succeed will move gradually closer to the required objective. It is slow, it is messy and it is wasteful — but not nearly as much as trying to mastermind the whole lot with central planning. Central planning is a great idea. It is a pity it does not work.

Harvey Lockie
Fellow of the Pharmaceutical Society of New Zealand and member of the New Zealand Computer Society

NICK FORD, information pharmacist at Burton Hospitals NHS Trust responds:

Electronic prescribing for an acute trust is never going to be a small project and if it is to be of any use it needs to be integrated with other local systems. Politics are inevitable, albeit local. I would never propose the master plan approach; our own system has evolved over many years to meet local needs at a pace that the users find acceptable. Incremental development of local integrated systems rather than lots of disparate "small" systems is more likely to meet expectations in the longer term. However, my argument was that systems should be chosen locally, not imposed from the centre, based on sound evidence from existing reference sites that they are up to the job, whatever technology they are based on.

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

Implementation of electronic prescribing and medicines administration (EPMA) systems must rank as one of the biggest changes in culture and practice that any NHS hospital will see. I believe that the biggest problem we humans have is the "me" syndrome. Tackling the complexities of EPMA systems is one thing, but determining who will "own" the system is quite another. The biggest mistake would be to consider such a project to belong to IT or to pharmacy, as this immediately alienates those who regard themselves as "clinical". On the other hand, many "clinical" people find IT systems challenging and do not want to be involved in the detail and hassle of implementation.

Political savvy is vital in recruiting the right champions for each area of interest or activity. This method can make the project less centralised and therefore more likely to succeed with minimum grief. You are correct in stating "central planning is a great idea. It is a pity it does not work" but there has to be some central oversight even if the project is run in small components. Anyone working full time in the NHS knows that great political and persuasive skills are required to engage people who will use such systems on the frontline, and even greater ones to get people released for project implementation.