

# IT revamp needs TVN input to oversee clinical decisions

Tina Chambers

New electronic patient records known as the NHS Care Records Service (NHS CRS) will soon be introduced for all NHS patients. This will affect the way that all healthcare staff work in the NHS, so it is important to get involved in the design stage.

There are many benefits to having electronic records, including accurate, up-to-date information for patients, clarity of information, and being able to read clinical notes quickly and easily. All the information concerning the patient will be available at the point of care; the GP surgery, the clinic or hospital ward. This will hopefully mean there will be no misplacing of crucial information concerning the individual's treatment.

The records are part of the scheme called NHS Connecting for Health which is bringing modern computer systems to the NHS in order to improve patient care. Under the scheme, England has been divided into five areas known as clusters. Each cluster has teams working on design and development in different ways. As a tissue viability nurse, I have been working with one of the southern cluster design teams as a subject matter expert (SME) to help design the software.

The NHS CRS will be introduced over the next few years and some trusts have already started implementing early releases (Release 0 [R0]). We are currently working on release R2. The process to design and build the care record means that the NHS content must be designed before the software

is built. Software that is being designed now will not be released until 2008. Getting nurses involved in the design process has been difficult and more nurse involvement is required. For Release 2, 20% of the SMEs are either nurses or have a nursing background, but many more are needed. SMEs are required to attend workshops, review documents or work full or part-time on the design teams themselves.

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out: who is leading the implementation of the NHS CRS in your trust; when your trust is 'going live'; which cluster you are in; and who is representing TVNs within your cluster. You need to make yourself known and let people know that you want to be involved.

Before my involvement, there appears to have been no specific TVN input or engagement in the design process. Design decisions were made about the inclusion of risk assessment and pressure ulcer grading tools to be implemented in the south of England without consultation with a TVN.

The decision was made to include two risk assessment tools: the Braden Scale and the updated Waterlow Score (2005). In practice, this would mean that there would be restrictions on what assessments can be used. I have

negotiated that an 'other' option is included. This will mean that we will at least be able to name another tool and include the outcome of low, medium, high and very high risk, although it will not show how the conclusion was reached.

The tools were chosen because they were in 'current use', but the updated Waterlow is used in very few trusts. The decision to include these two tools leads to a number of issues:

- ▶▶ It has been assumed that the updated Waterlow scale is an improvement on the original and is proven in validity and reliability. The adoption of this tool needs further discussion and debate before it becomes nationally recognised as an appropriate tool
- ▶▶ Other recognised tools have not been included
- ▶▶ What about newer tools? Will this stifle development or make it difficult to include new tools?

In my personal opinion, the forms are very formulaic and I am concerned that this will restrict practice. We need to debate these issues and this is planned for the Wounds UK conference (Harrogate, 13–15th November 2006).

Many nurses complain that they have not been consulted and informed about these changes, whereas many individuals and trusts may have chosen not to get involved because they have failed to recognise the impact it will have. It is now time to mobilise and ensure that tissue viability specialists are contributing to the debate and the design of the systems that we will all have to use.

*For further information about NHS Connecting for Health visit [www.connectingforhealth.nhs.uk](http://www.connectingforhealth.nhs.uk).*

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