BCS, UKCHIP and IHRIM announce a new vision for the health informatics profession

UK Informatics (UKI) A New Collaborative Federation of Professionals

Also:
- Revolution, Floods and HI Professionalism
- Social Care and Health Informatics
- Reducing health inequalities through digital health?
Welcome to the March issue of the UKCHIP magazine

This edition is being published just in time for HC2014, where UKCHIP, BCS and IHRIM will be announcing the launch of UK Informatics, a new federation for the informatics profession. (See opposite and pages 4 and 5.) Dr Gwyn Thomas, UKCHIP Chair, will be taking part in conference stream 3 ‘Developing informatics workforce capability and professionalism’, on Thursday 20th at 12 noon. The session will also feature Dr Justin Whatling, BCS Health and Isabel Chevis, IHRIM. They will talk about the federation and start the consultation to find out what informatics professionals, their employers, patients and the public, want from the federation. We hope that anyone attending the conference, and with an interest in informatics professionalism, will come to that session.

UKCHIP will also be on stand P11 in the Partner Zone and would love to see any of our registrants who will be there. Come and pick up your lapel badge, some ‘Fish and UKCHIP’ sweets, or a UKCHIP pen. Would you like to be involved in any UKCHIP work? We are also looking for registrants with specialist skills and knowledge who are willing to sit on advisory and working groups or provide expertise in other ways.

We’d be very happy to see any conference attendees, who would like to debate informatics professionalism, associated issues, or just pass the time of day. We’ll be in-between the IHRIM stand and NHS England, so come over and discuss how we can all work together to support the profession.

In this edition of the magazine we also have articles on the importance of a fresh, united approach to informatics professionalism, developing social care informatics, and addressing digital health inequalities, which I hope will all be thought-provoking. Then we catch up with the health informatics apprentices (who will also be at HC2014) and informatics events, conferences and workshops.

As always, do let us know if there are subjects you would like to see covered in the magazine or on the website - our contact details are on the back cover.

Di Bullman
UKCHIP Registrar

In this Issue

3 BCS, UKCHIP and IHRIM announce the launch of UK Informatics
4 Introducing UK Informatics
6 Time and Tide waits for no man: Revolution, Floods and HI Professionalism
8 Care and Support Reform - Can Social Care and Health Informaticians Help?
9 Digital Health: Can it put patients in control and reduce health inequalities?
10 Health Informatics Apprenticeships
11 Events
14 About UKCHIP

Front page image courtesy of watcharakun / FreeDigitalPhotos.net
BCS, UKCHIP and IHRIM announce a new vision for the health informatics profession at HC2014

BCS, The Chartered Institute for IT, the UK Council of Health Informatics Professions (UKCHIP) and the Institute of Health Records and Information Management (IHRIM) are working collaboratively to create a new federation for the Informatics profession. The three autonomous bodies will work closely together in a federation to ensure that UK health informatics is recognised as a valued profession.

Justin Whatling, Chair of BCS Health, part of the Chartered Institute for IT, explains: “This is a very exciting moment for health informatics. Today technology has an immense and profound impact on the health and wellbeing of people. Therefore it’s time for the profession to mature to meet the increasing demand on our skills and capability. We want health to be an attractive place for informatics professionals from other sectors to come and work, and we want to provide a clear career path and professional development opportunities to retain those already working in health. The federation will help us to achieve this.”

The initiative comes as the NHS is under increasing pressure to find and implement new models of health and social care that will provide services closer to people’s homes. This requires health professionals to share accurate information securely and confidentially. In addition, the Caldicott 2 Review has introduced a duty of care to share health information. Both of these things have happened at a time when public trust in the NHS’ ability to handle personal health information has taken a hit.

The federation will be open to all other informatics professional bodies, the private sector, the home countries and lay representation. It will provide leadership of the overall profession with a single professional register and point of entry for professionals, oversee an agreed regulatory framework with a common code of ethical practice and coordinate access to resources providing a unified set of capabilities for all professional areas of practice.

Gwyn Thomas, Chair of UKCHIP adds: “To be successful we have to now bring informatics professionalism to the mainstream. For any profession to be credible, it needs to be independent, inclusive and self-sustaining; founded on a strong set of values constructed from codes of conduct and ethics, professional standards, voluntary registration, accreditation and regulation. This initiative is very much in line with the approach to partnership working that UKCHIP announced with NHS England in 2013. Our aim through this federation is to promote the values of professionalism in informatics to help to maintain public trust in the NHS’ ability to handle personal health and care information securely and confidentially.”

Isabel Chevis, Chief Executive of IHRIM says: “Together, UKCHIP, BCS and IHRIM, all consider that it is time that we matured as a profession and set about building ourselves a stronger platform so that we can speak with a louder collective voice that will be heard and heeded. To do this, we need to know what health informatics professionals want and think; this is the beginning of our consultation period where we are very much looking for feedback from across the entire informatics profession beginning at BCS’ health computing conference HC2014.”

The federation will launch a governance board which will run in shadow format from April this year. There will be a number of vacant seats on the board for current and future NHS informatics professional leaders. Deciding how these will be filled will be done through a wide consultation across the NHS over the next six months to agree strong value propositions for patients, public, employers and for existing and potential members.

(This article was published as a joint press release on 19 March 2014)
What are we doing?

The UK Council for Health Informatics Professionals (UKCHIP), BCS - the Chartered Institute for IT and the Institute for Health Records and Information Management (IHRIM) are announcing, at Healthcare Computing 2014, the creation of a federation with the working title of UK Informatics (UKI). This collaboration between existing autonomous bodies is intended to promote much closer working to enhance the standing and reputation of all Informatics Professionals, no matter what discipline.

UKI will be open to all other Informatics professional bodies, the private sector, the four home countries and lay representation.

UKI is fully endorsed by NHS England and the Health and Social Care Information Centre. They believe that it will help to expand the capacity and capability of all Informatics Professionals through improving coordinated access to personal development opportunities and a stronger commitment to professional registration.

Why are we doing it?

The Health Informatics profession is a broad church but unfortunately, in the past, it has tended to concentrate on promoting 'sectional interests'. This has considerably limited the profession’s overall ability to exercise influence on important matters of policy, patient safety and public trust.

For any profession to be credible, it needs to be independent, inclusive and self-sustaining. It needs to be founded on a strong set of values constructed from codes of conduct and ethics, professional standards, voluntary registration, accreditation and regulation. Currently, these values are not as widely adopted and adhered to as they should be and more needs to be done to help to restore public trust in the NHS’ ability to handle personal health and care information securely and confidentially.

At the heart of all professional disciplines lies a body of knowledge. One of the main responsibilities of all professional organisations is to gather the hard won experience of their members, combine it with recognised best practice and pass it on by encouraging professional communities to assemble, communicate and share. Much of this can be (and is being) done through self organisation and good will. But history has shown that this is never enough and we have repeated the informatics mistakes of the past far too often. A much stronger focus on professional standards in the adoption of good practice is required through stronger national, regional and local professional leadership.

UKCHIP, BCS and IHRIM all consider that it is time that we matured as a profession and set about building ourselves a stronger platform so that we can speak with a louder collective voice that will be heard and heeded.
What will UKI do?

UKI will ......

- Provide leadership of the overall profession as the overarching collaborative initiative for health and care informatics for the UK
- Operate with a single point of entry ("Front Door for All") for all individual professionals which also signposts and integrates services from UKI partners
- Apply a single fee mechanism to cover membership, accredited voluntary registration and access to all services
- Oversee an agreed regulatory framework with a common code of ethical practice that satisfies all individual federation partners and is underpinned by a common professional register
- Coordinate access to resources providing a unified set of capabilities for all professional areas of practice, brought together to deliver a rounded value proposition for individuals and organisations

What will happen next?

The UKI Board will be up and running in shadow form from April 2014. There will be a number of vacant seats around the UK Informatics Board for current and future NHS informatics professional leaders. Deciding how these will be filled will be done through a wide consultation across the NHS over the next 6 months to agree value propositions for

- Patients
- Public
- Employers
- Existing and potential Members

The UKI Board will also expand its membership by engaging with

- Other professional informatics bodies
- All four home countries
- Private sector representatives
- Lay person representatives

How will UKI work?

The ways of working will be very much determined by the results of the consultation and what informatics professionals say is important to them. However, the early priorities of UKI will be to cement collaborative working by

- Developing a 3 Year Strategy with a rolling annual operating plan
- Launching a communications and membership campaign
- Obtaining accreditation from the Public Standards Authority (PSA)
- Establishing a “Common Policy Hub”, able to speak with one voice on important issues.
  (An early example of this has been the joint public statement issued on the position with Care.Data)
- Building the UKI web portal - the “Front Door for All”
- Aligning codes of conduct
- Updating standards for the profession
- Compiling a benefits register - Building the business case for informatics

Image courtesy of Stuart Miles / FreeDigitalPhotos.net
Time and Tide waits for no man: Revolution, Floods, and HI Professionalism

Prof Stephen Kay
UKCHIP Board

It was not that long ago that we were all caught up in the NHS Information Revolution; indeed we still are, although the rhetoric has noticeably died down. The critics’ response too has become a little muted, and the ambition for person centred, integrated care, if not on hold, is beset by media-highlighted problems that slow down intended activities and frustrate progress. It is, of course, not easy; if it was then all the real problems would have been solved by now.

However, the proposed solutions from the informatics community seem increasingly abstract and remote. They show promise and have potential but, arguably, in the public perception past and present initiatives have repeatedly failed to deliver value. The ‘blame game’ is a traditional past-time in the NHS and is now, again, in full swing. But before we all duck, dive, and become defensive, it is perhaps a timely opportunity to reflect upon the role of the health informatics profession in the current state of affairs and to consider what we could, or perhaps should, have done better.

Improvements in our health care delivery in the past have come from unlikely, horrendous events that have badly affected the British Isles. For example, the aftermath of both World War I and World War II, successively contributed to the formation of the National Health Service intending to safeguard and support our people. A guiding principle in the Beveridge report in 1942 made the following telling statements,

“Proposals for the future should not be limited by ‘sectional interests’ in learning from experience” and that a “revolutionary moment in the world’s history is a time for revolutions, not patching”.

It is not too hard or unfair to say that the Health Informatics profession has been all about ‘sectional interests’ almost from the word ‘go’ and this has limited appropriate responses and limited the impact from trusted solutions. It would also be accurate to say that NHS policy and the implementation of informatics, despite the ‘revolutionary’ slogans, have been very patchy, and ‘learning from experience’ has not been its hallmark of distinction. The recent experience with Care.Data is a case in point, being an almost exact repetition of what happened only a few years ago with the Summary Care Record. It is also symptomatic that in both cases, it took the clinical professions not the informatics professions to speak out, highlight the issues and recommend a change in course in order to maintain public trust.

Together, so far, the nation-wide outcomes have been unimpressive and there is an urgent need to do better.

Our recent history shows that we respond, albeit belatedly, to disasters, and when these are full in the public consciousness, motivation becomes easier. It is not about making political leeway out of suffering, rather it is an attempt to take something, anything, good from what has happened, to learn from the experience and apply lessons learnt. Thankfully we have not had to endure another world war, but we have had the terrible floods and the attacks on our sea defenses in 2014, which for many have been devastating.

The unlikely parallels to the current situation in Health Informatics should make us pause... consider the following characteristics of the suffering experienced by many in our country:

- Personal loss and tragedy
- Financial, economic and social pain
- Indiscriminate suffering
- Danger to health, and life itself
- Postcode lottery
- Intimidation and uncertainty
- Overwhelming scale of problem
- Long time neglect and lack of protection

Whereas it is obvious that this hardship and suffering hits ‘some’, it has an impact upon us all. Although there are immediate crises and concerns, there is also the longer term, chronic situation that will impact individuals, families and communities for years to come.

The public perception and opinion of the situation is damning and it is considered by many to be systemic failure on a national level:

- Failure to protect
- Failure to listen, to communicate and to lead
- Failure to plan ahead
- Failure to regulate properly
- Failure to recognise changes at
local, regional, national and global levels
• Failure to learn from others who have had to confront similar problems
• Failure to resource mundane but essential services
• Failure to recognise the fractal nature of the problems
• Failure to work together
• Failure to coordinate
• Failure to invest

The various agencies and the government have been rightly criticised for:
• Assuming the status quo was sufficient
• Being unprepared and giving a patchy response
• Incoherent, overlapping and confusion in policy and action
• Not supporting longer term conditions (e.g. Clean up and defense)
• Safe use? Risk management?
• Public health & disease related threats
• Political incompetence and professional misconduct
• Mistaking 'shifting the blame' for 'holding to account'
• Losing public confidence/support
• Further undermining public confidence in 'professional expertise' by unedifying internal squabbling.

There is also the fear and worry that this situation will reoccur, and the individuals, family and community who have already suffered are not convinced that those in power and those in the know will be better prepared in the future to face such 'wicked' problems. They surely have the right to expect some reasonable level of protection from the authorities.

There is the other, more positive side of this business too that should not be overlooked or wasted. Although cold comfort to those who suffer now, there are the future, longer-term opportunities and benefits related to power, irrigation, transport, wealth generation, tourism, health and employment and probably others. Managed correctly, all of these can help our nation and us, its people. The complex ecosystem does not suggest a single silver bullet is likely as a solution, but rather states the requirement for a more holistic, multi-faceted, and sustainable response; one that is joined-up, adaptable, productive, and professional.

It is not necessary here to spell out each bullet point in the above lists and relate it to our own situation for it is obvious; taken together they present ‘water management’ as a compelling metaphor for informatics. Like other important utilities, Informatics should be part of the nation’s infrastructure, not something that stands apart as it does today. The value proposition of Health Informatics professionalism is all about safeguarding and sharing personal information for the common good.

Our failings in the past can be more attributed to immaturity rather than malice. Just as it is often said that voters get the politicians they deserve, professionals get the representative bodies they deserve too. At some point we need to grow up and now is the time. This is why UKCHIP, BCS and IHIM have started to work together to build a single Collaborative Federation directed at Health Informatics Professionalism. It is time to build ourselves a stronger platform so that we can speak with a louder, more coherent voice.

I should be clear; I am not saying that Health Informatics Professionalism is a panacea, the answer to all of our information problems and needs, and a sure way to avoid large-scale disaster in the future. I am saying, however, that it has a central role to play in establishing good practice in areas of critical importance and should be an integral part of any required response. It is an essential part of the nation’s health infrastructure to be used in a concerted effort to improve the quality of information, and to ensure its safe and appropriate use for the benefit of the public’s health and care.

We, policy-makers and professionals alike, cannot afford to lose this unique opportunity and to let the public, and ourselves down yet again --- that would not be easily forgiven and would be, perhaps, the ultimate disservice possible. ‘Patching’ is inadequate. At best it is a temporary fix, one that is difficult to maintain. It results in the inevitability of ‘patching patches’, which is a broken design that is impossible to sustain. In terms of health informatics professionalism, ‘patching’ is simply an argument that will not hold water.
March 2014

Care and Support Reform – Can Social Care and Health Informaticians Help?

Local authorities are currently in the process of preparing for the implementation of the Care and Support Bill. The Department of Health recently published a guidance note entitled: ‘Care and Support Reform Programme: Guidance note on social care information and technology’ to help local areas develop their implementation plans and assist conversations with suppliers, about investment in IT, new technologies and information systems.

In addition to the Care and Support Bill, there are also opportunities and challenges for Adult Care commissioners and care providers arising from the Better Care Fund, Technology Fund and the Integration Pioneers programme. All of this will require a greater focus on the sharing of data so that people don’t fall between the cracks in between Health and Care services. There will have to be close working between health and care informatics colleagues about not only systems and infrastructure, but also information governance.

At the moment there is little understanding of the size, scale and professional development needs of the Social Care Informatics workforce who will lead the implementation of these major changes and reforms. There are few existing networks and bodies for them, beyond the work of the ADASS IMG and Local Public Services CIO Council to exchange, knowledge and good practice. This presents a potential risk to future care and support reform.

To tackle this, the DH, HSCIC and Skills for Care have begun a programme aimed at supporting the development of the social care informatics workforce. This programme is entitled: Social Care Informatics Development (Workforce Capability and Professionalism) - Improving care for service users: The informatics contribution.

The broad goals of this programme are to:

- highlight the potential of informatics to address current challenges and future opportunities arising from the Care and Support Bill (Act) and the integration agenda
- raise awareness of the contribution and professional development needs of people working in Social Care Informatics roles and functions who support this work

During 2014-15 we aim to:

1. Stimulate knowledge sharing and the application of good informatics practice across Social Care and Health, via webinars, events and through the Social Care Informatics and Innovation Exchange, including working closely with colleagues involved in Skills for Care’s ‘Digital working, learning and information sharing’ project team.

2. Develop an online document that provides a more detailed understanding and profile of the Social Care Informatics Workforce to support future national planning and commissioning.

3. Develop frameworks to assist organisations and individuals working in the field of Social Care Informatics to scope, assess and address their key professional development needs.

4. Identify the core learning requirements for the Social Care Informatics Profession and recommend how these can be most effectively addressed.

5. Recommend and work with Professional Bodies which could provide appropriate recognition, regulation and registration for Social Care Informaticians to support the delivery of improved care and effective safeguarding for service users.

Bodies such as UKCHIP will be incredibly important partners in this work.

If you’re keen to be involved please either email me at bruceelliott@hscic.gov.uk and/or join the Social Care Informatics and Innovation Exchange: https://knowledgehub.local.gov.uk/web/socialcareinformaticsandinno

There’s so much good work to be done to help prevent all our friends and loved ones falling down the cracks between Health and Care, and so it’s got to be a good investment of all you youthful, energetic UKCHIP members time.

Bruce Elliott
Developing Informatics Skills and Capability, HSCIC

(If you are reading the printed version of this magazine and would like the full links to the websites mentioned please contact Bruce or download an online version from www.ukchip.org.)
DIGITAL HEALTH
Can it put patients in control and reduce health inequalities?

The ‘Digital First’ approach to policy in Health and other Government services promises much in terms of improvements to both access to and the productivity of public services. However, despite all my enthusiasm and encouragement the idea of Digital Health:

- terrifies my Mam (referred to as ‘Mother’ outside of the North East)
- passes my elderly neighbours by, despite having mobility problems and their family living many miles away

There are many fears that a ‘Digital Divide’ could develop which would disadvantage the Patients and Carers who are most in need of access to information and services to manage and improve their health?

Even though I’ve failed so far to reassure my Mam I do feel genuinely optimistic that we as Health Informatics professionals can address these fears and support people to reduce and not widen Health and Well Being inequalities.

The reasons for my optimism are based around:

Organisations that can support informatics staff to design usable and accessible websites and information systems – Charities such as the One Voice Coalition for Accessible ICT and AbilityNet for example provide excellent guidance in meeting the needs of people with visual or auditory impairments and learning disabilities.

The practical work being undertaken by many Health and Social Care organisations to address potential Digital Health Inequalities – just for starters examples such as Skills for Care’s excellent Digital Literacy skills document, NHS England’s Digital Inequalities programme work with the Tinder Foundation to train 100,000 patients in using online services and London Connect’s highly engaging Patient Forum are well worth reading about or getting involved in.

We have also some exciting work underway within the Health and Social Care Information Centre’s Developing Informatics Skills and Capability Team, to increase the skills and capabilities of Informaticians in overcoming potential Health and Well Being Inequalities. The Patients Association and AbilityNet are currently preparing 2 online guides for Health and Social Care informaticians to provide:

- An overview of the main issues and challenges that people with disabilities or with limited access to or little confidence in using digital services face in accessing the online Health and Social Care information and services that they need.
- An analysis of examples of good practice in the design of digital services from outside and inside the NHS that Health and Social Care Informatics Services should try to learn from and build on
- Recommendations for Health and Social Care Informatics

In January 2014 we ran a webinar entitled: ‘How Accessible is your online Information for Patients and Service Users? - Applying good practice in the design of Health and Social Care websites’ which can be viewed by clicking here.

If you’d like to get involved to help put patients or your parents, friends and neighbours in control please let me know or come and join us at HC2014 in the Patient Engagement Zone on 19th and 20th March.

Bruce Elliott
Developing Informatics Skills and Capability, HSCIC

(If you have the printed version of this magazine and would like the full links to the sites mentioned please contact Bruce on bruceelliott@hscic.gov.uk or download an online version from www.ukchip.org.)
Health Informatics Apprenticeships

Sam and Sophie, two of the apprentices who are on the Health Informatics apprenticeship pilot in the North West were speakers at the Apprenticeship Week Event that took place in Manchester on 4 March 2014. Everyone at the event was extremely impressed with their performance. Here’s just a sample of what they had to say:

Sophie - I was offered a place at the University of Chester to study Business Management however, I strongly believed that university wasn’t for me and the best thing for me was to learn whilst gaining experience so therefore I decided to apply for the Skills for Health Academy Apprenticeship. Initially I applied for the Business Admin course however, when I was informed of the new Health Informatics course and given a brief overview of it, I was intrigued and looking forward to a new challenge. In order to gain a better understanding of what exactly ‘Health Informatics’ was I did some research and soon realised that this course looked ideal for me.

When I was doing my A-levels at college, I was unsure about what I wanted to do but knew that university wasn’t for me. Healthcare is an industry where there’s always employment and at the end of my apprenticeship, I will have a set of highly sought after skills. I was also attracted to the fact that an apprenticeship allowed me to earn, learn and have practical experience in the workplace. Another attractive aspect with undertaking an apprenticeship in the NHS is knowing that there is room to rise through the career framework.

One of the best outcomes of the apprentice journey is seeing my confidence increase day by day. I began this course as a shy person and I am amazed at how much I have developed as an individual. Both my work colleagues and my peers in college have noticed this difference. If you said to me 4 months ago that I would be able to stand in front of all of you here today, I wouldn’t have believed you. The fact that I am able to stand in front of everyone here today and speak with confidence means so much to me and it shows that I have come a long way since the beginning of this Health Informatics Programme.

The health informatics apprentices will be at HC2014 on 20 March, so come along and meet them and find out more about the apprenticeship framework.

Location: Exchange 9
Developing Informatics Workforce Capability and Professionalism at HC2014 (Exchange 9)

This stream on Thursday 20th March at HC2014 is designed to inform, motivate and offer practical ideas to delegates around:

**Priorities**

It is clear that informatics capacity and capability across health, care and support is critical to the successful implementation of national and local policy and strategy. The risk to safety and to service outcomes posed by poor informatics practice has emerged as one of key aspects of quality.

**Professionalism**

Informatics professionals are an important staff group who deserve to be recognised and valued for their contribution to the business of health, care and support. Although informatics specialists generally do not have hands-on contact with patients and service users, they do affect a person’s care and outcomes indirectly through their professional activities. Therefore, professionalisation of informatics specialists is critical to ensuring safe and effective delivery of technology-enabled, evidence-based, person-centred care and improved decision making.

**Models and Tools**

The ways we develop informatics workforce capacity, capability and composition will be crucial in how we prepare for future challenges that face us as a society across health, public health and social care and support landscapes. Approaches and tools we have can help individuals, teams, organisations and the whole health and care communities embrace new ways of working and thinking now to respond to ‘big picture’ challenges of tomorrow.

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**The Programme**

11.00 – 12.00
**Informatics – Mission Critical**
Di Millen, NHS England
Dr Glen Mason, Department of Health
Tom Denwood, HSCIC

12.00 – 12.45
**Informatics Professionalism**
Dr Gwyn Thomas, UKCHIP
Isabel Chevis, IHRIM
Justin Whatling, BCS Health

2.30 – 3.30
**Informatics Infrastructure Models**
David Anderson, SCIE
Mark Blakeman, Wirral University Hospitals
Ira Laketic-Ljubojevic, HSCIC
Alison Singleton, North West Informatics Skills Development
Matt Edwards, Centre for Workforce Intelligence
Carl Marsh, Pioneer Bid

3.30 – 4.30
**Informatics – the Tools Carrousel**
Jackie Smith, HSCIC
Bruce Elliott, HSCIC
Di Bullman, HSCIC
David Levison, HSCIC
After a successful 2013 of Health Insights one day regional conferences, Citadel Events has launched the Spring/Summer 2014 series starting on 30th April in Leeds.

The events will focus on how the Safer Hospitals, Safer Wards Technology Fund is progressing and also explore how care providers have worked with suppliers to secure funding in order to support integrated care. NHS England will deliver an update on the current initiatives providing on-going support to health and social care organisations, including the Open Source Programme. There are over 20 speakers already confirmed including **Roy Lilley, Tim Kelsey, Rt Hon Stephen Dorrell MP, Rob Webster and Anne Cooper** not to mention a number of NHS Trust Executives who will present on the benefits to clinicians and patients in relation to the innovative use of IT at their Trusts.

Spaces are limited and free to attend for health and social care professionals, to register a place visit:  www.healthinsights.co.uk
Electronic Document Management in Healthcare
Delivering a Paperless NHS
Tuesday 20 May 2014, Birmingham

Following NHS England’s commitment to a paperless NHS, this one day conference focuses on a practical guide to delivering electronic document management in your organisation. The delivery of clinical care is no longer from a single place with a single record location but from multiple sites (including the patients own home) and the electronic record needs to be available in these multiple sites.

The conference opens with a keynote address by Dr Masood Nazir Clinical Informatics Advisor NHS England and outlines a number of different strategies for the implementation of EDM and discusses key issues including the legal framework and information governance. This will be complemented by practical case studies from NHS Trusts that have implemented Electronic Document Management in practice.


A 20% discount is available to UKCHIP contacts by quoting ref: hck20UKCHIP when booking.
(*Cannot be used in conjunction with any other offer. Full T&Cs available upon request.)

A Practical Guide to Getting the most out of Delivering the Paperless and Filmless Hospital Radiology Information Systems and PACS
Tuesday 13th May 2014, London

This one day conference will not only examine how to work with PACS and RIS beyond the National Programme but will also discuss getting the most out of Radiology Information Systems and PACS through effective workflow and systems design, and how to integrate them with other Trust systems and Electronic Patient Records in the development of a paperless and filmless NHS.

There will be a focus on improving the clinical end user experience, interoperability standards, data localisation and migration and the role of information systems in moving towards a 7 day service.

The opening presentation by Dr Rhidian Bramley Chief Clinical Information Officer & Radiologist Christie Hospital NHS Trust and Member National PACS Programme Board will provide a national update looking towards a paperless and filmless hospital and also discuss further opportunities for redesigning radiology services such as 7 day working and home reporting.

http://www.healthcareconferencesuk.co.uk/radiology-information-systems-pacs
UKCHIP is the regulatory body for health informatics professionals, established to promote professionalism maintain high standards in health informatics. We are a non-profit making independent organisation.

We publish an online register of health informatics professionals who meet our clearly defined standards of competence and agree to work to a professional code of conduct.

Registration is open to anyone currently working in health informatics regardless of sector. This includes; the NHS, the private health care sector, commercial suppliers to the NHS, academic institutions, social enterprise organisations or the voluntary sector.

View and search the [online public register](http://www.ukchip.org) of accredited health informatics professionals

**Are you a team or department manager?**

- Do your team deserve recognition as the experienced professionals they are?
- How can you demonstrate to other professions, departments and organisations that you are a specialist team who always work to high standards?
- How can you encourage and support team members’ continuing professional development?

Why not support all your eligible team members to register with UKCHIP? We can provide help and guidance tailored to your organisation.

Please contact Di Bullman registrar@ukchip.net or telephone 0113 3974384 to discuss this.

We have a logo for registrants to use on their email signatures or personal website, and a free lapel badge.

If you would like a badge or copy of the logo please email admin@ukchip.net