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ACTUALITY WITH COMPUTER

GRINHAM: It's now going off to the national database and it's brought me back a match.

NORTHAM: And it's found my home address?

GRINHAM: Yes.

NORTHAM: And it's also found my NHS number?

GRINHAM: It has, yes.

NORTHAM: And it's right.
More than fifty miles away from home, the health service can now find my details at the tap of a keyboard.

GRINHAM: Okay, so it's now entered in your address, it's now put your GP.

NORTHAM: And that is my doctor.

GRINHAM: Yes, okay.

NORTHAM: The new multi-billion pound computer system being installed in the NHS in England is claimed to be the biggest civil IT project in history and, according to the team running it, will have a greater impact on health than any other single intervention over the next twenty years. Its advocates positively shine with optimism, pointing to early installations as resounding successes and promising more to come. Two years ago, File On 4 reported doctors' concerns over the way the computer project was implemented. Now we examine three of the new systems which have run into controversy, leading influential critics to fear a costly disaster.

BACON: Primary Care Trusts up and down the country, they're incredibly strapped as it is, without these additional IT costs, and the great fear is here you have a system which is ordained from the centre, it doesn't work properly and they don't have the money to pay for it anyway, and therefore you have to ask the question, what's the point?

SIGNATURE TUNE

ACTUALITY IN HEBDEN BRIDGE

NORTHAM: Early parts of the national computer system have been introduced over the past two years and have proved popular in some places. These are the precipitous streets of Hebden Bridge in the West Yorkshire Pennines, where many GPs have taken to one new project with enthusiasm. Choose and Book is the programme designed to make hospital appointments direct from the GP's surgery – as easily as you make an online holiday reservation. The national NHS team running the project proudly claims that the system is already a success, with 400,000 bookings made since its launch.

ACTUALITY WITH COMPUTER

DAVIES: Well, we're sitting here in front of the live system, and as you can see, the home screen is separated into two halves, so the left hand half allows us to actually find a patient, and on the right hand side there's a work list.

NORTHAM: Choose and Book has proved so effective with one GP here that he has become a part-time Medical Director of the NHS national computer programme. Inside his surgery, Dr Mark Davies explains the operation of the system, which he's come to think of as routine.

DAVIES: Let's just imagine I'm referring you up to hospital because your blood pressure is quite high. I click 'suggest services' and what that does is a list of services has appeared there on the screen.

NORTHAM: So there's a choice of five at a number of the local hospitals or clinics.

DAVIES: That's right. And usually at this point I'll explain that they've got an opportunity of choosing which hospital they'd like to go to.

NORTHAM: So let's assume Calderdale, shall we?

DAVIES: So I'd click the Calderdale service there, lock Calderdale, ticked, all I need to do is click 'request' button and it gives me an appointment request.

NORTHAM: Dr Davies contrasts this simplicity with the arrangement he grew up with – where GPs have to write to hospitals, requesting consultations for their patients, and the patients wait to be told when the hospital will see them. Some doctors have expressed concern over the time Choose and Book may take in their daily consultations. But Dr Davies has found this no problem.

DAVIES: In our practice we've done a considerable number of bookings with Choose and Book. I think we've done about five hundred across the eight GPs in the practice, and the GPs are of the view that it usually takes about two minutes to

NORTHAM: What has been the response of the NHS to your committee's decision that you're going to boycott Choose and Book?

BRADLEY: They are quite upset, they feel that we are being obstructive.

NORTHAM: You are being obstructive, aren't you? I mean, if you're advising GPs in this area not to use Choose and Book, that's an obstruction.

BRADLEY: In terms of what brings benefits to patients, I think actually what we're doing is being constructive. The system, as it's proposed, is worse than the existing system. If we go on blindly, without looking at the problems with the system, we will get a bad system. We should throw out those parts of it which don't work.

NORTHAM: Not all local GPs have joined this boycott. We asked the Primary Care Trusts to introduce us to a GP in Avon who has tried Choose and Book and found it successful enough to use it in their own practice. They directed us to Dr Andrew Langton in the north of Bristol.

ACTUALITY AT COMPUTER

LANGTON: I'm going to book you here and now online. I've put in a referral code, press return, and that immediately will then fire up Choose and Book.

NORTHAM: And up on the screen comes Choose and Book. In order to understand how his experience could be so much more positive than that of some other doctors, we asked Dr Langton to demonstrate the pinnacle of the system - a direct Choose and Book appointment.

LANGTON: I click on that, select that.

NORTHAM: 2.20 on the 17th July, that's what I'm hoping for.

LANGTON: You're happy with 2.20?

NORTHAM: Yes. And you start ...

LANGTON: Just as I was talking there, I clicked the printer and the machine is going off, and that will be Choose and Book. [sound of printer] This is printing out a sheet that gives you your unique booking reference number.

NORTHAM: It is.

LANGTON: Your details, the number to ring, the day of the appointment, which is ...

NORTHAM: It doesn't tell me when the appointment is.

LANGTON: That's true. This is the trouble with the Choose and Book stuff. You get it all set up, you do a demo and then it does something completely different.

NORTHAM: Why has it done that?

LANGTON: I don't know.

NORTHAM: What should have happened?

LANGTON: What normally happens is that you get the date of your appointment, the doctor who you're going to see, where you're going to see them, plus details of how to ring up in case you want to change it.

NORTHAM: But in this case actually it hasn't done that.

LANGTON: No.

NORTHAM: The widespread resistance among other local GPs is a problem for their Primary Care Trusts, given the importance the NHS in Whitehall attaches to Choose and Book. The Chief Executive of South Gloucestershire PCT,

NORTHAM cont: Penny Harris, is keen to see the principle of choice adopted by both GPs and patients. So she's trying to understand doctors' complaints about the system.

HARRIS: There were some initial teething problems but we are getting upgrades all the time, and what we've been trying to do is make sure there's adequate training for the GPs that do start to use it and for support for them. And every time there's an upgrade we're trying very hard to test it, but it's been quite a tricky system to introduce.

NORTHAM: You're not making great headway, are you? The national figures have come out breaking down by Primary Care Trusts how many referrals are being made by Choose and Book, and your Primary Care Trusts in this area are amongst the lowest in the country. I mean, your own, for example, South Gloucestershire, is 1.7% in the last four weeks. It's not quite derisory, but it's certainly not the figure you'd want.

HARRIS: It is slow, but we've actually been very keen not to make this an issue for a battle with our GPs. In terms of what my plan was, I'm actually online with that.

NORTHAM: You planned for 1.7%?

HARRIS: I planned for a very low level to start with, because we knew they were so opposed to it and we need to work with them very slowly to build up. But when patients are actually getting this choice, we're getting lots of feedback to say they're really really appreciative.

NORTHAM: We were with a GP this afternoon who is very keen on the system now. He has become a real believer and he tried to show us how it worked, and it went wrong.

HARRIS: Well, that was very unfortunate, wasn't it? With any of these systems there are occasions when they don't work well, but the most important thing is to offer a patient some choice, and that's what we need to work together to deliver.

NORTHAM: One of the hard facts about computing in the NHS is that many hospitals simply can't cope with electronic bookings from GPs' surgeries. For them, the system currently produces a hybrid arrangement for patients – they can choose, but they can't book online. Instead, they get a printout of the hospital and consultant's details and a phone number to call to make their own appointment. Appointments made in this indirect way are being included in the national statistics which the NHS makes much of, showing 400,000 Choose and Book referrals to date. In fact, only a minority of these appointments were made directly online. Two-thirds of them are still indirect. To check on the progress of the Choose and Book project in winning hearts and minds of doctors, File On 4 commissioned a survey of GPs in England from the research company, Medix. The responses reveal a considerable degree of disquiet. A very large majority, 80%, say their practices have the technology for Choose and Book. But half of those who could use it say they rarely or never do. And similarly, almost half say their experience of the system is poor or fairly poor. Only about one in five, 21%, say they find it good or fairly good. To the managers of the national computer project, known as Connecting for Health, like Dr Simon Eccles, these can't be welcome findings. Though he has found good news among the comments some doctors added to our questionnaire.

ECCLES: To quote one of the individual GPs who you surveyed, 'Choose and Book is great and I can't wait until all clinics are available on it so that my patients have full access.' That's the reason for the delay.

NORTHAM: You've picked one of seven that was positive out of 230 comments.

ECCLES: And we are responding to the concerns raised by the others. The software has been through many alterations and is now vastly better than, to be fair, somewhat clunky software we first rolled out that was taking people too long to make appointments. Well we've solved that and we will go on solving it. And yes, I

ECCLES cont: quote one GP who was positive. I have spoken to many others who are very positive, and to patients who are very positive about it.

NORTHAM: It must worry you that almost half – 49% - of the GPs in our survey said that their experience of Choose and Book was poor or fairly poor, and only 21% said it was good or fairly good.

ECCLES: Which shows the need to improve the software, as we have done, and to continue to develop it, which we're doing. It's a very new thing to be doing at the moment, and that therefore GPs are happy with it. We've convinced some, we have far from convinced all, and we will, I believe, do so over time.

NORTHAM: Given the publicity that the Connecting for Health team have generated about the Choose and Book system and its successes, is it misleading to include the two-thirds of appointments that are made by simply printing out a telephone number for the patient to phone and make the appointment themselves?

ECCLES: No, not at all.

NORTHAM: Why isn't it misleading?

ECCLES: Because this is such an improvement on the previous system, the system that other people are still having to use. You get a phone number to ring up and make an appointment at a time that suits you. That's vastly better and it's loved by patients.

NORTHAM: Choose and Book is just one of the systems Connecting for Health presents as successes. Others include a digital system for X-rays, electronic prescribing, a management analysis system and secure emails. But one part of the project the team doesn't publicise has been anything but a success, leading senior clinicians to the brink of fury. It concerns some of the most vulnerable patients and a central plank of public health protection.

ACTUALITY OF VACCINATION, BABY CRYING

NORTHAM: The childhood vaccination programme, which begins in the first months of life, represents our major national defence against a number of potentially fatal diseases. In the early nineties, the scheme began to be run in parts of North and East London by an eminently successful computer system, which sent out clinic appointments to the parents of all newborn babies. Last summer a new computer was put in by Connecting for Health and its chosen supplier for London, BT. It's known as CHIA, Child Health Interim Application. Paediatricians have spent the past year complaining about it in increasingly exasperated terms. They say it doesn't make the necessary appointments, it doesn't advise GPs of children needing vaccination, it doesn't chase up those who miss appointments, doesn't alert Health Visitors and doesn't collect data direct from clinics to ensure that records are up to date. All vital things the previous computer system did, some now dependent on staff doing them by hand. Professor Brent Taylor, consultant at the Royal Free hospital, is concerned that children may be missed, creating a serious hazard.

TAYLOR: These diseases which the vaccines prevent, are certainly very serious, they can be killing. We really are at risk of outbreaks of measles, mumps and rubella and are potentially at risk of influenza disease. If we're not adequately protected against diphtheria, tetanus and polio, these illnesses again may come back.

NORTHAM: The Connecting For Health team say that this kind of talk is unnecessarily alarmist. Are you being alarmist?

TAYLOR: I don't think we're being alarmist. I think we're being responsible. I am concerned that the Connecting For Health team are not being responsible in terms of providing us with the necessary information to allow us to do our job. And this current system, this CHIA system, one wonders whether it's fit for the purpose. Part of the problem was, it was set up by information people for managers and there really wasn't sufficient clinical input into its development, which means that all sorts of important clinical aspects have been missed.

NORTHAM: When these complaints first began to be publicised, the Connecting for Health team acknowledged that what they called 'issues' with the new system meant that some parents had not been advised of their children's immunisation

NORTHAM cont: reports can be crucial in shaping policy. But since late last year, Dr Crowcroft's statistics have been compromised by a large gap in London, where the CHIA computer has failed to provide the information she needs.

CROWCROFT: What's happened is we've stopped getting data; the statistics have just stopped from the ten PCTs affected by the implementation of CHIA.

NORTHAM: Why don't you get these data anymore?

CROWCROFT: We don't get the data because the system doesn't work, it's as simple as that.

NORTHAM: What do you mean, it doesn't work?

CROWCROFT: It so far has been unable to generate these statistics that we require to monitor the programme. These are statistics that are required by the government, they're a statutory requirement for the PCTs to return and CHIA so far just hasn't been able to generate them.

NORTHAM: Have you had a problem on this scale in the roughly twenty years that the system has been operating?

CROWCROFT: Never on this scale. It's on a scale such that we can't now produce national data and that has never happened before.

NORTHAM: Dr Crowcroft says that this means that her national records have now lost track of 24,000 children - and she can't tell if they've been vaccinated or not. The failure of the new computer system in parts of North and East London now threatens the annual national report on vaccination take-up which Dr Crowcroft is currently preparing. When problems first emerged last year, she raised a strong complaint with Connecting For Health and BT - and she's carried on raising it.

CROWCROFT: I've been involved in various groups, which involved Department of Health and Connecting for Health and have involved BT on occasions as well. I've been communicating about these problems since last

CROWCROFT: summer, so this has been raised including directly with Connecting For Health itself.

NORTHAM: And what response have you had?

CROWCROFT: I have to say that it has been extremely frustrating and so a year ago, people at local level were really shouting and screaming about this, and Connecting For Health were unaware that there was a problem.

NORTHAM: Bad news doesn't filter up to the top?

CROWCROFT: No, and then the second problem is, of course, even when it's been communicated directly with Connecting for Health, nothing happens. I've sat at meetings and said, 'Something has to happen,' and been told, 'Well, I'm afraid this isn't the right forum to raise this.' And when I've said, 'Where is the right forum?' I've been told well actually there isn't one.

NORTHAM: What does that make you think?

CROWCROFT: I think Connecting for Health has to learn some lessons before it rolls out these systems in other parts of the country, this can't happen again.

NORTHAM: File on 4 has seen an internal Department of Health document about the Child Health computer problems. It summarises the view of the Immunisation Department in Whitehall, which has made its own investigation of the CHIA system. Its conclusions are blunt.

READER IN STUDIO: CHIA has impaired the services that Child Health teams are able to provide. Key elements aren't available to users. In many cases, searching returns misleading results. It is difficult to say whether CHIA will ever be fit for purpose.

NORTHAM: Then the leaked document goes further, wondering how the national computer team could have commissioned such a system.

READER IN STUDIO: It is difficult to understand how Connecting For Health, the Strategic Health Authorities and the Primary Care Trusts came to the conclusion that BT were able to supply them with a Child Health system to meet their needs. BT did not have a track record in the field and did not have a system ready for deployment. It is therefore difficult to justify the decision.

NORTHAM: Nobody from BT was available to answer these criticisms. At Connecting For Health, one of the leading clinicians, Dr Simon Eccles, says that data production from the computer is now being put right and will be working properly in a few months time.

How do you respond to a document from the immunisation department at the Department of Health which says that they don't know whether it will ever be completely fit for purpose?

ECCLES: Well, we believe it will be fit for purpose and we have staff working flat out to try and work on it right now to ensure it delivers everything you've just been describing.

NORTHAM: The Department of Health also say it's difficult to understand how you came to the conclusion that this system should be put in, and that it's difficult to justify the decision.

ECCLES: I can't comment on the details of how the decision was made as I simply don't know, I'm afraid.

NORTHAM: Well, if it was difficult to justify the decision for the Department of Health, can you justify it now?

ECCLES: The existing system supplier was leaving the UK market. We had to do something. We have done our best and will continue to improve it.

NORTHAM: But if that's your best, then that's a worry, isn't it?

ECCLES: I don't think that's a fair criticism, given the timescale involved and the scale of the problem. Yes, there are criticisms that we cannot get the reports out straightaway. Well, the alternative was to do it all on paper. This is the back-up system to measure vaccinations across the whole of London. The children have a red book, which parents are familiar with. It records the vaccinations

NORTHAM: But what worries paediatricians is making the appointments for them to go to get their vaccinations, which their old computer system did routinely and the new one simply, they say, is incapable of doing.

ECCLES: Well it is doing it. It's absolutely fair to say it's not doing it yet as seamlessly as the previous ...

NORTHAM: Well they say it's not equipped to do it at all.

ECCLES: I can't comment on that specifically.

NORTHAM: Well that is what paediatricians have told us, that the system simply fails to send out appointments.

ECCLES: That is at variance with what I've been informed and I would have to look into it.

NORTHAM: Connecting For Health now confirm that the paediatricians are right. Contrary to Dr Eccles' claim, the CHIA computer does not make appointments for immunisation. Scheduling of vaccinations is part of another planned upgrade. The most significant change to NHS computing - the IT equivalent of the Big Bang - will come to hospitals. The project is to bring electronic record-keeping and patient administration to every hospital in England, and to link them all together with GPs' practices in a giant database known as the National Care Records Service. The idea, in the Prime Minister's much-quoted words, is that if you live in Bradford and fall ill in Birmingham, the doctor will have access to the necessary information to treat you. And already, in Birmingham and elsewhere, that dream is beginning to become reality.

ACTUALITY AT QUEEN ELIZABETH HOSPITAL

NORTHAM: There's a vast sprawling campus here at Queen Elizabeth Hospital to the south of Birmingham, and it's still growing. This year the ageing computer system has been replaced and the early stages of Tony Blair's vision have been introduced. The hospital is now linked to a national NHS database identifying every patient in the country. If you turn up here, as I have, the Project Manager, Dean Grinham, doesn't yet have your clinical record, but he can now identify you online once he's typed in your name and date of birth.

ACTUALITY AS DEAN GRINHAM DEMONSTRATES DATABASE

GRINHAM: I'm now registering and searching for Gerald Northam.

NORTHAM: Another screen comes up and says 'trace criteria.'

GRINHAM: Yes. So it's now looking for a Mr Gerald Northam, male. Okay, what it's actually saying to me here is ...

NORTHAM: It's found my home address.

GRINHAM: Yes.

NORTHAM: And it's also found my NHS number.

GRINHAM: It has, yes. If I now accept this as a trait, say yes, that's the patient I want ...

NORTHAM: That's me?

GRINHAM: That's you.

NORTHAM: Once he'd found my details on the national database, Dean Grinham showed how he could admit me for treatment.

GRINHAM: It's asking me which ward you're going to be admitted to, so I'll choose a ward.

NORTHAM: And I'm listed there as in that ward ...

GRINHAM: Yes, you are.

NORTHAM: And all the other people on that list, they're already in that ward?

GRINHAM: They are, yes. It tells me there their ID number, which is their unique ID to the hospital. It tells me their sex, how old they are, the clinician they are under, the specialty, the ward admission date and expected discharge date, if there is one.

NORTHAM: We asked if we could visit a ward in the hospital to see the computers in use by doctors and nurses. But we were told this wouldn't be allowed. We could speak only to the man who has overseen the project, the hospital's Director of IT, Andrew Haw.

HAW: It basically makes sure that we keep track of all patients that are referred to us by GPs and that we are able to manage our waiting lists and offer patients appointments when they find it most convenient to attend. And, having attended, we then write back to the GPs to explain to them what we've found and what we propose to do with those patients. So it basically enables us to keep track of patients coming in and going out and contacting their GPs again.

NORTHAM: You've got how many staff working at this hospital?

HAW: Six thousand six hundred.

NORTHAM: And will the majority of them be people who are using this system?

HAW: The majority will be in time. We have started off by enabling the first twelve hundred of those staff, who primarily face the patients in clinics, the medical secretaries and the medical records. This year we expect to train over two and a half thousand doctors and nurses in how to use the system, and obviously by then we will be more than halfway through the overall total.

NORTHAM: For the system to be of real use to doctors, of course, it will need to bring up my clinical record as quickly as it finds my NHS number. By now, hospitals were supposed to be able to do that. But the national timetable has been revised. The government has just conceded that the Care Records system won't happen before 2008, when it was due last year. This delay creates difficulty for many hospitals. As he waits for the final software from a company called iSOFT, Andrew Haw in Birmingham has installed an adaptation of an existing iSOFT system to fill the gap. Neither he nor the national team could tell us the cost of installing this interim arrangement, which has been borne by Connecting For Health. Andrew Haw does, though, have the figures for bringing the system into operation.

HAW: That's cost us around £600,000. The costs for training of end users, the converting of the old data to the new, and of that we've had external support for around 80% of that from various sources, including Connecting For Health.

NORTHAM: So the NHS has had to find £600,000 to put this system into operation this year?

HAW: Yes. And if you looked at our previous business cases for doing this type of work through our own initiative and our own funds, we would have expected over a ten year period to have paid something like £25 million to implement and use a system of this type, so the Trust feels that it's got very good value for money through the national procurement so far.

NORTHAM: When the full system becomes available, which you expect to be in a couple of years time, how much will you then have to re-spend to implement that?

HAW: I think that's difficult to estimate at this time.

NORTHAM: But there's a cost this year of some £600,000 for implementing this system. There will be another cost in perhaps two years time for bringing in a new system. That's a double charge on the NHS, isn't it?

HAW: I don't see it as that.

NORTHAM: Well, it's paid this year and then it's going to have to be paid again in two years time.

HAW: Except what we will get in two years time is much greater clinical functionality. Remember the current system is to deal with our administrative processes.

NORTHAM: Will you at that stage have to replace the system that you've just installed this year?

HAW: Basically the functions that are supported should remain the same, it's just that the look and feel may be different.

NORTHAM: But behind the screen, the system will involve a complete replacement.

HAW: That's my understanding is that iSOFT are writing the system brand new, yes.

NORTHAM: Other hospital Trusts have decided not to put in a stop-gap system, but to extend the contract for their existing computers. What effect does this have on their finances? Tony Collins, the Executive Editor of Computer Weekly, has waded through Trusts' board minutes and spoken to IT directors, trying to estimate any extra costs which may result from the delay to the Care Records Service.

COLLINS: There has been quite a big impact on the Trusts, because a lot of them have put a lot of effort into having their own systems locally ready for the national systems. Training has gone on, there have been large numbers of people employed to get ready for these national systems, and there have been substantial costs as well.

NORTHAM: What have hospitals done to cope with this delay?

COLLINS: Some of the Trusts are facing considerable difficulties because they have their existing systems that are running out of steam, so they have to have replacements, but they haven't been able to have the replacements that they've been expecting from the national programme, so they're having to – in some cases – renegotiate with their existing suppliers. That means paying them more money when they hadn't expected to be paying them anything. An example of that in Ipswich was where they were paying £600,000 a year to their existing supplier. They had thought by now that they would have a replacement from the national programme, which would in effect be free to them ...

NORTHAM: That would represent a saving of £600,000 a year then?

COLLINS: Instead of having that, they're having to pay that £600,000 for this year, but an additional £100,000 as well from the supplier.

NORTHAM: Do you mean that instead of a saving of £600,000, the Trust in Ipswich is actually paying £700,000?

COLLINS: It is, yes. It's a very large sum of money.

NORTHAM: This is an area where public spending is likely to receive more than usual scrutiny. At the end of June, the Commons Public Accounts

NORTHAM cont: Committee is holding a hearing with the top management of the project. One of the Committee's members, the Conservative MP Richard Bacon, fears that the delay in implementing the Care Records Service may indeed involve extra spending by the NHS on its hospitals.

BACON: Well at the end of the day, they have to have a system of some kind, and if they have to implement an interim system and then later, when the national programme version is ready, they have to implement that, then they are going to be paying twice to implement a system, so obviously it's going to cost a lot more.

NORTHAM: What's the financial implication for the health service?

BACON: Primary Care Trusts up and down the country don't have enough money. They're incredibly strapped as it is without these additional IT costs, and the great fear is this. Here you have a system which is ordained from the centre, which is wished upon people locally, they weren't consulted properly, and they don't have the money to pay for it anyway. And therefore you have to ask the question, what's the point?

NORTHAM: But those running Connecting For Health deny that there'll be any extra spending by the NHS because of delays. It's a sensitive issue. Inevitably, at a time when some NHS Trusts are cutting staff numbers and cancelling operations, money spent on the computer project has to be justified. The amount is huge. The government has just acknowledged to the Financial Times that the total cost could be £20 billion. In our survey, we asked GPs and hospital doctors whether they think spending on the scheme is likely to be a good use of NHS resources. Just under a fifth, 19% of them, say it is. While more than three-fifths, 62%, say it isn't likely to be a good use of money. Dr Simon Eccles of the national team remains upbeat. One former senior manager at the national programme, when I asked to characterise the condition of the state of health of the national programme, said 'severely wounded'. What do you say?

ECCLES: Fighting fit. Bringing a large software system like this into any organisation is going to be immensely disruptive at a time of huge change within the NHS and financial shortage. I'm not surprised we're taking some of the flak. We're at the most difficult phase at the moment. We've done an enormous amount of work, but relatively little of it is visible on the frontline at present. And what we will be doing is, over the course of 2006 and 2007 is getting visible product, that people suddenly appreciate what it is we've been up to. Yes, the project for the full electronic care record

ECCLES cont: is somewhat behind schedule, but it is not costing any more money than it would have done.

NORTHAM: When I asked the former senior manager what he thought about the costs, he said firstly there would inevitably be additional costs because of these delays, and his estimate is that it will be more than £1 billion cost to the NHS.

ECCLES: No, I don't believe that is the case. Indeed, we're saving a fortune by having done one national system.

NORTHAM: So one of your former senior colleagues has just got this wrong?

ECCLES: Yes. I'm afraid I have to disagree with him there. I do not feel that is remotely the case.

NORTHAM: So do you think it's possible that politicians will lose heart or even confidence in you?

ECCLES: No, I don't believe that's going to be the case.

NORTHAM: Recently, 23 leading computer science academics wrote to the Health Select Committee, highlighting a number of concerns about the NHS computer project and calling for an independent assessment of its basic technical viability. Our survey found that the great majority of doctors, 85%, agree with them. Only 4% disagree. Connecting For Health say they would welcome independent scrutiny, provided it doesn't delay the project further. The National Audit Office already has the project under review - its first, much delayed and anticipated report is expected within weeks.

SIGNATURE TUNE