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**FORWARD  
FEATURES  
2012**

### January: BI / information for commissioning

In July 2010, the government published a white paper that set out radical plans for a shake-up of the NHS. The plans have been much debated and amended, but clinical commissioning groups are still due to take over 80% of the NHS budget. CCGs will need good information systems to buy high quality, cost effective care for their populations. This special report will look at how the BI market is responding.

### February: Wireless / AIDC systems

Many NHS trusts have made significant investments in their IT infrastructure and wireless networks over the past few years. This has put them in a position to deploy auto-identification and data capture systems with the potential to improve efficiency and patient safety. Examples include systems that match medicines and blood products to patients, monitor the status and cleanliness of beds, and locate staff and equipment. This special report will look at progress – and barriers to it.

### March: Systems integration

Getting systems to work together so organisations and healthcare teams can share and use the information they contain has been a long-term goal of NHS IT. However, the drivers for systems integration have changed over time; and so have the technologies for achieving it. This special report will look at the policy and business landscape for integration and at how vendors are responding.

### April: Digital dictation

Digital dictation and voice recognition have been making steady progress in the NHS, with two thirds of trusts using digital recording and / or document production in at least some of their departments. A new framework agreement from NHS Shared Business Services is designed to help those trusts that are still using analogue tapes to make the leap. But does it encourage trusts to ask the right questions? And will it work?

### May: Document management

As the National Programme for IT in the NHS winds down, trusts are looking again at their core IT systems. Yet patient administration and electronic patient record system deployments leave a significant amount of paper in circulation. To overcome this, some trusts have started to scan-in their paper records. This special report will look at the costs and benefits.

### May: BI / financial management for acute trusts

The NHS is being asked to reorganise and to make “unprecedented” efficiency savings at the same time. This has made it imperative for NHS trust managers to understand how their organisations are performing and what that performance is costing. It has also made it imperative to communicate that information to commissioners and other stakeholders effectively. This special report will look at some of the IT and support services available.

### June: E-prescribing

Progress on e-prescribing has been slow, but the spread of wireless infrastructures and the need to improve the safety and effectiveness of NHS care has started to change things. This special report will look at the technology that is now available. It will also look at the growing body of evidence that suggests that e-prescribing can introduce new sources of error; unless its introduction is handled carefully.

### June: Digital imaging

Picture archiving and communications systems were one of the big successes of the early years of the National Programme for IT in the NHS. Nothing ever stands still, however, and as the national PACS contracts come to an end there is a fierce debate about what trusts should do next. As the UK’s radiologists get ready for UKRC in Manchester, this special report will look at the latest in PACS/RIS technology and at the options open to trusts that **want to invest in it.**

### July: BI / information for commissioning

The ‘Liberating the NHS’ white paper and the Health and Social Care Bill generated huge controversy, with plans for a shake-up for NHS commissioning. In all that controversy, the words ‘commissioning support services’ were barely mentioned, yet CSSs have emerged as important organisations. This special report will explore their structure, their role in IT support, and the information and analysis tools available to them.

### July: Telehealth

For more than a decade, telehealth has been billed as the ‘next big thing’ for the NHS, if it is to cope effectively with an ageing and more demanding population. Yet telehealth has been stuck down with ‘pilotitis.’ That should change with the end of the whole system demonstrator projects and the launch of the 3millionlives campaign by the government. This special report will look at whether telehealth is finally delivering on its promise.

### August: no special report this month

### September: Systems integration

This edition of our regular special report on systems integration will focus on acute trusts that have decided to take the portal route to electronic patient records. What developments have been made in portal technology, single sign-on, and clinical desktops? And is ‘best of breed’ a real alternative to ‘rip and replace’ when it comes to delivering a good, safe working environment for clinicians?

### September: Mental health

For a long time, it has been easy to sum up the state of the market for mental health systems in England. With a few exceptions, trusts in London and the South of England got RiO, and trusts in the North, Midlands and East waited for Lorenzo. Now things are changing, with trusts in London and the South looking to take the next steps with their IT, and trusts in the NME taking a fresh look at the way forward. This special report will look at the systems available and at which trusts are choosing what.

### October: Voice recognition

Voice recognition is traditionally associated with digital dictation systems. But there is more to it than that. Voice recognition can be used to support many document and information production processes, and to transform the way that staff interact with technology and with each other. This special report will look at the latest developments in the field and at how trusts are using these technologies now.

### October: Workforce management for acute trusts

The NHS Electronic Staff Record swept away the multitude of HR and payroll systems in use in the NHS when it became one of the first, national projects to be completed. Nothing stands still, however, and a number of specialist companies now offer trusts workforce management solutions that integrate with the ESR. Trusts are showing an increasing interest in these systems, as they seek to cut costs and improve efficiency. This special report will look at this lively market.

### November: Pathology

Laboratory staff were among the early pioneers of NHS computer use, and now they are the focus of attention again. Trusts are looking to streamline workflows and concentrate tests in regional centres to improve efficiency and safety. At the same time, some are looking to give GPs, other clinicians, and even patients direct access to their pathology services. This special report will look at the latest developments.

### December: Digital imaging, PACS / RIS

The national PACS/RIS contracts placed by the National Programme for IT in the NHS expire in 2014 and 2015. With the deadline looming, a debate is underway as to what trusts should do next. Digital imaging experts meeting at EHI Live 2011 in November are likely to discuss the importance of standards and vendor neutral archives in the new world of PACS/RIS, and this special report will look at the state of the debate.

### December: Wireless / mobile devices

Wireless networks make it much easier for healthcare professionals to access and record patient information "at the point of care" using new digital devices, including smartphones and tablet computers. What technology is really grabbing clinicians' imagination? And how can trusts manage it effectively? This special report will look at the latest innovations in both devices and network management solutions.

## Coming in 2013

### January: Business intelligence for commissioning:

EHI's six monthly special report will look at the latest IT available to support clinical commissioning groups, as the last of the authorisation waves gets ready for action in April 2013.

### January: Maternity:

Many trusts are still managing their maternity departments without specialist IT systems or modules of modern EPR systems. This special report will ask whether this is still acceptable, and look at the benefits of deploying some of the technology available.

### February: Wireless / AIDC / tracking systems:

As more and more trusts have wireless networks in place, more and more are looking at using barcoding and RFID systems to track everything from equipment to drugs and from blood to patients. This special report will look at the latest developments.

### February: Outsourcing:

As the pressure to 'do more with less' becomes ever more intense, an increasing number of trusts are looking to outsource their routine IT and analysis services. Some have already done so; but will they regret it?

### March: Systems integration:

EHI's six monthly special report on systems integration will look at the latest drivers for joining up IT services and at the technology that supports them.

### March: Special report:

Is there a topic you think should be covered in EHI's special reports? Contact Lyn Whitfield with editorial ideas and James Ingram for information on advertising.