



# E-Health Connections Nursing Workshop: Connecting to the Future

## Preparatory workbook

6<sup>th</sup> February, 2007

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# E-Health Connections Nursing Workshop: Connecting to the Future

## Introduction

This workbook contains preparatory reading and activities to be completed ahead of the Nursing Workshop on February 6, 2007. Its aim is to act as a prompt to critical reflection and imaginative engagement with the many ways in which Information Communications Technology (ICT) and the nursing task can interact. This preparatory reflection will enable you and your fellow delegates to make the fullest possible contribution on the day itself and thus to gain the most benefit from the day.

The Workshop is designed to provide a different forum for critical reflection from those with which you may be familiar. This workbook introduces you to some of the approaches and the issues that will form the substantive content of the day.

The workbook provides you with the opportunity to watch, read and think about patient stories – and to develop your own stories about the process of care and its future in a new technological age. You are free to give full rein to your own creativity – use photos, poems, songs, drawings or whatever helps you to think ‘outside the box’.

*‘We are, after all, seeking to create the future story of healthcare, and this will, in turn, be shaped by the ongoing stories – both individual and collective – of those who deliver and receive healthcare. Indeed, it may be appropriate to consider nurses, in their future role, as keepers of the stories – the personal stories of individual experience as well as the careful documentation that will safeguard patients throughout their journey.’*

Pip Hardy, 2006 ‘Proposal for planning and facilitation of a nursing visioning day’

In the days before the Workshop, try to make at least a little time to attend to those things that inspire and move you. The enormous pressures and stresses of working life within the NHS can drain creative energy and degrade our capacity for imaginative thought

*‘How wonderful it is that nobody need wait a single moment before starting to improve the world?’*

Anne Frank (1929-1945) *The Diary of Anne Frank*

*But yield who will to their separation,*

*My object in living is to unite*

*My avocation and my vocation*

*As my two eyes make one in sight.*

*Only where love and need are one,*

*And the work is play for mortal stakes,*

*Is the deed ever really done*

*For Heaven and the future's sakes.*

Robert Frost (1936) ‘Two Tramps in Mud Time’

*‘Beauty and the sense of belonging it evokes introduce us to a new standard of care--a quality of attending-- which we may extend to our sense of stewardship in creating communities of care. Perhaps in the future a well lived life will involve the shift from a focus on utility to the combined search for signs of the beautiful.’*

Michael Jones

## Aims and objectives

One key aim is to generate a number of exemplary stories from the day - stories that capture and illuminate some of the key issues, problems and transformational possibilities to which ICT gives rise. These stories will be disseminated to the wider healthcare community.

This workbook will help you prepare to contribute to the collective stories. As you go through the workbook, you will be asked to:

- reflect on the influence of creativity and technology on your life
- recognise the characteristics of a 'good' story
- tell a story about a patient
- read outside references
- reflect on your patient story and consider how it would be transformed by technology.

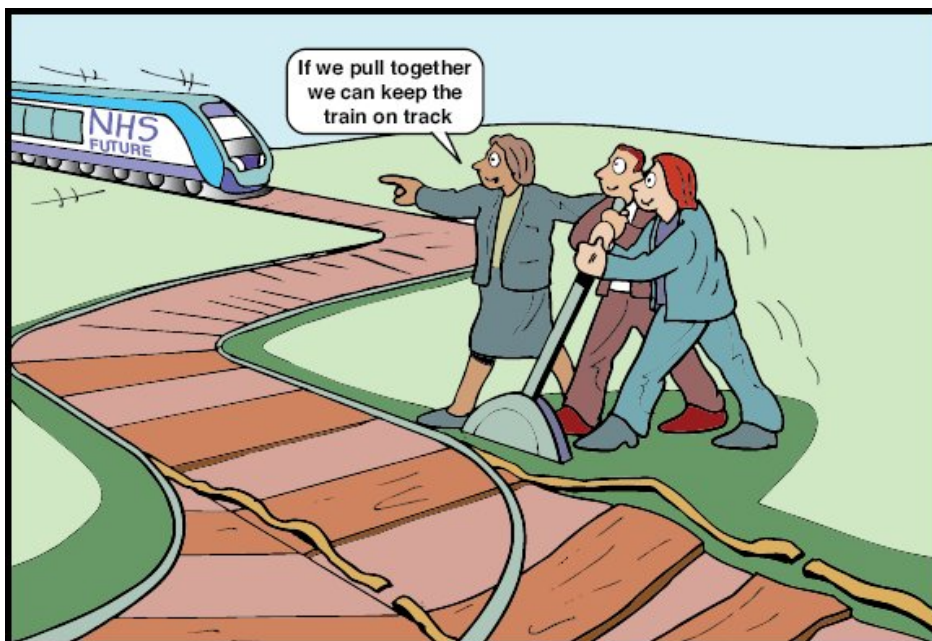
We hope that this workbook will be a stimulus to creative engagement with the topics considered and will cultivate a different approach to the day – one which is founded in creativity and openness and a willingness to share your experiences as well as your aspirations with your colleagues.

*'Find purpose, the means will follow.'*

M K Gandhi

*'To do things differently, we must see things differently. When we see things we haven't noticed before, we can ask questions we didn't know to ask before.'*

John Kelsch, Xerox



*'At times of profound structural and/or organisational change not only anxiety but energy is generated. If this energy can be channelled in positive directions, it becomes possible to challenge the tyranny of habit, to tackle chronic problems, to liberate creativity and thus to initiate radical improvements.'*

Paul Stanton, 2007

## Outcomes of the day

*'How can I help people if I don't know the right stories to tell them?'*

Jack Cash (From the film 'Walk the Line')

The day will culminate in an agreed plan of action and a set of activities that will help to move this vital work forward. In order to build on the foundation laid by the day itself, a number of participants on the day will need to commit an additional day of time to attend a workshop where the stories from the day will be refined, distilled and captured digitally so that they can be shared with the nursing profession, other health professionals, with technologists and with service users.

The follow-up storytelling workshops will offer an additional opportunity to refine the skills of storytelling and explore how these may be used in organisations as prompts to learning and engagement as well as distilling the stories from the day.

This will enable the work you do on the day to become an important element within the ongoing development of a co-produced vision of the future role of the nursing profession and the future development and impact of ICT as a transformational means to improved public service quality.

**Note: The dates for the two storytelling workshops will be 26<sup>th</sup> February and 5<sup>th</sup> March. Please consider whether you may be able to make time to attend on one of these days.**

We recognise that people work under considerable time pressure – and that it will not be easy to make the time to carry this work forward. However, those who have taken part in past workshops have found the process to be both challenging and rewarding – and the use of time to have been an investment – rather than a cost.

*'We will have an alternative means of communication which is both powerful and emotive.'*

*'I appreciate more than ever the importance of a personal perspective, and how even the most abstract presentation can be told as a personal story.'*

Workshop participant

*'To remember requires language: to heal requires story.'*

*Unarticulated, collective experience that is not allowed into the social story shows up years later as political upheaval, violence, resistance, revolution, fundamentalism, spiritualism, disconnection, apathy, and disassociation with reality.*

*But when these same experiences are shifted into language and successfully worked through, they lay the groundwork for transformative cultural development.'*

Christina Baldwin, 2005

*The narrative art in verse*  
*'Digital stories are a new medium through which narrative art can be explored and made accessible so that 'ordinary' people can articulate their extra-ordinary understandings.'*

Paul Stanton, 2007

## Using this e-workbook and the website

The e-workbook contains some tasks and activities, some quotations and readings, some policy documents and some links to websites containing relevant background information.

As you work through the activities and materials, we encourage you to share your thoughts and experiences with other workshop participants via the dedicated website, which has been set up at [www.networks.nhs.uk/](http://www.networks.nhs.uk/)

called 'Connecting to the Future'.

There you can upload and download documents and files, pose questions and offer insights, and engage in discussion with other delegates. In this way we can begin to build a community of practice and share a vision of nursing in the future as our understanding grows.

## Reading and resources

Few of us have time to read all that we might wish to. We have, therefore, divided the readings into several categories to help you plan your reading and make the most of the time you have available.

**Essential reading** – these are the minimum necessary to make the most of the day and we strongly urge you to read these materials.

**Recommended reading** – these are valuable documents which we encourage you to read if at all possible.

**Further reading** – if you are really keen, then there are additional suggestions to extend your knowledge further.

## The pre-work tasks

There are four tasks contained in the workbook. You can expect to spend between two and four hours if you engage fully with this workbook.

If you do not do this work, not only you, but also your colleagues, will be disadvantaged during the workshop sessions.

**The pre-work tasks are an essential pre-requisite to your attendance on the day.**

*'The limits of my language are the limits of my mind. All I know is what I have words for.'*

Ludwig Wittgenstein (1889-1951)

*'Dialogue is the encounter between men, mediated by the world, in order to name the world.'*

Paulo Freire, 1972 *Pedagogy of the Oppressed*

*'Only connect. Only connect the prose and the passion and both will be exalted.'*

E M Forster, 1910  
*Howards End*

*'We do not learn from experience. We learn from reflecting on experience.'*

John Dewey, 1939  
*Experience and education*

# Creativity and technology

Please begin by doing pre-work task 1.

## Pre- work task 1: think about creativity

As part of your preparation for the Visioning Day, begin with a consideration of some of the influences on your life and your work.

### 1. A profound creative influence

Think about a poem, novel, film, play, painting, etc. that has had a profound impact on the way you understand the caring task and/or the nursing role.

In the box below, describe, in a couple of sentences, the work you have in mind.

Summarise, in 100 words or less the impact it had upon you - and why.

If you wish, please feel free to share these thoughts with others, via the website.

*"Forty-two!" yelled Loonquawl.  
"Is that all you've got to show for  
seven and a half million years'  
work?"*

*"I checked it very thoroughly,"  
said the computer, "and that  
quite definitely is the answer. I  
think the problem, to be quite  
honest with you, is that you've  
never actually known what the  
question is."*

Douglas Adams ,1978  
*Hitchikers' Guide to the Galaxy*

*Nobody heard him, the dead  
man,  
But still he lay moaning:  
I was much further out than you  
thought  
And not waving but drowning.  
Poor chap, he always loved  
larking  
And now he's dead  
It must have been too cold for  
him his heart gave way,  
They said.  
Oh, no no no, it was too cold  
always  
(Still the dead one lay moaning)  
I was much too far out all my life  
And not waving but drowning.*

Stevie Smith, 1957  
*'Not waving but drowning'*

## Pre-work task 2: think about technology

### 2. A profound technological influence

Think about a technological innovation that has had a profound impact (since the millennium) on

- a) your personal life
- b) your working life.

Describe the innovations in a couple of sentences.

Summarise, in not more than 100 words in each case, the impact it has had upon you, and why.

If you wish, please feel free to share your thoughts with others, via the website.

*'Convivial tools are those which give each person who uses them the greatest opportunity to enrich the environment with the fruits of his or her vision.'*

Ivan Illich, 1973 *Tools for Conviviality*

*'More and more I come to value charity and love of one's fellow being above everything else... All our lauded technological progress--our very civilization--is like the axe in the hand of the pathological criminal.'*

Albert Einstein (1879-1955)

## Activity

Technology should always be a means – rather than a self defining end. This activity will give you an opportunity to think about the impact technology can have on ordinary, everyday stories.

Keeping patients safe lies at the heart of what nurses do. Documentation plays a key role in ensuring patients' safety. Consider what happens when there is a failure of communication.

As a full-time carer, Monica Clarke was intimately acquainted with all aspects of her husband's condition following a stroke that left him without the power of speech. He relied on her to convey important information to the medical professionals. Monica relates her experience of handing over to the paramedics when her husband is taken into hospital in an ambulance. Upon arrival at the hospital, the paramedics fail to inform hospital staff that John is allergic to penicillin. Monica is never asked for any information.

Please watch Monica's digital story, called 'A part of the team' at [www.patientvoices.org.uk](http://www.patientvoices.org.uk)

You will need Windows media player in order to play it.

When you have watched it, give some thought to the following questions:

1. How does the story make you feel?
2. What does it make you think?
3. What does it make you want to do now?
4. How could this situation have been prevented?
5. What part could new technologies and information systems play in this scenario?

*Adapted from 'Dynamic Documentation' part of the RCN Learning Zone. Written by Pip Hardy, 2005*

*'Assure a substantial flow of vital information ... so that the information derived would be helpful to all and harmful to none'.*

Bobbie R Allen, quoted in R Hardy, 1990 *Callback: NASA's Aviation Safety Reporting System*

*'Listen deeply. Tell stories.'*

Center for Digital Storytelling  
[www.storycenter.org](http://www.storycenter.org)

## Reflect on stories

Stories are powerful learning resources both for storytellers and for their many and multiple audiences.

Capturing stories digitally enables them to be shared and to be used to illuminate a number of issues that may otherwise appear to be dry, arid and remote. At their best they are what Brendan Routledge (2004) calls *'powerpoint for the soul'*.

But, what makes a good story? Most of us instinctively recognise and respond to a 'good story', but we may not have thought much about the elements that generate its impact... You might begin by asking yourself what differentiates a story from a set of case notes, or a list of events?

### Activity

Please go to the Patient Voices website ([www.patientvoices.org.uk](http://www.patientvoices.org.uk)) and look at the following three stories.

- Joan Spurden's 'My Michael' (Carers' Resource)
- Andrew's 'Fast, appropriate responses' (Reconnecting with Life)
- Mike Barton's 'The Nurse's Tale' (Connecting for Health)

After you have finished viewing each one, please ask yourself (and note your answers to) the following questions:

- 1 How does the story make you feel?
- 2 What does the story make you think?
- 3 What do you think needs to be done now, as a result of seeing the story?
4. What was it about the story that made it memorable?

*'Reflection is as natural – and as necessary – as breathing ... or telling stories.'*

Joe Lambert, Centre for Digital Storytelling

*'Patient Voices are a distillation – they capture the spirit of the story.'*

Paul Stanton, 2006

## Patients at the heart of healthcare

The work of the NHS is to commission and to provide care for patients. With patients and local communities central to the Government's system reform agenda, it is crucial to focus on patients and their carers – to place them at the very heart of care, and therefore to ensure that any consideration of ICT engages patients actively and focuses upon the patient experience.

*'The NHS Plan sets out our ambitions to create a patient-centred NHS. Our vision is to move away from an outdated system towards a new model where the voice of the patient is heard through every level of the service, acting as a powerful lever for change and improvement. Our goal is to move away from a paternalistic model of decision making towards a model of partnership, whereby citizens have a greater connection with their local services, and have a say in how they are designed, developed and delivered.'*

Department of Health, 2002 *Shifting the Balance of Power: Securing Delivery*

As part of your preparation for the workshop, please take every opportunity to look at issues through the eyes of patients and to read, view and respond to patient stories that convey poignant messages about care (such as the digital stories mentioned above and those identified below)

### Pre-work task 3: Follow a patient journey

Think about a patient – it could be a patient of yours, or a friend, relative or someone you know. Alternatively, you may want to reflect upon your own experience as a carer for a friend or relative. Try not draw on your own experience as a patient. Although we are all registered with the NHS from birth and thus, as healthcare professionals, are dual stakeholders, our knowledge of and our links to the system can change our perspective and affect the power dynamic – in ways that are sometimes subtle and sometimes dramatic.

You do not need to be concerned with the details of the patient's condition – we are focusing on the patient's journey rather than on the reasons for it.

Consider this patient's experience of care. Locate that within the context of the patient's whole life. In other words, think about all the people who are touched and affected by their health problem (family, friends, carers, colleagues, etc)

*'It is very easy to tell the story that we want to tell to make our own point and not necessarily 'listen' to and learn from others point of views.'*

Patient Voices workshop participant (2006)

*'Patients make two types of journey – disease journeys and healthcare journeys. The disease journey progresses through diagnosis to treatment, which leads to cure or lifelong co-existence. The healthcare journey is punctuated by events like consultations, operations and prescriptions, and each journey is unique.'*

J. Muir Gray, 2002  
*The Resourceful Patient*

Then think about how many organisations and how many health and other caring professionals they come into contact with in the course of their journey. To what extent is the patient's experience a seamless transition or to what extent are there unintended discontinuities or dislocations in their care?

Finally, think about the processes and outcomes of care, BUT think about the patient's experiences as a story and not simply as a case study of events and treatments.

Although all of us have grown up with stories, in helping to frame the patient story, it may be helpful to reflect on the characteristics of stories.

*'The foundation of a story is an emotional foundation. If a story does not work emotionally, it does not work at all. The emotion in question is not the point; be it love, envy or apathy, so long as it is conveyed in a convincing manner, then the story will come alive. But a story must also stimulate the mind if it does not want to fade from memory. Intellect rooted in emotion, emotion structured by intellect – in other words, a good idea that moves – that was my lofty aim.'*

Yann Martel, 2005 *The Facts Behind the Helsinki Roccamatios*

Now tell your patient's story in words, pictures, photos, audio or video.

Reflect on what you have learned. To what extent does the patient's journey reflect what Paul Stanton (2003) has referred to as the *values* of clinically governed care, i.e.

- 1 humanity
- 2 equity
- 3 justice
- 4 respect?

Please be prepared to share your story with colleagues at the Workshop and to reflect upon and refine it with them. It will form an important focus for thinking about some of the future possibilities and changes that could be opened up through the sensitive application of new technologies and information systems.

*'What did I learn from the workshop?'*

*- the importance of feelings and passion in telling a story*

*- the importance of the individual's unique perspective'*

Patient Voices workshop participant (2006)

*'A story with the sense of value [and personal meaning] taken out would simply be a list of events, not unlike a case history.'*

Pip Hardy and Ross Scrivener (2003) 'Time + value = story'

*'Each affects the other and the other affects the next, and the world is full of stories, but the stories are all one.'*

Mitch Albom, 2003 *The Five People you Meet in Heaven*

## The future of care

Now turn your attention to the future of care. The government is committed to profound reform of all of our public services to make them more responsive to the emerging needs of individuals and local communities in the 21<sup>st</sup> century. The landscape of care is changing. Greater emphasis upon whole system thinking, the promotion of health and well being, needs-led NHS commissioning and a pluralist market place in health and social care provision inevitably generate profound and far reaching change. The structural architecture of the NHS has altered dramatically and further reconfiguration in models, patterns and locations of care seem inevitable. These changes, alongside profound demographic, socio-political and technological developments will pose major challenges to long standing assumptions about the nature of professional roles and tasks.

Included with this work book is Dame June Clark's C2 paper – which forms essential pre-reading for the conference. (You may also want to read the fuller version of June Clark's ideas, entitled *The impact of ICT on health*.)

Perhaps one of the greatest challenges in harnessing the power of new technologies in the interests of improved safety and quality of care is that posed by the need (and a statutory duty under Section 11 of the Health & Social Care Act 2002) to involve patients and local communities at all stages in the planning, development, implementation and evaluation of these innovations and developments.

Just as the 'co-production' of solutions to the challenge of long term conditions can transform the quality of life and of service provision (see 'The Year of Care' Degeling et al 2006), so tri-partite partnerships between nurses, service users and technologists can ensure that technology is a flexible servant of individual and professional need – rather than appearing to become a remote and tyrannical master.

*'My best advice to health providers is to think of us as partners. Treat us like partners. Tell us that you need our help too. You might think about setting up training sessions to help staff know how to ask questions that get the best answers. .... We need to take responsibility also. We need to learn to ask questions better. I would recommend more training for us. Remember we want to be part of the solution.'*

Toni Cordell, Adult Learner and Literacy advocate  
www.tonicordell.com

*'Having to cope with constant organisational change, at the same as continuing to cope with the unchanging demands of responding to the needs of the vulnerable and the sick, can leave professionals feeling lost in familiar places.'*

Shapiro and Carr, 1991  
*Lost in Familiar Places: Creating new Connections Between the Individual and Society*

*And the one throwing the lifebelt,  
Even he needs help at times  
Stranded on the beach  
Terrified of the waves.*

Brian Patten (1946- )

*'Patients should have 'choice, voice and control' at every stage of their care.'*

Department of Health, 2000 *The NHS Cancer Plan*

## Pre-work task 4: the impact of new technologies

Begin to think about the contribution and impact of new technologies and the 'information revolution' on the process of care, on the nature of the relationship between service users and service providers and on the professional nursing identity and task.

Reflect, in particular, on the potential impact of new technology on the patient experience, and on stories such as the one you have told. Here are some questions to prompt your thinking – add to them other questions that you would wish to pose.

- 1 How will new technologies and information systems change all of our lives?
2. How might new technologies promote health and well being and prevent episodes of ill health?
3. How might new technologies enable patients and professionals to manage the treatment of illness more effectively?
- 4 How will the interface between health and social care systems and new technologies and information systems change the nature and processes of care?
- 5 How will that interface change the nature of the role and competence set of the nursing profession and other professional groups?

*'The principle of continuity of experience means that every experience both takes up something from those which have gone before and modifies in some way the quality of those which come after ...'*

Dewey, 1938

*'Tele-informatics "presents new opportunities to deliver and configure services and...new opportunities for professional development"...If we are to realize [its] potential, we must be willing to communicate and work across professional and organisational boundaries.'*

May, C, Finch, T, Mair, F, Mort, M (2005) 'Towards a Wireless Patient: Chronic Illness, Scarce Care and Technological Innovation in the United Kingdom'

Your own additional questions:

In the first workshop session of the day you will be invited to share your patient story. Your workshop group will select two stories that have the potential to capture the transformational possibilities presented by new technologies and identify two storytellers who are able and willing to participate in one of the follow up Storytelling days.

In the second workshop session, , small groups, will help the nominated storytellers to refine the stories, to identify the ways in which ICT could profoundly improve the quality and outcome of care – and map the challenges that will need to be overcome if this potential is to be realised.

There are many examples of patients, carers and professionals telling their stories at [www.patientvoices.org.uk](http://www.patientvoices.org.uk)

NB If you use a Macintosh, please go to 'The Stories' page, where you will find instructions about how to download the software you will need to view the stories.

In particular, you may like to watch:

- Ian Kramer's 'Measured innovation: working together' (Ian Kramer's stories)
- Monica Clarke's 'Nobody told me' (Monica Clarke's stories)
- Graham Williamson's 'A permanent holiday' (Carers' Resource)
- Bernie Cottam's 'Imagine a world...' (RCN PDF stories)
- Carolyn Basak's 'A world of difference' (RCN PDF stories)
- Sue Brown's 'She always liked to feel useful (RCN Quality Improvement Programme)
- Mike Connolly's 'Getting the balance right' (HIP stories)
- Marilyn Kramer's 'A tribute to St Nicholas' Hospice (Pilgrim Projects stories)
- Iain Norrie's '60 seconds' (NHS Tayside)
- Derek Whitehead's 'Imagine' (Reconnecting with Life)

You may also, as a bit of light entertainment, enjoy watching 'The Dormouse and the Doctor' (Pilgrim Projects stories) which offers some insight into the relationship between patients and professionals and the unintended damage that can occur when patients are denied choice, voice and control.

*'The role of the nurse of the future will encompass elements of social education and the key question, therefore is, how can new technology support the nurse in this element of his/her role and, more generally, how can it support citizens in their ownership of and quest for sustained health and well-being?'*

Paul Stanton, 2007

*'One of the hardest things in life is having words in your heart that you can't utter.'*

James Earl Jones

*'I believe the notion of story, transformative reflection, and the capacities of computing machine being forged together into some sort of new life management process is catching on with people.'*

Joe Lambert, 2000

## Summary

This workbook is intended to be helpful and stimulating. We hope you will be encouraged to participate in the online community established to take this work forward.

We will ask you, in the wake of the conference, to critique it and to contribute your own ideas as to how it could be improved so that it could become a source of critical reflection and learning for nurses at all levels within the NHS and within other provider organisations.

If you have worked through the tasks and the activities, and done some of the reading, you will be well-prepared to take an active part in the e-Health Connections Nursing Workshop: Connecting to the future, and play a key role in shaping the future of nursing in the 21<sup>st</sup> century.

In the meantime, you might like to note some of your reflections on the process of working through this workbook in the space below.

*'The hallmark of a community of truth is in its claim that reality is a web of communal relationships, and we can know reality only by being in community with it.'*

Parker Palmer, 1998 *The Courage to Teach*

# Reading and resources

This list has been compiled to help you make the most of the workshop day itself, but also to whet your appetite for further reading. You will find links to most documents and several documents, including the two essential articles by Dame June Clark, can be downloaded from the 'Connecting to the Future' network at [www.networks.nhs.uk](http://www.networks.nhs.uk)

## Essential reading

Clark, C (2006) The impact of ICT on health

*The document can be downloaded from the 'Connecting to the future' network at [www.networks.nhs.uk](http://www.networks.nhs.uk)*

Clark, J (2007) C2 Culture change

*The document can be downloaded from the 'Connecting to the future' network at [www.networks.nhs.uk](http://www.networks.nhs.uk)*

The National Programme for IT Implementation Guide (VERSION 4.1 Dec 2006)

[www.connectingforhealth.nhs.uk/implementation/](http://www.connectingforhealth.nhs.uk/implementation/)

## Recommended reading

BT (2006) Vital Life <http://btplc.com/Innovation/HelpingSociety/health/health.pdf>

[www.networks.nhs.uk](http://www.networks.nhs.uk)

*Systematic application and mass customisation of current technology to individual needs.*

Cayton, H (2007) 'Mediocre no more' Society Guardian

<http://society.guardian.co.uk:80/health/story/0,,1991632,00.html>

*Shows how patient entrepreneurs can shape health services around their needs and includes interesting case studies that illustrate how patients can lead change.*

Connecting for Health (2005) *Global Vision, Local Insight: Report for the World Summit on the Information Society* WHO [www.who.int/ehealth/resources/countries/wsis\\_country\\_profiles.pdf](http://www.who.int/ehealth/resources/countries/wsis_country_profiles.pdf)

Connecting for Health (2006) 'Tele-informatics' I: Using Technology to Traverse Space at the Speed of Care [www.connectingforhealth.nhs.uk/worldview/protti12?searchterm=ehealth](http://www.connectingforhealth.nhs.uk/worldview/protti12?searchterm=ehealth)

Connecting for Health (2006) Tele-informatics II: An Information Renaissance in Healthcare

[www.connectingforhealth.nhs.uk/worldview/protti13?searchterm=ehealth](http://www.connectingforhealth.nhs.uk/worldview/protti13?searchterm=ehealth)

*These two reports take a look at the potential of ICT to solve health challenges across the globe.*

Department of Health (2002) *Delivering 21<sup>st</sup> century IT support for the NHS*

[http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT\\_ID=4008227&chk=8ivkEI](http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4008227&chk=8ivkEI)

Department of Health (2006) *NHS Operating Framework 2007-2008*

[http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT\\_ID=4141091&chk=JENnyc](http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4141091&chk=JENnyc)

Department of Health (2007) *Equality and Human Rights in the NHS – A Guide for NHS Boards*

<http://www.dh.gov.uk/PolicyAndGuidance/EqualityAndHumanRights/fs/en>

Farrington-Douglas, J and Brooks, R (2007) *The future hospital – the progressive case for change*

Institute for Public Policy Research

[www.ippr.org.uk/members/download.asp?f=%2Fecomm%2Ffiles%2Ffuture%5Fhospital%2Epdf](http://www.ippr.org.uk/members/download.asp?f=%2Fecomm%2Ffiles%2Ffuture%5Fhospital%2Epdf)

Gray, JM (2002) *The Resourceful Patient* [www.resourcefulpatient.org/](http://www.resourcefulpatient.org/)

Hardy, P and Scrivener, R (2003) 'Time + Value = story' extract from *Clinical Governance Matters* an

online module published by UKHEP [www.city.ac.uk/ukhep/](http://www.city.ac.uk/ukhep/)

*The document can be downloaded from the 'Connecting to the future' network at [www.networks.nhs.uk](http://www.networks.nhs.uk)*

RCN (2004) *The future nurse, the future patient* (an RCN document)

[www.rcn.org.uk/aboutus/policy/futurenurse.php](http://www.rcn.org.uk/aboutus/policy/futurenurse.php)

RCN (2004) *The future nurse: the RCN vision* [www.rcn.org.uk/aboutus/policy/futurenurse.php](http://www.rcn.org.uk/aboutus/policy/futurenurse.php)

RCN (2004) *The future nurse: the vision explained* [www.rcn.org.uk/aboutus/policy/futurenurse.php](http://www.rcn.org.uk/aboutus/policy/futurenurse.php)

RCN (2006) *e-Health – Putting information at the heart of nursing care* CN

[http://www.rcn.org.uk/publications/pdf/e\\_health.pdf](http://www.rcn.org.uk/publications/pdf/e_health.pdf)

Royal Society (2006) *Digital healthcare: the impact of information and communication technologies on health and healthcare* [www.royalsoc.ac.uk/displaypagedoc.asp?id=23425](http://www.royalsoc.ac.uk/displaypagedoc.asp?id=23425)

Stanton, P (2003) *The Strategic Leadership of Clinical Governance in PCTs*. National Clinical Governance Support Team, especially Section 2: Clinical Governance – An Overview

[www.pilgrimprojects.co.uk/clients/nhsma.htm](http://www.pilgrimprojects.co.uk/clients/nhsma.htm)

## Further reading

Boyle, D Mulgan, G and Ali, R (2006) *Life begins at sixty: what kind of NHS after 2008?* Young Foundation

[www.youngfoundation.org.uk](http://www.youngfoundation.org.uk)

*Looks at some of the current challenges in the NHS and new approaches including co-production and community based self help. Raises the question of what would a national wellness service look like? The report is published by nef (the new economics foundations) and the Young Foundation.*

Degeling, P Close, H and Degeling, D (2006) *A report on the development and implementation of co-produced, year based integrated care pathways to improve service provision to people with long term conditions*. Durham University Centre for Clinical Management Development [www.networks.nhs.uk](http://www.networks.nhs.uk)

*Part of The Year of Care programme, this paper looks at co-production of healthcare.*

*The document can be downloaded from the 'Connecting to the future' network at [www.networks.nhs.uk](http://www.networks.nhs.uk)*

Fadiman, A (1997) *The Spirit Catches You and You Fall Down*. Farrar, Straus and Giroux.  
*Can technology help to resolve differences in culture and language?*

Frumkin, H. Frank, L. and Jackson, R. *Urban sprawl and public health: Designing, planning and building for healthy communities*. Island Press.

*This book takes a holistic approach to health, examining the extent to which our environment predisposes us to an ever-increasing range of long-term conditions.*

## Websites and other resources

NHS Networks [www.networks.nhs.uk](http://www.networks.nhs.uk)

Connecting for Health [www.connectingforhealth.nhs.uk/](http://www.connectingforhealth.nhs.uk/)

E-Health Insider newsletter  
[www.e-health-insider.com/index.cfm](http://www.e-health-insider.com/index.cfm)

Europa e-Health [http://europa.eu.int/information\\_society/eeurope/2005/all\\_about/ehealth/index\\_en.htm](http://europa.eu.int/information_society/eeurope/2005/all_about/ehealth/index_en.htm)

Journal of Medical Internet Research – What is e-health?  
<http://www.jmir.org/2001/2/e20/>

NHS Local Ownership Programme (NLOP) The National Programme for IT Implementation Guide (VERSION 4.1 Dec 2006) [www.connectingforhealth.nhs.uk/search?SearchableText=NLOP](http://www.connectingforhealth.nhs.uk/search?SearchableText=NLOP)

Ruban, B (2006) 'New connections, new opportunities, new ways of working'  
<http://etdevents.connectingforhealth.nhs.uk/eventmanager/uploads/nhscfhnewconnections morningsession 181005.ppt#261,23,New Ways of Working>

The Patient Voices Programme [www.patientvoices.org.uk](http://www.patientvoices.org.uk)

Wikipedia definition of e-health  
<http://en.wikipedia.org/wiki/EHealth>

Wikipedia definition of NPfIT  
[http://en.wikipedia.org/wiki/National\\_Programme\\_for\\_IT](http://en.wikipedia.org/wiki/National_Programme_for_IT)