

# **Open Source and the NHS**

**What happens if your supplier goes bust?**

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# The Project

- It was a straightforward PAS replacement;
- Despite problems, it was a financial success;
- There were, and still are, risks;
- But there are considerable advantages;
- The source is free within NHS, but....
- Sadly, we are planning to retire it soon.

# **It did not work out as planned**

- We did a proper NHS procurement – a little quicker than normal
- Key functionality was below UK standards
- Bugs had not been fixed
- The supplier was chasing larger contracts
- Our only option was to fix the bugs, and develop it ourselves

# A financial success

- We bought the development licence for £15k, but then saved min. £30k pa
- We contracted with 2 other Trusts to support their versions of the software, and grew our team;
- We developed new modules at a fraction the price of commercial products
- And it is all fully integrated

# **A system success**

- In 1994 we started with a basic PAS
- By 2001 we almost had an EPR3
- 1996 and 1997 winner at Healthcare Computing
- E-Prescriptions and discharge summaries part of junior doctors induction since 1995

# Risks

- Staff turnover, and obsolete skill set;
- Trust now has savings targets;
- Needs support from the top, and proper IT representation at Board;
- Technology is (relatively) easy - commitment needed to change how an organisation works
- Programmers are better paid than nurses.

# Advantages

- Rapid application development – keeps up with the changing business
- Extremely cost effective
- Single database – no integration issues
- Year 2000 conversion was a breeze
- Web-enabled development
- Copyright NOC

# Change in Strategy

- Funding cut
- No chance of developing successor inhouse
- Other Trusts moving onto other solutions
- EPR procurement through collaboration
- NHS targets will be achieved without sticking to sound IM&T principles!
- So, due for retirement by 2005