Doctors, pharmacists and others are interested in improving current healthcare. For example, many hope to move from a doctor-centred model of care to a more patient-centred approach. Using health information technology (HIT) is seen as a very important part of making these changes happen in our healthcare services. However, English hospitals are being slower to take up HIT than might be expected, and the authors of this paper seek to explore why this is so.

The authors review a number of factors that have contributed to the successes of HIT in English hospitals in recent years, and point out the complex challenges to hospitals of setting up HIT systems. They review possible future developments from HIT, such as: increased patient involvement; the sharing of medical records; more patient-centred and integrated care for patients; using smart devices; sharing of health-related datasets; and new uses for those data. They argue that HIT systems should be viewed as aids to doctors and also as an important source of data to support re-designing healthcare services. This is known as a Learning Health Systems (LHS) approach. In the LHS approach, different computer systems are linked with each other and share databases of information in order to make improvements to medical practice and to patient care. According to the authors, implementing HIT is a ‘work in progress’ which will aim to tackle new challenges as well as possible through taking a LHS approach.

The authors conclude that healthcare professionals need to understand that HIT systems are not final products but rather they are tools to help with a never-ending task of improving health outcomes.