The man with the IT plan

Assailed by critics, battered by rising costs, and investigated by the National Audit Office, the multibillion pound attempt to utilise 21st century information technology in storing patients' records, booking appointments, and handling prescriptions is not having an easy ride. The man ultimately responsible for the scheme is **Richard Granger**

"Three years ago, quite a lot of people were of the opinion that this was mission impossible. It was just absolutely not achievable." The man speaking is Richard Granger. The allegedly unachievable goal is the national plan to revolutionise the NHS's information technology. And the people with the negative view of its likely success include a great many doctors.

Or rather: included (past tense). Three years on, Granger—the information technology supremo at the Department of Health—thinks that many more doctors have come to accept that it can be done. Their earlier scepticism, he concedes, was justified. "Computer systems are inordinately difficult to introduce into complex clinical settings. This is not like putting in a transaction processing system for a bank." But now, he claims, the debate has moved from mission impossible to a more informed discussion about methods, approaches, and priorities.

Revamping and expanding the NHS's entire information system in England was never a task for the faint hearted, but it's what Richard Granger took on in 2002 when he became the first director of the national programme for information technology. Since transformed into an "arm's length" executive agency, his all singing, all dancing, and eventually (we hope) all functioning enterprise has acquired the whizzier name of "Connecting for Health." The intentions, though, remain the same: an electronic system for booking appointments, transmitting prescriptions, and storing patients' records.

It's a colossal project, even for the man whose previous task was the organisation of London's congestion charging scheme, in which number plates

of cars driven into the city centre are filmed and drivers charged an £8 fee.

So does his current job lose him sleep at nights? "I'm not someone who wakes in the night worrying about things. I'm someone who works through the night dealing with things." That said, he does liken his past experiences to walking in the foothills and then being faced with Mount Everest. "It is without precedent in terms of the scale."

Surprisingly, perhaps, the past failure of so many large scale government computer projects doesn't disconcert him. But then he doesn't accept that many have failed. "A small number get reported as having problems—which are usually transient."

He responds to questions obliquely with facts or anecdotes that don't so much supply an answer as offer you the evidence from which you can draw your own conclusions. When I press the point about public sector computing he leans over to his

briefcase and pulls out a slim, dark red booklet. "I refer you to this. Have you applied for a passport recently?" I haven't, but my wife has. The process used to take up to three months, and heaven help anyone who needed to travel at short notice. This time it was easy and efficient, I admitted, adding what all journalists know: that initial failure makes more column inches than subsequent success. "Thank you," he smiles. "I rest my case."

His assessment of the current state of progress in Connecting for Health is cautious. "You have a plan. It tells you where you should be. But you get asked to do things that weren't on the plan, and it has a displacement effect." It makes you late, in other words. The choose and book appointment system, for example, has fallen behind schedule. Granger's observations on the obstacles to progress can be construed, with more or less equal force, as self evident or as self serving.

But many things, he says, have been delivered according to the plan—new GP network

NHS in which information is handled digitally. And not just in England, the region for which Granger is responsible; Scotland, Wales, and Northern Ireland too are installing systems of similar ambition.

Granger's first job, in 1987, after a degree in geology from Bristol University, was in the oil industry. It involved collecting data from sensors around and beneath the rigs. This highly particular experience of information technology was enough to convince him that it was going to be a powerful and general influence. Two years later he left to join Andersen Consulting, working on the computerisation of the UK's social security benefit system. In 1998 he became a partner in Deloitte Consulting, where he organised London's congestion charging scheme.

In spite of the scepticism that greeted its announcement the charging scheme worked. But, as Granger is well aware, computer technology is still prone to failure. Indeed, he says, information technology as a whole is still an immature industry. He talks of Joseph Bazalgette's construction of some of the main arteries of London's Victorian sewage system. Bazalgette succeeded, even though the best of 19th century materials hardly compare with what's now available. "Information technology in 2005 is in a fairly similar state to civil engineering in 1860," he says.

Some people—not least those suppliers who've failed to meet their obligations—see him as ruthless. Are they right? He laughs and talks of the commitment and enthusiasm of his core team. But he owns up to "a range of behaviours attuned to what's necessary to achieve things."

His career has never had what he calls "a predetermined narrative." In his oil industry days he never imagined wearing a suit and sitting in a Whitehall office. He doesn't deny that the job has been physically and psychologically stressful. So will he stay with it? He says he'd be reluctant to leave before it's clear that only the detail remains to be sorted out. "We've got a long, long way to go. This is a 10 year programme, and we're not yet on the top of the mountain." □

Geoff Watts *London*

For further information see www.connectingforhealth.nhs.uk