CHAPTER 14

Capacity

Capacity and capability are challenges for e-health investment in most countries. Indeed, these aspects set a greater challenge than the availability of finance for many EC countries (EC, 2009b). While capacity is a shared challenge, each country should set up its own measures to deal with it. At its simplest, the strategy is to employ more people with the required skills and knowledge. Success depends on a viable strategy, a plan, then action, as with the example below. When capacity needs enhancing for several parts of an e-health policy and strategy loop, what is already a complex issue becomes even more so.

Six areas for capacity development are leadership, ICT priorities, change, the e-health investment plan, implementation and benefits realisation. Developing e-health leadership as a first priority can often ensure that organisations are able to expand capacity in other areas.

Illustrative capacity strategy – there are several components. They should look forward about ten years and include strategies to:

- Develop e-health leaders who can engage and collaborate with stakeholders, especially healthcare professionals, and take and control effective e-health investment decisions through programme management
- Develop healthcare professionals to contribute to e-health investment, especially engagement and organisational change
- Develop rapid response technical support teams for all e-health initiatives
- Recruit, train, reward and retain people with health informatics skills and qualifications, and develop their skills in e-health
- Recruit, train, reward and retain people with programme and project management qualifications, and develop their skills in e-health
- Recruit, train, reward and retain people with ICT qualifications and skills such as ICT evaluation, implementation, operation and support, and develop their skills in e-health
- Recruit, train, reward and retain people with programme and project management qualifications, and develop their skills in e-health
- Recruit, train, reward and retain people with ICT procurement skills
- Invest in continuous awareness of ICT opportunities for health and healthcare
- Invest in e-learning as a resource to develop capacity.

Illustrative capacity plan – the components include to:

- Identify numbers of leaders and specialists needed for e-health over the next ten years
- Set up continuous e-health learning groups for executive and clinical leaders
- Work with ministries for technologies to set up ICT and e-health training facilities with local universities
- Set up a rapid response technical support team for current and planned e-health initiatives
- Work with ministries for technologies to set up programme and project management training facilities with local providers working within the principles of the Association of Project Managers[8]
- Create new reward packages for ICT and project managers to ensure their retention
- Set up a continuous database of ICT possibilities and opportunities for e-health, drawing from global initiatives and possibly shared with other countries
- Set up arrangements to train all the types of skills identified in the capacity strategy
- Set up e-learning facilities for e-health as part of life-long learning initiatives
- Sustain partnership working with healthcare professionals' organisations, other ministries, all types of healthcare provider organisations, ICT suppliers and education institutes and organisations.

Illustrative capacity action – the components include to:

- Convert plan into firm deliverables
- Implement financing and budget packages with appropriate stakeholders to support the capacity plan
- Agree training services from local universities, colleges and e-learning providers for skills such as programme and project management
- Recruit, train and retain people with the new skills identified in the capacity strategy, and assign them to projects as soon as they are available
- Assign the e-health workforce to a continuous e-health learning programme
- Integrate people with new e-health skills and knowledge into the workforce, especially working alongside doctors, nurses and other healthcare professionals.

Action should roll out to the points where citizens, patients and carers deal with health and healthcare activities, rather than from centralised initiatives. This should help to gain local ownership that can lead to sustainable capacity.

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8. See: www.apm.org.uk [last accessed 3 August 2010].