



E-Learning for Health: A Discussion Paper Analysis of responses to NHSU's / Strategic Health Authorities' E-Learning Consultation

Introduction:

An on-line consultation on proposals for inclusion in a national e-Learning strategy for the NHS was conducted from 30th March 2004 to 26th May 2004. A diverse range of organisations and stakeholders commented on the proposals. A total of 88 responses were received from a variety of stakeholders including Strategic Health Authorities, NHSU staff from regional offices, NHS Trusts, Education Sector and commercial education providers. In addition specific feedback on the proposals had already been received by members of a Strategy Reference Group, set up to inform the development of the strategy.

A summary of the key findings has been extracted, this is then followed by a more detailed analysis of responses to each question. The number of respondents to each question is indicated at the end of the question. It should be noted that some respondents gave more than one answer to some questions and did not answer all parts of others and so totals do not always add up to 100%. The paper finishes with an outline of the next steps that will be taken with this consultation.

Summary:

The majority of respondents (86%) agreed with the e-learning vision and long-term goals as set out in the consultation, with the majority of respondents agreeing that we had identified the right drivers (89%), although a number of others were suggested.

84% of respondents thought that the right action areas had been identified and 72% thought that the right users, partners and stakeholders had been identified, although a number of others were suggested.

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The most significant advantages of the proposed strategic framework were identified as:

- Providing a co-ordinated and coherent approach to learning across health and social care (26%).
- Making learning more readily available (18%).
- Sharing resources (12%).

The main barriers were identified as:

- Inadequacy of existing ICT infrastructure and lack of access (38%).
- Difficulty in getting local organisations to adopt such a strategy (34%).
- Lack of IT skills in health and social care staff (20%).

Most respondents thought that their own organisation was ready for e-learning with 41% responding that this proposed strategy either connected well/very well or was mutually beneficial to their local strategy. 19% thought that it would be a driver for the development of their local strategy.

The three most important actions that were identified as being key to the overall success of the strategy were:

- Adopting and implementing plans for ensuring access to learning infrastructure, facilities and equipment for all staff by 2008 (58%).
- Enabling e-access to health-related research, knowledge and information sources and repositories (54%).
- Ensuring that educators have the skills to design, deliver and support e-learning (51%).

The three most urgent actions that should be implemented in less than two years were identified as:

- Ensuring that educators have the skills to design, deliver and support e-learning (75%).
- Ensuring that learners have the skills to undertake e-learning, as

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well as ICT skills (67%).

- Establish an Interoperability and Technical Standards Forum for e-learning in health care (61%).

The three most important aspects of creating time and space to learn in the workplace were identified as:

- Protected learning time (33%).
- Dedicated learner centres or access points (31%).
- Management support and commitment to staff learning (22%).

It was thought that NHSU was best placed to:

- Establish and support sustainable communities, including communities of practice and collaboration tools for a health economy (85%).
- Ensure that educators have the skills to design, deliver and support e-learning (84%).
- Explore links with other learning centres and networks (82%).
- Build the planning, funding and management of e-learning into leadership programmes for all sectors and organisations (75%).
- Develop the e-pedagogies of health care specialisms (75%).
- Establish an Interoperability and Technical Standards Forum for e-learning in health care (70%).
- Integrate e-learning platforms and virtual learning communities with HR systems and staff records (67%).
- Enable e-access to health-related research, knowledge and information sources and repositories? (65%).

It was thought that SHA's were best placed to:

- Help adopt and implement plans for ensuring access to learning infrastructure, facilities and equipment for all employees (76%)
- Help organisations make sure their leaders and managers get the training and development they need? (67%)

It was thought that individual Trust organisations were best placed to:

- Ensure that their leaders and managers received training (67%)
- Ensure that learners have the skills to undertake e-learning, as well as ICT skills? ? (85%)

Analysis of responses to individual questions:

Q1. What do you believe are the most significant advantages of the strategy? (66)

17 (26%) respondents highlighted the benefits of the strategy in helping to bring a **co-ordinated and coherent approach** to learning across health and social care.

12 (18%) respondents highlighted the benefits of **making learning more readily available** to a wider audience in health and social care.

8 (12%) respondents highlighted the benefits of **sharing resources, information, knowledge and learning opportunities** through a common approach to e-learning.

6 (9%) respondents mentioned the potential **financial savings** from e-learning.

4 (6%) respondents highlighted the benefits of the strategy in **helping to benchmark** what is happening elsewhere in health and social care.

3 (5%) respondents thought that it would assist in "**developing a real commitment to lifelong learning** and CPD within health and social care agencies".

3 (5%) respondents thought it important to recognise the level of **e-learning already happening elsewhere in education**.

2 (3%) respondents **questioned the point of the consultation** as the role and functionality of the virtual campus had already been decided.

1 (2%) respondent thought that - "The challenge though is for organisations to **take up the challenge in a meaningful manner against conflicting priorities**".

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Q2. What do you believe are the most significant barriers to success of the strategy? (66)

26(39%) respondents identified existing **IT infrastructure limitations and lack of access** in health and social care.

22 (33%) respondents identified the difficulty of getting individual trusts and other health and social care organisations **to adopt such a strategy into their own organisational strategy**.

14 (21%) respondents identified a **lack of IT skills** by health and social care staff as a barrier to adoption.

9 (14%) respondents identified **time constraints and management reluctance** to embrace learning provision as a general right for all staff.

9 (14%) respondents identified **cost** as a key barrier. 6 (9%) respondents identified **lack of learner motivation** as a key barrier.

3 (5%) respondents identified the difficulty in **getting trusts to work together** and co-operate effectively.

2 (3%) respondents mentioned the **lack of both local and senior e-learning champions**.

1 (2%) respondent identified the **long time-scale** with this strategy compared to other major initiatives, e.g. NPfIT, Agenda for Change and ESR.

Single respondents mentioned the following:

- **Too much focus on E rather than Learning.**
- The current **political climate and government initiatives causing uncertainty**.
- **Failure to promote a learning culture** in the NHS.
- Use of **external access facilities** such as the learndirect/UK online network.

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Q3. E-learning is set to become a central part of learning in health care. How do you think this will benefit your organisation? (65)

18 (28%) respondents identified the **improved flexibility of learning provision**.

14 (22%) respondents identified **easier access** to learning.

9 (14%) respondents identified **financial savings**.

8 (12%) respondents thought that it **would increase learner participation across all categories of staff**.

7 (11%) respondents identified **improved quality and up-to-dateness** of learning material.

6 (9%) respondents identified a **better-trained workforce**.

5 (8%) respondents identified improvement in the **quality of care** to patients.

4 (6%) respondents identified a **wider range and more focused learning material**.

4 (6%) respondents identified improved **compatibility with existing HE provision**.

2 (3%) respondents identified **improved self-esteem** in health and social care staff.

2 (3%) respondents thought that it would **improve recruitment and retention**.

1 (2%) respondent thought **"It won't unless it forms part of a coherent blended approach"**.

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Q4. Is your organisation ready for e-learning?

	1 Not ready at all	2	3	4	5 Fully prepared and ready to start
Place and time to learn and teach online (62)	8 (13%)	19 (31%)	16 (26%)	11 (18%)	8 (13%)
Technology to learn and teach online (62)	4 (6%)	22 (35%)	17 (27%)	9 (15%)	10 (16%)
Skills to learn and teach online (63)	4 (6%)	21 (33%)	23 (37%)	5 (8%)	10 (16%)

Q5. How do you see this strategy connecting with your local e-learning strategy or plan? (62)

14 (23%) respondents saw this strategy connecting **well or very well** with their local strategy.

12 (19%) respondents thought that this strategy would be a **driver for the development of a local strategy**.

11 (18%) respondents saw that this strategy and their local strategy **being interdependent and mutually beneficial**.

5 (8%) respondents **did not have a local strategy**.

2 (3%) respondents did not think that there would be **any connection, but thought that there should**.

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2 (3%) respondents **did not think that there would be any connection.**

Single respondents mentioned the following:

It was **more progressive** than their local strategy.

It would **provide a national reference point** to support a local strategy.

It would **replace the local strategy.**

Q6. Who do you think is best placed to adopt and implement plans for ensuring access to learning infrastructure, facilities and equipment for all employees and workers by 2008? (62)

Strategic health authorities	47 (76%)
Individual trusts	41 (66%)
NHSU	37 (60%)
Department of Health	23 (37%)
Other stakeholders	22 (35%)

Q7. Who do you think is best placed to explore links with other learning centres and networks? (62)

NHSU	51 (82%)
Strategic health authorities	35 (56%)
Individual trusts	29 (47%)
Other stakeholders	25 (40%)
Department of Health	8 (13%)

Q8. Who do you think is best placed to integrate e-learning platforms and virtual learning communities with HR systems and staff records? (61)

NHSU	41 (67%)
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Strategic health authorities	41 (67%)
Department of Health	26 (42%)
Individual trusts	23 (37%)
Other stakeholders	20 (32%)

Q9. Who do you think is best placed to build the planning, funding and management of e-learning into leadership programmes for all sectors and organisations? (60)

NHSU	45 (75%)
Strategic health authorities	44 (73%)
Department of Health	36 (60%)
Individual trusts	18 (30%)
Other stakeholders	15 (25%)

Q10. Who do you think is best placed to help organisations make sure their leaders and managers get the training and development they need? (61)

Strategic health authorities	41 (67%)
Individual trusts	41 (67%)
NHSU	36 (59%)
Department of Health	18 (30%)
Other stakeholders	13 (21%)

Q11. Who do you think is best placed to ensure that educators have the skills to design, deliver and support e-learning? (61)

NHSU	51 (84%)
Other stakeholders	33 (54%)
Strategic health authorities	31 (51%)
Individual trusts	29 (48%)
Department of Health	7 (11%)

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Q12. Who do you think is best placed to ensure that learners have the skills to undertake e-learning, as well as ICT skills? (61)

Individual trusts	52 (85%)
NHSU	43 (70%)
Other stakeholders	28 (46%)
Strategic health authorities	25 (41%)
Department of Health	4 (7%)

Q13. Who do you think is best placed to develop the e-pedagogies of health care specialisms? (60)

NHSU	45 (75%)
Other stakeholders	37 (62%)
Strategic health authorities	19 (32%)
Department of Health	13 (22%)
Individual trusts	12 (20%)

Q14. Who do you think is best placed to establish and support sustainable communities, including communities of practice and collaboration tools for a health economy? (60)

NHSU	51 (85%)
Strategic health authorities	46 (77%)
Individual trusts	25 (42%)
Other stakeholders	24 (12%)
Department of Health	11 (18%)

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Q15. Who do you think is best placed to establish an Interoperability and Technical Standards Forum for e-learning in health care? (60)

NHSU	42 (70%)
Department of Health	38 (63%)
Strategic health authorities	31 (52%)
Other stakeholders	20 (33%)
Individual trusts	13 (22%)

Q16. Who do you think is best placed to enable e-access to health-related research, knowledge and information sources and repositories? (63)

NHSU	41 (65%)
Department of Health	34 (54%)
Other stakeholders	28 (44%)
Strategic health authorities	27 (43%)
Individual trusts	24 (38%)

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Q17. How important are the following statements to the overall success of the strategy? (63) – ordered by sum of columns 4 and 5

	1 Not important	2	3	4	5 Extrem ely importa nt
Adopt & implement plans for ensuring access to learning infrastructure, facilities & equipment for all workers by 2008	2 (3%)	2 (3%)	1 (2%)	14 (22%)	44 (70%)
Enable e-access to health-related research, knowledge & information sources & repositories	2 (3%)	1 (2%)	6 (10%)	27 (43%)	27 (43%)
Ensure that educators have the skills to design, deliver & support e-learning	3 (5%)	0	4 (6%)	4 (6%)	47 (75%)
Establish an Interoperability & Technical Standards Forum for e-Learning in health care	1 (2%)	3 (5%)	10 (16%)	15 (24%)	32 (51%)
Ensure that learners are equipped with the skills to undertake e-learning as well as ICT skills	2 (3%)	0	3 (5%)	5 (8%)	42 (67%)
Build planning, funding &	1 (2%)	4 (6%)	12	15	31

management of e-learning into leadership programmes for all sectors & organisations			(19%)	(24%)	(49%)
Integrate e-learning platforms & virtual learning environments with HR systems & staff records	1 (2%)	5 (8%)	13 (21%)	17 (27%)	27 (43%)
Explore links with other learning centres & networks	0	4 (6%)	18 (29%)	23 (37%)	18 (29%)
Develop the e-pedagogies of health care specialisms	2 (3%)	2 (3%)	19 (30%)	23 (37%)	15 (24%)
Establish & support sustainable communities, including communities of practice for a health economy	1 (2%)	5 (8%)	20 (32%)	24 (38%)	10 (16%)
Organisations to ensure their leaders & managers to receive training & development	0	1 (2%)	3 (5%)	10 (16%)	19 (30%)

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Q18. Should the following actions be implemented in the short, medium or long term? (64)

	Short term (less than 2 years)	Medium term (within 2-4 years)	Long term (over 4 years)
Ensure that educators have the skills to design, deliver and support e-learning	48 (75%)	12 (19%)	2 (3%)
Ensure that learners have the skills to undertake e-learning, as well as ICT skills	43 (67%)	16 (25%)	5 (8%)
Establish an Interoperability and Technical Standards Forum for e-learning in health care	39 (61%)	14 (22%)	9 (14%)
Explore links with other learning centres and networks	39 (61%)	21 (33%)	4 (6%)
Make sure leaders and managers get training and development opportunities	38 (59%)	17 (27%)	7 (11%)
Adopt and implement plans for ensuring access to learning infrastructure, facilities and equipment for all employees and workers by 2008	37 (58%)	23 (36%)	2 (3%)
Build the planning, funding and management of e-learning into leadership programmes for all sectors and	27 (42%)	28 (44%)	8 (13%)

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organisations			
Integrate e-learning platforms and virtual learning environments with HR systems and staff records	24 (38%)	28 (44%)	11 (17%)
Enable e-access to health-related research, knowledge and information sources and repositories	20 (31%)	31 (48%)	11 (17%)
Establish and support sustainable communities, including communities of practice for a health economy	13 (20%)	35 (55%)	14 (22%)
Develop the e-pedagogies of health care specialisms	8 (13%)	38 (59%)	14 (22%)

Q19. Please tell us your ideas on and experiences of creating time and space to learn in the workplace. (59)

- 20 (34%) respondents mentioned **protected learning time** for all staff.
- 19 (32%) respondents mentioned **dedicated learner centres or access points**.
- 14 (24%) respondents mentioned the need for **managerial support and commitment** to staff learning.
- 6 (10%) respondents mentioned the need for **local support and mentoring**.
- 4 (7%) respondents mentioned the benefits of **home access and learning at home**.
- 3 (5%) respondents mentioned the need to develop more **short learning episodes**.
- 3 (5%) respondents mentioned the need for **more funding** for learning.
- 2 (3%) respondents mentioned the benefits of **collaborative**

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learning sessions.

1 (2%) respondent thought that learning provision should be **focused on those staff who would provide the greatest return.**

Q20. What technologies should we be investing in to make work-based e-learning practical for learners? For example, desktop PCs in wards? Laptops? Digital TV-based learning? (64)

16 (25%) respondents mentioned the need for **more PCs and laptops** to access learning.

14 (22%) respondents mentioned the need for **more suitably equipped dedicated study areas and cybercafes.**

12 (19%) respondents mentioned **digital-tv**, both in the workplace and at home.

7 (11%) respondents mentioned the need for **more wireless access and mobile provision.**

6 (9%) respondents mentioned the need for **organisational IT policies** to be more conducive to learning, e.g. security and firewalls.

6 (9%) respondents thought there should be more use of **PDA's.**

5 (8%) respondents mentioned the need for **a more reliable and robust network infrastructure.**

3 (5%) respondents thought there should be **more compatibility** of equipment provision with other health and social care ICT initiatives, e.g. NPfIT.

3 (5%) respondents thought that there should be **more variety and flexibility of use** for access devices.

2 (3%) respondents mentioned the need to keep it **simple and relevant.**

2 (3%) respondents thought that there should be more provision for staff to **borrow laptops.**

2 (3%) respondents mentioned the potential of **mobile phones.**

Single respondents mentioned the following:

- **Broadband access in GPs' surgeries.**
- **More robust laptops and tablets.**
- It was **too early to say** and thought more research was needed.
- **All technologies should support e-learning** in the workplace.
- **Video conferencing** for tutor and peer support.

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- “The gratuitous use of ‘sexy technology’ is inappropriate, an often counterproductive”.
- The need to **budget for replacing end user platforms every three years**.

Q21. Apart from skills development, what other support and change processes would you put in place to help educators embrace e-learning? (65)

11 (17%) respondents mentioned the need to **collaborate and share experiences and best practice**.

8 (12%) respondents mentioned the need for more **training to support educators** to use e-learning.

7 (11%) respondents mentioned the need for an **effective and efficient support** service, including access to subject matter experts.

6 (9%) respondents mentioned the need for more **top level commitment** to e-learning.

6 (9%) respondents thought there was a need to **market the benefits of e-learning** more energetically to all staff.

5 (8%) respondents mentioned the need for **protected learning time**.

3 (5%) respondents mentioned the need for **better learning material**.

3 (5%) respondents mentioned the need to address **remuneration issues** – “e-learning can be seen to be an attempt to educate more people for less, with some exploitation of the educators”.

2 (3%) respondents mentioned the need for more **integrated functionality** between systems.

2 (3%) respondents thought that **learning should be mandatory for all staff** and written into job descriptions.

2 (3%) respondents mentioned the need to develop **more creative assessment** regimes.

2 (3%) respondents thought that there should be an **evaluation of the business benefits** of e-learning.

Single respondents mentioned the following:

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- More **new staff** to support the strategy.
- **We should exploit the existing Knowledge and Skills Framework more.**
- There should be a **national directive supporting e-learning.**
- The need for **closer linkage between e-learning and qualifications and recognised certification.**
- The need **to motivate all staff to see learning as an essential part of their work.**
- The need for more **awareness of learning disabilities.**

Q22. Would it help to be able to access a repository of health related learning assets? (64)

- 54 (84%) respondents thought that it would help.
- 2 (3%) respondents were not sure.
- 2 (3%) respondents did not understand the question.
- 2 (3%) respondent thought possibly, but dependent on the content.
- 1 (2%) respondent did not think it would help.

Q23. How can we encourage successful online communities of practice and learning? (60)

- 10 (17%) respondents thought there should be **more use of e-learning champions to promote its use and spread best practice.**
- 7 (12%) respondents mentioned the need to **have high quality, pedagogically sound, relevant and engaging material** – “the better the content, the more it will be used”.
- 5 (8%) respondents mentioned the need **for educators to be given training in moderation and facilitation skills for e-learning.**
- 5 (8%) respondents mentioned the need for **more recognition**, including the awarding of credits for participation in e-learning.
- 5 (7%) respondents thought that there should be **more and easier access**, e.g. existing difficulties of firewalls between organisations.
- 4 (7%) respondents thought that there should be more **small pilots** to start with.

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4 (7%) respondents stressed the need for **more evaluation of benefits to learners**.

3 (5%) respondents thought that it was important to **adopt a blended approach** and not just an online one.

2 (3%) respondents mentioned the need to **support both formal and informal learning**.

2 (3%) respondents thought that there should be more **support for e-learning developers**.

2 (3%) respondents thought that there should be more encouragement for the **use of email by all staff** as a communications tool.

Single respondents mentioned the following:

- **Standards** enable more effective sharing.
- The need for a **one-stop Electronic Learning Environment** (the virtual campus?).
- Concerned about the **resources needed** and that it would be **time consuming**.
- The need for more **resources and management support**.
- There should be more **awareness raising activities** including road shows.
- It should be **relevant and fun**.
- **IPR issues** need addressing.
- The need for **online support**.

Q24. Would you value a national 'kite mark' for health-related e-learning materials and a national testing facility to enable greater levels of interoperability? (64)

57 (89%) respondents indicated **support** for such approaches.

3 (5%) respondents were concerned that such a regime **might stifle innovation**.

Single respondents mentioned the following:

- Such a system might **be expensive** and it should be left to educators.
- **No value for such an approach** – “What does that benefit the

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learner? Will they understand what that means?"

- **Didn't know.**

Q25. Overall have we identified the right drivers for the strategy? (63)

56 (89%) respondents thought that the **right drivers** had been identified.

4 (6%) respondents mentioned that there might be a **conflict between this strategy and NPfIT**.

3 (5%) respondent mentioned the need for **effective incentives and imperatives** for individual learners.

2 (3%) respondents mentioned the need for explicit **economic and efficiency drivers** to be identified.

2 (3%) respondents mentioned **European Working Time Directive compliance and other worker regulations** as drivers for the need to change.

Single respondents mentioned the following:

- **We haven't identified the right drivers.**
- **e-Learning should not be considered separately from other forms of learning.**
- **"Impact of Agenda for Change and the increase in demand for development opportunities to enable staff to develop competencies in line with the Knowledge and Skills Framework".**

Q26. Overall do you agree with the e-learning vision and long-term goals set out in the strategy? (64)

55 (86%) respondents **agreed** with the vision and long-term goals.

4 (6%) respondents thought **that e-learning should not be treated differently from other forms of learning**.

3 (5%) respondents thought that the implementation should **go faster**.

2 (3%) respondents thought that **changes in costs and technology** during the implementation period might need a reevaluation.

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Single respondents mentioned the following:

- There should be a **stronger link between this strategy and the overall aims of the NHS as a whole.**
- Technology is not the whole solution, **“how do we measure its real value and ROI?”**.
- It is **too ambitious.**
- **“A danger that operational and/or political agendas will undermine the implementation”**.
- **“Long term goals not clear”**.
- **“Learning is not the only thing needed to transform the NHS”**.
- **“Provided that the health service does not work too independently of other educational sectors”**.
- **“Not all. They set out a Utopian vision where all learning is delivered to an aware and engaged work force. That does not reflect the reality on the ground. Go and meet real staff who work in real clinical roles.”**

Q27. Overall have we identified the right users, partners and stakeholders? (61)

44 (72%) respondents thought the **right** users, partners and stakeholders had been identified.

5 (8%) respondents thought there should **be more emphasis on the HE and FE communities.**

2 (3%) respondents thought we should have mentioned NHS libraries.

2 (3%) respondents thought that we should have addressed the needs of real users more specifically.

Single respondents mentioned the following:

- **Seamless links with other Government strategies** for schools, social services, armed forces, etc.
- **SHRINE** members.
- **NHSIA**
- **Private sector partnerships.**
- **Museums, libraries and archives.**
- **The patient.**
- **Corporate universities.**

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- **HR directors.**
- **Other national projects** - Agenda for Change, ESR, NPfIT, connectivity targets, NLH, etc.
- A thorough **gap analysis is needed.**
- More emphasis on **union learning representatives.**
- “Not sure that too many assumptions are being made that WDCs and Deaneries are integral to the SHAs. The pragmatics of the current role delineations within education between commissioners and deliverers seem to have been blurred which potentially contributes to tensions within a transparent educational governance framework. Little attention seems to have been paid to the drivers behind engagement with deliverers and both the FE and HE environments currently have differing agendas. Not sure that the collective NHS obligation to education and e-learning which is inferred throughout the document is an actual reality given the current profile taken by additional service demands and related targets”.
- “I think that in the current climate of ALB reviews, DoH change programme - stakeholders and partners are likely to change. The strategy needs to be fluid enough to reflect the changing environment. e.g. Role of: Modernisation Agency e.g. in the New Ways of Working, Changing Workforce Programme Review of the Information Policy Unit and the NHS Information Authority. The expanding role of the NPfIT The possibility of the development of “Information Centre”.

Q28. Overall, have we identified the right action areas for the strategy? (62)

52 (84%) respondents thought the **right** action areas had been identified.

4 (6%) respondents thought that **we hadn't identified the right areas.**

3 (5%) respondents were concerned about **resources and funding.**

2 (3%) respondents had **reservations about singling out e-learning from learning in general.**

Single respondents mentioned the following:

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- We hadn't identified the right actions because "we have not identified the crying need to **secure sustainable long-term investment** to support this".
- We have to overcome **serious interconnectivity and interoperability problems between NHS, HE and social care.**
- **E-Learning is not high on the NPfIT agenda.**
- "Without the **acquisition and provision of high quality content**, individual learners may be disillusioned by their initial trial of an e-learning experience".
- **Timing.**
- More **use of pilots.**
- Need to **include learning and ICT skills in job descriptions.**
- **Access and infrastructure problems.**
- "How can we ensure that e-learning is integrated into NHS learning culture, whilst still retaining and encouraging inter-professional and inter-departmental learning? We want communication barriers etc to be broken down amongst professions and sectors and need to be cautious about how e-learning is adopted so as not to reinforce existing barriers or create new ones."
- "There is a worrying cynicism towards the NHSU about the delivery of actions. Please prove the wrong – soon!".

Q29. Has your organisation developed any e-learning strategy? (55)

27 (49%) respondents answered **yes**

13 (24%) respondents answered **no**

10 (18%) respondents answered that it was **in preparation**

Individual comments include:

- "Not yet - we plan to build on this. We would like some guidance soon please - the areas indicated for SHAs and local action are still too vaguely defined. "
- "The Scheidegger Institute has not sought to develop its own, independent E-Learning strategy as we believe it is our role to

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respond to the needs of the strategies as developed by the local WDC's and the NHSU. "

- "I am employed by the SHA/WDC - we have a learning strategy that encourages the use of relevant & appropriate training (including e-learning where deemed appropriate). "
- "Tickled at the edges only! Being scoped by WDC at the moment. Planning an e-learning strategy shortly based on that produced by Cheshire/ NW region as a guide to goals etc. * ECDL implementation(as a key LIS ETD project) has been used as a tool to lever into place basic e-learning facilities and attention is now on increasing the level of infrastructure and support as opposed to 'what is required' 2 years ago when the concept of e-learning in the workplace was unknown ... and unwanted because of the intensity of re-organisations of PCTs etc and competition with other IT based projects in LIS and IfHealth strategies! Greatest task is to gain commitment from senior stakeholders/StHA in planning and also providing appropriate ring-fenced funding. Next to develop clear local policies and interpret 'achievements' in practical terms for a carefully managed staged approach that meets the NHS/NHSU's universal long-term goals. "
- "The trust has a first strategy which will be reviewed every six months as the Trust develops a greater understanding of the benefits of e-learning. The strategy can be found on our web site www.westlancspct.nhs.uk. "
- "Our strategy is to produce learning that is patient centered evidence based interdisciplinary work based encourages learning from mistakes encourages patient safety. "
- "There is a strategy with my Trust but only the medical staff have e-learning system at present. We need to get the nursing staff on board! "
- "We have developed an E-Learning Strategy for the whole North Derbyshire Health Community, covering the 3 pcts in the area, Mental Health and Acute Trust. Representation from all of these

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formed a group to develop the strategy which broadly follows the NHSU one. (Same themes/principles/outline/stakeholders etc identified). We are now ready to implement the strategy, the idea being to take an area of mandatory training and run it across the health community as a pilot project. "

- "We have a partial draft strategy which was put on hold when the movement for a national strategy began. We would want to redefine our strategy to harmonise with the national strategy when it is completed. "
- "Modernising Medical Careers will impact on everything from now on and we are developing our strategy accordingly e.g. in the JCHST Curriculum Project and the next phase of the STEP course. E-Learning for basic surgical training has been formalised and the College has been developing a digital library of learning resources. The Raven Department of Education is also exploring options in relation to the JCHST Curriculum project. This will enable a more sophisticated approach to developing web-based resources. The College is keen to work with internal and external partners (e.g. the Commonwealth of Learning). Blended learning is the most likely way forward while everyone is learning how to implement and develop e-learning as part of the overall learning and teaching strategy within the wider political context. "
- "Our organisation is exploring e-learning and piloting some initiatives within Trent to further inform our policy and strategy. Some local organisations are developing an explicit e-learning strategy, but in any case we would anticipate that there would be a learning strategy which electronic resources would support. Main problem with e-learning is that people tend to focus on the medium not the message. We fear that what may result from any e-learning strategy would be e-instruction, not e-learning. E-instruction may be acceptable but we need to get the terminology right. If we want genuine e-learning to succeed we have to realise that there needs to be much more investment for resources aside from the hardware and software to deliver instruction. Learning is about all kinds of processes

apart from being instructed and the ingestion of facts. These other processes may be open to being provided online, and it is possible to do so, but it is resource-heavy and does require virtual presence. Learning is as much about relationships as it is about ingesting facts. Relationships can be established and maintained online, but a relationship between a computer and a person is probably not a valid one except in a very limited sense. Should we in fact be talking about e-learning environments rather than just e-learning? "

- "No we have a learning strategy of which e-learning is one of the tools of delivery. "
- "We have been involved in developing learning strategies rather than e-learning strategies per se. "
- "I believe that my organisation has been waiting for something like this to inform our e-learning strategy. "

Acknowledgements:

We would like to extend our thanks to all respondents to this consultation. We trust that you will follow further developments and help ensure the delivery of an e-learning strategic framework that is relevant to the needs of the NHS.