

# making IT work

A regular news update from NHS Connecting for Health

## Listening leads to new deal

Two of NHS Connecting for Health's clinical leads have listened at length to the concerns of their profession over new IT and brokered a deal to improve the choice of systems available.

Mike Pringle and Gillian Braunold were appointed as joint GP clinical leads in December 2004. One of their main roles, along with the clinical leads for hospital doctors, nurses and allied health professionals, is to encourage two way communication between their profession and NHS Connecting for Health.

Gillian explains: "We are clinicians ourselves and have extensive experience in the clinical and operational methods and the systems which our profession uses. That puts us in an excellent position to appreciate issues on the ground and do something about them.

"Getting full support from



Gillian Braunold

clinicians for IT is crucial. That means tackling any obstacles which stand in the way."

GPs had an issue with only having a choice of two clinical systems from their Local Service Provider (LSP). Recognising this as a stumbling block, the GP leads asked if they could broker a solution with NHS



Mike Pringle

Connecting for Health.

"This was affecting trust between the profession and NHS Connecting for Health and, ultimately, could prevent or delay benefits for GPs from the new systems and services," explains Gillian.

"We all want successful IT systems and services and it was

important for all sides to keep that long term goal in mind and not damage it for short term gain. We looked at the issues that were keeping people apart and Mike and myself entered into an active dialogue with GP clinical system suppliers, LSPs and central NHS Connecting for Health teams.

"It took a lot of negotiating but we were able to come up with an interoperability solution which should mean that GPs can choose any system being offered by any of the five Local Service Providers throughout England."

Gordon Hextall, NHS Connecting for Health's chief operating officer, said: "We are keen that ideas and concerns from the professions are listened to, evaluated and, where appropriate, acted upon.

"We are all working towards the same aim – to deliver better quality, safer care for patients."

## Strengthening the delivery of new IT

The delivery of new IT systems to improve patient care across the NHS has been strengthened with the creation of NHS Connecting for Health.

The new agency will deliver and support the implementation of the National Programme for IT (NPfIT) and is also responsible for national IT products and services that were previously delivered by the NHS Information Authority (NHS IA).

The NHS IA was disbanded as a result of the Government's review of Arm's Length Bodies which led to the closure of several organisations and aims to release an extra £500 million which can be spent on patient care.

NHS Connecting for Health is key to the modernisation of IT services across the NHS, enabling staff to work in new ways which in turn will improve patient safety and choice.

Richard Granger, chief executive of NHS Connecting for Health, said: "The name, NHS Connecting for Health, signifies that we are not just about computers. The products and services that we deliver aim to significantly improve patient safety and to empower patients."

Under the new NHS Connecting for Health structure, Richard Granger continues in his role as director general for

NHS IT, as well as being chief executive of the new agency.

John Bacon – group director of delivery at the Department of Health – is departmental sponsor and Richard Jeavons leads the service implementation team.

Richard Granger added: "NHS Connecting for Health has a key role to play in helping the NHS to be better equipped to deliver to patients the 21st century IT services they should expect."



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### DON'T BIN IT – PASS IT ON!

After you have read your copy of makingITwork, please pass it on to someone else. There are 1.3 million people in the NHS and they won't all have received their own copy.

## From the editor

Welcome to the fourth issue of the makingITwork newsletter which covers some key aspects of NHS Connecting for Health's work and charts the progress we have made on implementation.

On page 5 we report the successful introduction of the Electronic Prescription Service in Keighley, West Yorkshire, and on page 6, we cover the important work being done around patient safety as new systems are introduced in NHS organisations.

Pages 8-9 provide a focus on our service implementation team – the key players and how they

are listening to and supporting front line staff in the delivery of the National Programme for IT.

Progress on implementation is outlined on pages 10-11, and there is a detailed guide to the Spine and its applications (pages 12-13). There is also an update on NHS Connecting for Health's major projects (pages 14-15) and a feature on the positive impact Choose and Book is having on GPs and patients.

I hope you find makingITwork useful and informative. Please send your news, views, questions and contributions to [cfhcomms@cfh.nhs.uk](mailto:cfhcomms@cfh.nhs.uk)



**Gordon Hextall**  
Chief operating officer  
NHS Connecting for Health

# IT is benefiting NHS now

NHS Connecting for Health systems and services are now being used across several areas of the NHS, benefiting thousands of staff and patients.

A significant achievement is the implementation of the Quality Management and Analysis System (QMAS). There are now 26,522 GPs using the system in 8,298 practices. All patients using these practices will therefore have been affected by a system delivered by NHS Connecting for Health.

Over 70,000 smartcards have been issued to registered users to enable them to access our systems, including GPs who are now using the new Choose and Book application to book hospital appointments electronically for their patients.

By June, there were 361 deployments of NHS Connecting for Health's systems, serving 1.5 million patients. This is tangible evidence of progress on implementation and that IT is working.

Recent key appointments at NHS Connecting for Health have also helped concentrate the focus on implementation of the National Programme for IT.

The arrival of Richard Jeavons, Sir Muir Gray and Alan Perkins (see page 3) completes the structure of the Service Implementation Team whose strategy is now in place to drive forward the introduction of new IT solutions.

The team will be essential to ensuring that NHS Connecting for Health becomes a daily part of every

NHS organisation's agenda – not a lesser priority to be only mentioned in IT departments.

The delivery of the National Programme for IT represents a major part of NHS modernisation – a move towards a patient-led NHS in which people have more choice and control in their healthcare, with more focus on disease prevention and support for the adoption of more healthy lifestyles.

Hence the need for NHS organisations and their staff to embrace the introduction of our programmes and make NHS Connecting for Health a central priority.

And while organisations are responsible for implementation, they will receive strong central support.

## The National Programme for IT

NHS Connecting for Health, as the agency delivering the National Programme for IT, will procure, develop and implement modern, integrated IT infrastructure and systems for all NHS organisations in England by 2010.

The £6bn National Programme will deliver:

- an electronic NHS Care Records Service
- an electronic booking service – 'Choose and Book'

- a system for the Electronic Transmission of Prescriptions
- a National Network – N3
- patients will benefit from greater involvement in decisions about their care and greater access to, and ownership of, their records.
- clinicians will benefit from less administration and faster, more efficient access to information and services.
- the NHS will benefit from time

and cost savings brought about by reduced administration and improved output.

### Want to know more?

For further information about the National Programme please contact the chief information officer at your local strategic health authority or your local cluster regional implementation director. Alternatively you can email the communications team at [cfhcomms@cfh.nhs.uk](mailto:cfhcomms@cfh.nhs.uk)

## Top implementation team

Richard Jeavons has been appointed to lead the NHS Connecting for Health service implementation team.

Also joining the team are Sir Muir Gray, as director of knowledge, process and safety, and Alan Perkins who is director of modernisation.

Richard was previously chief executive of West Yorkshire Strategic Health Authority and senior responsible owner for NHS Connecting for Health's North East Cluster. Before that he was seconded to Sheffield Health Authority as chief executive from Lincolnshire Health Authority. He also spent four years at the helm of Sheffield Children's Hospital.

He said: "New and better information technology is



New roles: from left, Richard Jeavons, Sir Muir Gray and Alan Perkins

fundamental for the health service's ambition to achieve the highest quality and safety standards for patients.

"I'm delighted to have been offered the opportunity to play this part in achieving that ambition."

Muir's role is to devise ways of getting knowledge to where it is needed within the NHS in the most cost-effective manner, and to ensure the successful integration

of the National Programme for IT with clinical practice and clinical care. He is also responsible for the National Library for Health and the National Knowledge Service.

Muir has worked in public health for 25 years and is programmes director of the UK National Screening Programme. He received a knighthood in the Queen's Birthday Honours List 2005.

Alan is charged with ensuring National Programme technologies translate into real improvements in patient care and are implemented alongside other major change programmes.

He has over 25 years' experience in the NHS in a wide range of settings. In 2003, he was appointed to the Department of Health as director of elective care incorporating work on the independent sector and NHS treatment centre programmes and the national day surgery programme.

Before that Alan was chief executive at Queen Elizabeth Hospital NHS Trust, south east London.

■ **Service implementation team – page 8.**

## Speaking the same language

New standards have been issued to ensure all NHS staff record and communicate patient information in the same way.

The move is essential to delivering the NHS Care Records Service (NHS CRS) which aims to make all patient records available electronically by 2010.

Good record-keeping and communication are vital to safe and effective team-based patient care. However, there has been no single model for documenting and

communicating the information that forms a patient's health record.

The new 'NHS Health Record and Communication Practice Standards for Team-based Care' will ensure a consistent approach by staff from a range of professions.

They have been developed following a review of existing standards by the Information Standards Board, which reports to NHS Connecting for Health's programme board, and the three largest professional

regulatory bodies – the General Medical Council, the Nursing and Midwifery Council and the Health Professions Council.

The result is a set of health record and communication practice standards for team-based care which brings together the standards already in existence and common to all three bodies.

■ More on the new standards is at [www.isb.nhs.uk/pages/default.asp](http://www.isb.nhs.uk/pages/default.asp)

## Smart users

More than 70,000 users are now registered and have been issued with smartcards to access NHS Connecting for Health applications. The rate of registration is approximately 5,000 users per week. Over 90 per cent of primary care and acute trusts in England now have a registration service. The users include GPs, administrators, consultants and analysts from primary care and acute trusts.

Everyone working in the NHS who will use the new IT systems and services must be verified and authorised by their local registration authority. The registration authority decides the level of access to patient information dependent on the individual's role.

The smartcards enable secure access to a variety of NHS Connecting for Health applications including GP solutions, Choose and Book and patient administration systems.

## Basic skills go a long way

Basic computer skills are saving NHS nurses thousands of hours of time every year, according to new research.

The European Computer Driving Licence (ECDL) will be used to train 450,000 staff in basic IT. This will ensure they can use with confidence the new technologies being introduced to modernise the NHS.

A survey of staff who had achieved the ECDL qualification shows that significant amounts of time are being saved as a

result of their new skills.

The biggest impact has been on nurses who represent more than 30 per cent of the NHS workforce. More than half the nurses surveyed were saving 30 minutes a day – the equivalent of around 108 hours a year – enabling them to spend more time on patient care.

Chrissie Major, a blood transfusion nurse in Buckinghamshire, said: "Although I have been using a computer for some time, the course has

demystified it and made me view it much more as a tool rather than something waiting to bite me."

More than 100,000 people have registered to train using the ECDL and 15,000 have achieved the full qualification. The ECDL uses online learning materials and testing with options for classroom courses, workshops, virtual classes and a LiveMentor service.

The ECDL is managed by NHS Connecting for Health's Health Informatics Programme.

# Newslines

## Seminars engage clinicians



Pearse Butler

Two seminars have been held in the North West and West Midlands Cluster to encourage clinicians to get involved in local implementation of the NHS Care Records Service.

The events heard from staff already involved in the National Programme for IT who illustrated how an integrated electronic care record will support and improve clinical decision making.

Speakers included community psychiatric nurses Heather Harkness and Tracey Handley who are

seconded to the Lancashire Care Mental Health Trust implementation project and will help ensure the system being implemented reflects local needs.

Cumbria and Lancashire SHA chief executive Pearse Butler chaired both events.

Electronic voting was used at both seminars to gauge audience opinion. Clinicians said that ensuring local needs were heard and extra resources made available would reduce barriers to successful implementation of the National Programme.

### Connecting guides

New NHS Connecting for Health communications materials are now available - 'a guide to the National Programme for IT' (reference number 1963) and 'a guide to the Service Implementation Team' (reference number 2027).

To order copies of either of these documents please call the Information Line on 08453 660066 or email [information@cfh.nhs.uk](mailto:information@cfh.nhs.uk) quoting the appropriate reference number.

You can also order both documents held together in a folder pack - please request reference number 2031.

# Record guarantee for patients

New rules have been introduced to ensure patients keep control of their new electronic health records.

The Care Record Guarantee makes 12 commitments to patients about information held in the NHS Care Records Service (NHS CRS) which will give every patient their own electronic health record.

The guarantee pledges that:

- access to records by NHS staff will be strictly limited to those having a 'need to know' to provide effective treatment to a patient
- in due course, patients will be able to block off parts of their record to stop it being shared with anyone in the NHS, except in an emergency
- individuals will be able to stop their information being seen by anyone outside the organisation which created it - although doing so may have an impact on the quality of care they receive.

The guarantee has been drawn up by the Care Record Development Board which is chaired by Harry Cayton, the Department of Health's national director for patients and the public. The board will review the guarantee every six months and update it as the NHS CRS develops.

The guarantee covers people's access to their own records, controls on others' access, how access will be monitored and policed, options to further limit access, access in an emergency, and what happens when someone cannot make

decisions for themselves.

The concept of a guarantee arose from research undertaken with patients and the public in 2002 by the NHS Information Authority with the Consumers' Association. The research showed a high level of trust in the NHS,

but a concern about who uses the information in patients' health records. When asked what would provide reassurance that the NHS is careful with health information, the most commonly mentioned safeguard was a published sharing agreement.

### The guarantee covers:

- people's access to their own records
- controls on others' access
- how access will be monitored and policed
- options to further limit access
- access in an emergency
- and what happens when someone cannot make decisions for themselves

## First annual report published

NHS Connecting for Health's first annual report - Better information, better health - is out now.

Launched at the NHS Confederation Conference in June, the report looks at successes to date in the implementation of the National Programme for IT.

It also provides a focus on how front line staff are being engaged in helping to bring in new IT which will enable them to improve patient care. And there's a preview of the challenges ahead for NHS Connecting for Health.

Richard Granger, chief executive

of NHS Connecting for Health, says in the report: "At the centre of this programme is the patient - our purpose is to help improve patient choice and the quality and convenience of care by ensuring that those who give and receive care have the right information at the right time."

"The progress we have already achieved has exceeded expectations. To deliver thousands of resilient and new network connections; systems that pay all GPs throughout England; systems that assess the quality of care delivered in

primary care settings; systems to move images and patient data anywhere in the country; systems to enable remote and instant booking of appointments; and facilities to enable the secure and accurate transmission of prescriptions; all underpinned by a unique and secure access system, is a good start.

"The foundations have now been firmly laid for the digitisation of the NHS."

■ [www.connectingforhealth.nhs.uk/publications/annual\\_report\\_0405.pdf](http://www.connectingforhealth.nhs.uk/publications/annual_report_0405.pdf)

# All in a day's work

Prescriptions have started to be transferred electronically between GP surgeries and pharmacies, marking a new era in the dispensing of medicines. makingITwork reports.

## Keighley kicks off e-prescriptions



Teamwork: Dr Gordon Cunliffe with pharmacist Andrew Murphy and Gillian Edwards, assistant practice manager

Pharmacist Andrew Murphy has been testing the new Electronic Prescription Service for several weeks now – with promising results.

Up to 80 per cent of the prescriptions dispensed at the Co-op Pharmacy in Keighley where Andrew works are now arriving electronically via the new service which will be rolled out across England by the end of 2007.

It is early days but already Andrew is aware of the potential benefits for both pharmacy and GP colleagues, as well as patients.

He said: "All the features of the technology mean that the whole process of dispensing medicines is streamlined and made easier. In time, patients will turn up at the pharmacy and their drugs will be available for immediate collection.

"It's difficult to quantify, but I've already seen a reduction in the potential for dispensing or labelling errors, and we are able to work faster and more efficiently."

The Co-op Pharmacy is based in the same building as the

Ling House Medical Centre in Keighley where GPs send an electronic prescription to the Spine, part of the NHS Care Records Service (NHS CRS), to make it available for dispensing. More on the Spine on p12-13

When the service is fully operational, a patient will nominate a pharmacy from which to receive their medication and the electronic prescription will be sent straight to that pharmacy for collection or delivery.

If a pharmacy has not been nominated, the patient is given an ePrescription token, similar to the current paper FP10 form, to present at a

pharmacy. This has a barcode which enables the community pharmacist to obtain details of the prescription from the Spine.

The barcode system is being used as part of the testing process by the Keighley pharmacists and GPs.

Andrew explained: "We scan the barcode which sends a message to the Spine which enables us to download the prescription for dispensing.

"We can match the patient from the information on the paper prescription to what the computer gives us. It confirms the patient's NHS number which is then stored in the computer and will come up automatically

**'All the features of the technology mean that the whole process of dispensing medicines is streamlined and made easier. In time, patients will turn up at the pharmacy and their drugs will be available for immediate collection'**

when the patient next requires a prescription. This helps reduce the risk of medication being dispensed to the wrong patient.

"Another benefit of the technology is that we are able to record what action was actually taken. We can send a message back to the Spine to say that the patient collected their medication. This helps control what has left the pharmacy and gives us a more permanent record."

Ling House GP Dr Gordon Cunliffe said: "Once the full service is implemented, patients, GPs and pharmacists will undoubtedly see great benefit."

Keighley and other early implementer sites will prove the technical stability of the system and look at local prescribing and dispensing processes in light of the introduction of the new service.

This is to ensure that the benefits of the service are maximised and lessons can be learned before wider roll out.

■ [www.connectingforhealth.nhs.uk/programmes/etp](http://www.connectingforhealth.nhs.uk/programmes/etp)

# Patient safety

## Avoiding hazards

Measures are in place to reduce the risks of implementing new IT. makingITwork reports.

The National Programme for IT is confident that it will dramatically reduce the risks associated with clinical practice.

There is very good evidence that many of the errors and adverse events that occur in the NHS can be prevented by the appropriate use of information technology. For example, in identifying the right patient, in prescribing, and in communicating information between professionals.

However, all technology carries a risk, including information technology, says Sir Muir Gray, director of knowledge, process and safety at NHS Connecting for Health.

"The introduction of the National Programme for IT carries risks of its own," he said. "As with all technology, it is therefore

essential to take steps to minimise the risks associated with the new systems and services.

"Complete safety is never a possibility but it is essential that we reduce the risks to the minimum possible."

Minimisation of any IT risks is the responsibility of the knowledge, process and safety directorate, led by Sir Muir and part of the service implementation team at NHS Connecting for Health.

Working with Muir is Dr Maureen Baker who has been seconded from the National Patient Safety Agency as clinical safety officer.

A former Lincoln GP, she is responsible for the management of hazard assessments, safety justifications and safety closure reports on all of the National



Dr Maureen Baker

Programme's products.

Maureen said: "Every product will go through the hazard assessment process. For example, the first phase of the Electronic Prescription Service was one of the first to go through this and it will come back into the assessment process as it is rolled out.

"We want clinicians to be involved in the hazard assessment process, and if they are going to look at products from a safety perspective they need appropriate training to be able to do that.

"We can accredit clinicians as clinical safety officers through the NPSA training which will give them a good grounding in the principles of human error and risk management."

The hazard assessment process involves identifying a product or system's potential hazards, quantifying the level of risk, and assessing the probability of it occurring.

'Certificates of authority to deploy' the product or system and move it into integration testing and deployment are only issued once this process has been completed and action identified to reduce or eliminate any perceived risk.

Maureen added: "We are very happy to work with people to ensure they have a good understanding of the process and that they take the necessary steps so that when they come to us for approval on a product, everything is in order and they are familiar with the process."



# On the ground

A pragmatic approach to delivering the IT revolution is paying dividends for staff and patients alike in the largest strategic health authority patch in the country, as makingITwork reports.

As a former nurse, Liz Horkin understands the scepticism which frontline NHS staff sometimes have about the wilder claims about the impact the IT revolution will have on the health service.

Even now, as the director of Sussex Health Informatics Service (HIS), she is cautious about raising expectations too high.

"Our approach has to be pragmatic. We mustn't promise too much, too early. That only leads to disappointment," Liz said. "But as a nurse I passionately believe that, in the long-term, these changes can make a big impact on patient care."

And, in the case of the Surrey and Sussex Strategic Health Authority, these changes have been happening fast.

Last July, 39 separate IM&T departments were merged into two community-wide services: the one in Sussex, led by Liz, and the other in Surrey headed by her counterpart, Tony Lees. Being the largest SHA in the country, consolidating them into a single organisation was considered but rejected as the service would become too large to manage.

With a population of close to 2.5 million, and a geographical patch stretching from London down to the Sussex coast, the two newly merged HIS teams now provide support to 15 primary care trusts, nine acute trusts, two ambulance trusts and six trusts providing mental health and specialist services.

Some people may think the IT revolution is all about technology, but for Liz the key to success in



Liz Horkin

Sussex has been the management of people in a time of change.

In her case, this involved merging nine different IM&T departments into one. No easy task when many of the departments employed staff on different terms and conditions and had different holiday and health and safety arrangements. "We even needed to find a standard way of ordering a pencil," she said.

But the benefits of the changes are now clear for all to see. New career paths have opened up for staff who would otherwise have had to look outside the organisation for promotion. Scarce skills are being locked into the organisation: skills which can be shared across the HIS in ways which were unimaginable before the changes.

According to Tad Matus, chief information officer at Surrey and Sussex SHA: "There is no doubt that the establishment of the HIS has been a great support for the health economy as a whole in terms of preparing for implementation of the National Programme for IT."

For Tad, the key drivers for change in this field include the need to keep pace with rapidly shifting trends in healthcare delivery across organisations, and the need to implement national IT solutions consistently across all partner organisations.

And the benefits? Almost too numerous to mention, but he cites the value for money that comes through economies of scale coupled with the improved access to services, and the greater responsiveness to patient need.

## Q&As

**Given the key importance of good technical skills, can the National Programme see a way of sourcing technical training which provides recognised technical skills qualifications nationally?**

In the case of technical skills for IT specialists, we are talking to Microsoft about the provision of training vouchers under the terms of our Enterprise Agreement with them.

Where specific technical skills are required for the local management of systems, training will be organised through existing training mechanisms, supported by a 'train the trainer' approach provided by suppliers.

More general technical skills are covered by the European Computer Driving Licence (ECDL) which is an internationally-recognised qualification adopted by the NHS as the referenced standard since November 2001.

■ For further information visit [www.ecdl.nhs.uk](http://www.ecdl.nhs.uk)

**How will the NHS informatics communities manage to recruit and retain good staff during this busy time?**

This will be difficult in a constrained market but we

are offering interesting roles in one of the world's biggest IT implementation projects. The national HR strategy, *Making Information Count*, is aimed at informatics staff and designed to help recruitment and retention. In addition, the NHS Information Authority responsibility for supporting implementation has migrated to NHS Connecting for Health.

**Can we expect material to support local engagement with the public and service users and, if so, when?**

It is expected that communicators at all levels in the NHS will take responsibility for their own engagement and communications around the National Programme, supported by centrally-produced materials and toolkits.

This year will see the beginning of an information campaign, particularly about the implications of the NHS Care Records Service. These campaigns will be preceded by a major effort to inform NHS staff about electronic care records.

Staff from SHAs and trusts have been heavily involved in developing both the campaign content and delivery process. This will help to ensure that the work is manageable for local communicators.

# Service implementation

## Firing the **imagination** and **overcoming** fears

The National Programme's new service implementation strategy will help drive forward the introduction of new IT systems in the NHS, importantly providing central support for local delivery. [makingITwork](#) reports.

The prize will be enormous but, equally, huge change and effort is required to bring about the benefits of the National Programme for IT.

That's the message accompanying NHS Connecting for Health's new implementation strategy: a rallying call to the NHS to embrace innovations that will bring about radical improvements in working lives and patient care.

Richard Jeavons, recently appointed to lead NHS Connecting for Health's service implementation team, said: "We want to fire people's imagination, get them thinking about the new systems, how they can use them to do their jobs better and improve the quality and safety of patient care."

The strategy document sets out the vision and purpose of the service implementation team, making it clear that the success of the National Programme relies on the people who will use it: everyone who works in the NHS.

"NHS staff need to understand and believe in the benefits the National Programme technologies will bring for them and their patients; when those benefits will arrive, and what obstacles they will face in the meantime," says the strategy.

"They also need to know that their views, practical requirements and experiences will be right at the heart of the way the new systems are designed."

There's also a commitment by the team to be open about the

progress being made and to give organisations 'hard numbers' – results and lessons learned from pilots and early implementers and examples of benefits already realised – on which to build their own implementation plans.

Richard said: "We're not giving them targets but we will illustrate the level of change people should be looking for. It's not about giving them a checklist, but organisations are going to have to invest a lot of project management time in this."

Progress has been made, says Richard, not least in ironing out issues which have stalled engagement with front line staff. "Our approach has been to try to handle people's worries first. We've taken away fears and concerns as much as we possibly can and often they've been based on misunderstanding or lack of knowledge."

The honest-brokering by the national clinical leads to win GPs a wider choice of computer systems, including EMIS, is a prime example of NHS Connecting for Health's commitment to act on feedback from the service. Efforts have also been made to allay fears about the security and confidentiality of the NHS Care Records Service, and to review the technical processes involved in Choose and Book.

"We are pleased at the way some of the issues have been resolved," said Richard. "There is a lot of goodwill in the NHS and among the professions and royal colleges.

"We realise there will be other issues to sort out and we are getting on to provide support through the structure we now have in place. We are working at the leading-edge of large-scale engineering technology to bring about that prize – better patient safety and increased clinical quality, helping staff practise better care pathways and seeing more patients and achieving better outcomes."

■ A guide to the service implementation team is available at [www.connectingforhealth.nhs.uk/publications/final\\_si\\_brochure.pdf](http://www.connectingforhealth.nhs.uk/publications/final_si_brochure.pdf)

'Our approach has been to try to handle people's worries first. We've taken away fears and concerns as much as we possibly can and often they've been based on misunderstanding or lack of knowledge'



## View from the clinical leads

### Gillian Braunold

Gillian is working hard with her colleague Mike Pringle to address GPs' concerns about various aspects of the National Programme implementation.

Security and confidentiality around the NHS Care Records Service (NHS CRS) is proving the 'big thing', says Gillian.

"GPs have been using computers a long time and they are worried about something they've got already being taken away.

"We are going to have to convince them that the NHS CRS isn't going to upset the confidentiality they are able to offer their patients. We need to get that right before we start talking about the benefits of electronic care records."

The security and confidentiality issue is being addressed in several ways. The former NHS Information Authority information groups have been relaunched, chaired by national clinical leads, and two major events took place in May to hear concerns and plan action: a stakeholder conference and a joint event with the BMA and CRDB.

Gillian said: "We are helping NHS Connecting for Health look at clarity round the shared record, what will be shared and where people can and cannot restrict access."

Progress has been made on other issues which were troubling GPs. "We've acted as honest-brokers in the deal enabling GPs to have a wider choice of computer systems, including EMIS, and we've been involved in the review of Choose and Book.

"These issues have had to be acknowledged as part of our engagement process with GPs, some of whom are still very wary about what is planned."



**CLINICAL LEADS:**  
*left to right, Ian Scott, Gillian Braunold, Simon Eccles, Jan Dowsett, Mike Pringle and Heather Tierney-Moore, joint nurse lead with Barbara Stuttle*

### Jan Dowsett

Jan has a huge task on her hands, not only engaging with allied health professionals (AHPs) but capturing other professions which don't readily fall under the umbrella of the other national clinical leads.

She said: "My first priority has been to go through to the professional bodies and find out where the National Programme is on their agenda, what work they've done on it and who's involved.

"I've discovered that, for some, it is low down on their priority list and for others simply not there at all. Some have people working on it but there is little feedback and

consequently no ownership by the professional bodies.

"We need to engage these bodies, encourage them to take ownership of the issues and lead on their resolution."

Jan has also been identifying the best route via which to reach out to all the healthcare professionals and inform them about the National Programme and what's in it for them. She's already been featured in a series of articles in various newsletters and NHS staff bulletins.

She said: "For me the main thing about the National Programme is that it's a mechanism to improve patient safety and a major opportunity to improve access to services.

"These benefits will be enabled by the new IT but the National Programme is a massive change management programme involving every single profession, indeed everyone working in the NHS environment.

"Individuals need to take ownership of the National Programme – everyone has a duty of care to both themselves and their patients and they need to respond positively to what is being introduced and ensure the benefits are fully realised."

### Ian Scott

Ian's ambition is to see other trusts across the country enjoying the same level of IT support as Ipswich Hospital NHS Trust, where he is medical director and consultant colorectal surgeon.

Since 1987, Ipswich clinicians have been able to order and receive tests and request other services electronically for their patients such as physiotherapy

and dietetics intervention.

Ian said: "There were teething troubles at the beginning but now people hold their hands up in horror if there is an interruption in the system. It's pivotal to the running of the trust.

"The National Programme will change people's working lives dramatically and there's a community of people we need to reach who are not

already IT keen or literate."

Ian and his counterpart, Simon Eccles, plan to mobilise people with roles in service improvement, building on the clinical involvement already underway as part of the National Programme. Ian said: "It's important to get clinicians involved in their local implementation board. I chair the East Suffolk Implementation Board and the membership

includes a GP and consultant and we're going to recruit a nurse and an occupational therapist.

"I'd like to see that structure mirrored across the board and get people involved at local level.

"We also need high level support from leaders of the professions, the royal colleges and professional associations and get them to endorse the National Programme."

Real progress is being made on the implementation of the National Programme as makingITwork discovered.

# Lessons learnt

Local health communities and trusts are now at various stages in planning the implementation of the National Programme.

Whatever progress they have made, they are all being urged to adopt a similar path – one that will result in the consistent and effective implementation of the National Programme.

Aiding that process is the National Programme implementation guidance – a comprehensive step-by-step approach to what is required to get an organisation through a ‘standardised implementation life cycle’.

From initiation to realising the benefits, the processes involved in the life cycle are all mapped out in the National Programme implementation guide, a key part of the national guidance, which is readily available on the NHS Connecting for Health’s website.

Importantly, it will also provide NHS trusts with a valuable insight into how colleagues at other organisations progressed with implementation and the lessons they learned.

Phil Munt, implementation

manager within the implementation directorate, said: “The guide provides organisations with a consistent framework of guidance and a number of common tools and templates to enable them to consistently and effectively implement the National Programme.

“For example, there isn’t a standard template for a project initiation document, so we are developing one that people can use. We’re not mandating them to use it but saying if it’s worked elsewhere, you should find it useful.”

The implementation guidance was published late last year and was updated in May. The guide’s key activities table is updated daily to ensure people are able to use the latest information as part of their local implementation planning.

Phil said: “Many local health communities and trusts are still in the early stages of implementation planning so we recognise that the guide will become more utilised over time.

“But we have had a lot of positive feedback and we are being proactive and checking

how useful the guidance and supporting products are.”

To this end, NHS Connecting for Health has established an implementation guidance advisory group made up of trust, strategic health authority, local health community and cluster representatives. “The group is able to review our guidance regularly and validate our plans and ideas,” said Phil. “We also plan to provide good practice examples in the guide. There is a lot of knowledge and experience in the service already and we want to encourage people to share that.”

In addition, the implementation directorate plans to work with trusts – early adopter sites and others next in line – who have ‘real time’ experience of implementation. “This will help us to share the lessons learned and improve the central support that we can offer,” added Phil.

■ [www.connectingforhealth.nhs.uk/implementation](http://www.connectingforhealth.nhs.uk/implementation)

## Moira McGrath Single assessment lead, Hertfordshire

A total of 250 health and social care staff across Welwyn and Hatfield are now using the Single Assessment Process (SAP) to improve the care of their patients.

Staff at the Queen Elizabeth II Hospital are using laptops on trolleys to input information at the patient’s bedside, and plans are in place to provide community nursing staff with tablet PCs to enable them to do the same in patients’ homes.

The technology streamlines how personal details and care information are gathered, stored and shared. The data are only accessible to professionals involved in a patient’s care and no one else.

All health and social care professionals in the Welwyn and Hatfield pilot have immediate access to the latest assessment information on patients.

They are also able to send electronic referrals between teams and organisations.

Implementation in Welwyn and Hatfield involved six months careful planning, covering detailed briefings to staff and demonstrations of the SAP

## Julian Knight National programme go-live technical support team

In addition to its wealth of guidance, the National Programme is also providing ‘hands-on’ practical support to ease implementation.

The deployment issue resolution team’s role is to help existing system suppliers and trusts with any technical implementation issues.

Julian said: “The LSPs have their own support structure, but existing system suppliers and trusts need help to ensure their systems are compliant with the new IT that is being introduced.

“We’re here to help with

infrastructure issues such as connection to the Spine (see p12-13 for more on the Spine), security and messaging.”

The team, based in Leeds, responds to calls from both suppliers and trusts who are now busy introducing smart cards and readers as part of the security measures connected to the new NHS Care Records Service.

It is expected that the team will be called on more and more as implementation progresses this year across the NHS Connecting for Health’s five clusters.

Julian said: “The sheer volume of implementations over the next year will mean lots of trusts requiring technical support that we are more than happy to provide.”



Julian Knight

# Implementation progress

application, before training to use the new technology.

Moira said: "A key lesson we've learned is that you need to put a lot of time and effort into redefining the business process. It's also very important to manage expectations and keep communicating with staff.

"The system is doing what staff anticipated and they are finding it easy to use and it will be even better when the community staff are able to input information direct. At the moment they are having to use paper notes and then enter the information back at base so there is some frustration around double entry."

The pilot has involved Welwyn and Hatfield Primary Care Trust, East & North Hertfordshire NHS Trust, Welwyn and Hatfield older people's team and Hertfordshire County Council. Roll out of the SAP technology across the rest of the county is due to take place over the coming months.

Moira added: "We've gathered a lot of knowledge during the implementation process about the application, its potential and the benefits that can be realised in the longer term and this will help with its roll out to many more health and social care staff."

## Sue Wilson

**Head of electronic patient records, Sandwell & West Birmingham NHS Trust and local health community local implementation group programme manager**

Sue Wilson is using her many years of experience of large scale deployment of clinical systems and change management and benefits realisation to head up implementation in the Heart of Birmingham and Sandwell local health economy.

The acute trust and four primary care trusts are at various stages of deployment, supported by the National Programme's implementation guidance.

Sue said: "It's important you have the proper methodology otherwise you can not have a successful implementation.

"The guide provides that methodology and we are using it, as well as working with our local service provider to move ahead on implementation."

Sue Wilson

'We are trying to be as inclusive as possible and find advocates for the National Programme who can help with the process of telling people what it's all about'

One of the biggest challenges for Sue is to ensure staff across the board are informed about the National Programme and the benefits the new IT will bring about for patients and staff.

"Education is the biggest thing," she said. "We are trying to be as inclusive as possible and find advocates for the National Programme who can help with the process of telling people what it's all about.

"We have a lot of clinical champions who have experience of using IT and can help break down barriers in the local health economy.

"There has been a tendency among some staff to view the National Programme as a separate entity to other local and national projects.

"The National Programme is particularly important to us because it is integral to our own long term programme of improving services across all care settings within the local health economy, so it mustn't be seen in isolation."



# Implementation

# Nerve centre

It's the glue that holds the whole of the NHS Care Records Service together. makingITwork examines the Spine.

## The Spine

The Spine is a huge central database which will be used to store summary patient records of every NHS patient in England.

The information held by the Spine will be part of the NHS Care Records Service (NHS CRS) – the new electronic record management service for the NHS.

Each patient's NHS Care Record is made up of full local records held on computer where treatment is provided (for example GP surgery or hospital) and a summary record held on the Spine giving key demographic details (such as name and address) and medical information (like allergies, medication, test results).

Once the NHS CRS is fully implemented, having each patient's summary record stored on the Spine will mean that wherever and whenever a patient seeks care, those treating them will have secure access to information to assist with diagnosis and care. The summary record will also point clinicians to where full local records are held, helping to provide safer, more co-ordinated care.

Using strict access measures, clinicians will request patient information from the Spine. It will send the requests to its various applications which house the information using a messaging system which in turn sends back details to the clinicians.

At the same time, the Spine's capabilities are able to support two key services being introduced to improve patient care and the working lives of front line staff – Choose and Book and the Electronic Transmission of Prescriptions (ETP).

## National Application Service Providers (NASPs)

NASPs are responsible for purchasing and implementing IT systems common to all users nationally.

- BT – NHS Care Records Service
- BT – N3, the new National Network
- Atos Origin – Choose and Book

## Personal Demographics Service

The PDS is the central source for patient demographics. It holds typical information such as NHS number, name, address, date of birth.

The PDS can also contain a much wider range of information to allow for circumstances where a patient may be residing with a relative during recuperation, enabling important correspondence to be sent to the correct address.

## Personal Spine Information Service

The Personal Spine Information Service will be the central database containing clinical records on each NHS patient. The PSIS record provides an up-to-date summary of information and key events in a patient's life and care – drug allergies, operations, conditions, medication history – as well as details of contacts with care providers.

When current treatment generates essential information for continuing care, such as discharge information or notes of a visit to a walk-in centre, specified summary information is added to the PSIS record. In this way the person-based PSIS record gives information to and receives it from many local systems as the patient experiences healthcare.

## Transaction Messaging Service

The Transaction Messaging Service is a message transfer service to allow clinical messages from NHS CRS users to be securely routed to the service they are requesting and to manage the response to that request.

Depending on the type of message (eg relating to Choose and Book or the Personal Demographics Service), the Transaction Messaging Service identifies where the message needs to be sent.

## Access Control Framework

Access to NHS CRS data (held by the Personal Spine Information Service) is controlled by the Access Control Framework which registers and authenticates all users.

It will provide a single log-in and a record of each healthcare professional accessing a patient's NHS Care Record.

All information will be provided on a need-to-know basis and based on a user's role and 'legitimate relationship' with the patient.

It will store details of those relationships between healthcare professionals and patients as well as information to which patients have chosen to restrict access.

## NHS Care

### National Application Service Providers

Delivers national services

Personal Demographics Service (PDS)

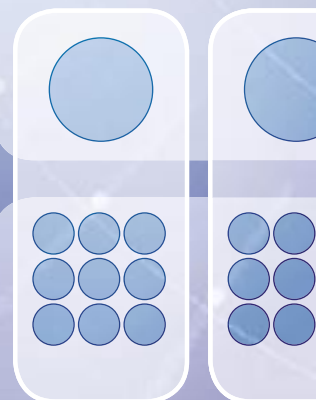
Personal Spine Information Service (PSIS)

Transaction Messaging Service

Access Control Framework

Local Service Providers

Deliver a range of local services



SHAs/Trusts/Units

Care and services for patients

# Records Service

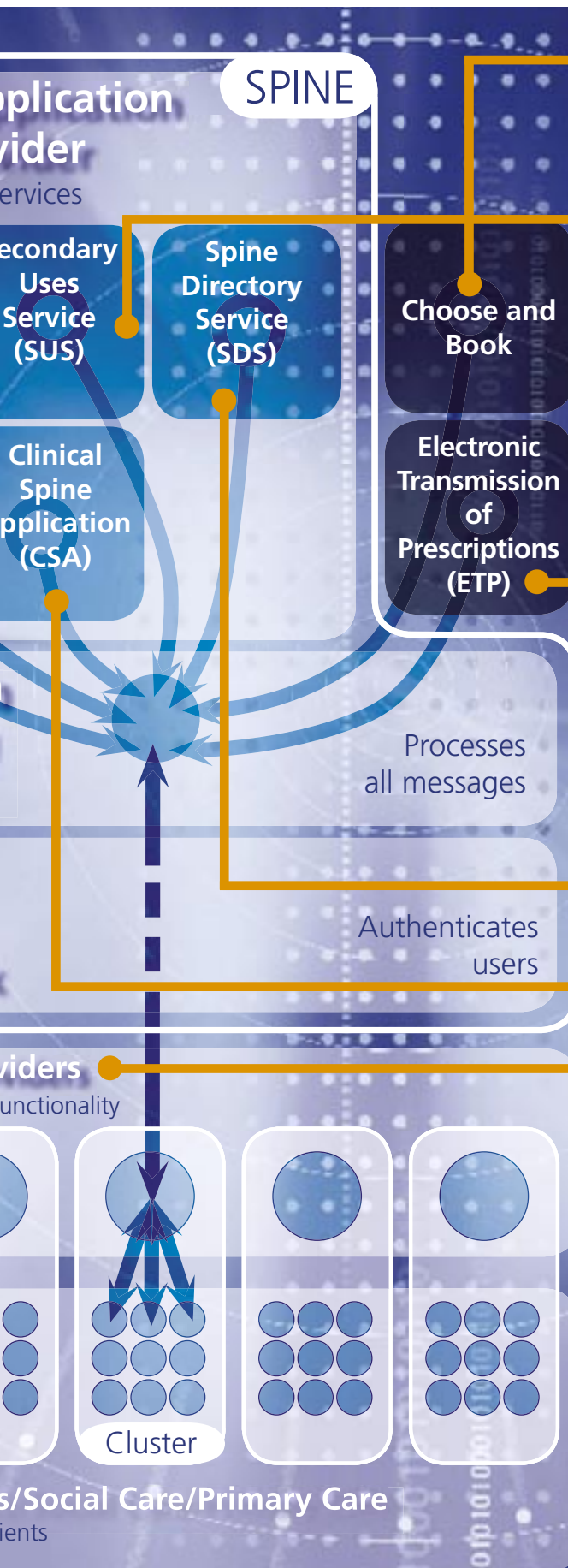
## Choose and Book

The new electronic booking service, Choose and Book, allows GPs and other primary care staff to make initial hospital or clinic outpatient appointments at a convenient time, date and place for the patient.

GPs will access the NHS CRS via the Spine to retrieve and update patient records as part of the booking process.

Choose and Book completely changes the way the traditional paper-based referral system currently works. It will remove the lengthy wait (often weeks) between visiting the GP and receiving an appointment from a hospital.

By the end of 2005, most patients in England will be able to choose from one of four or five hospitals (or other healthcare providers) commissioned by their primary care trust.



## Secondary Uses Service (SUS)

The SUS will protect patient confidentiality and will provide timely, anonymous patient data and other information for purposes other than direct clinical care. This includes looking at public health trends, analysing the effectiveness of treatments and planning the number of beds and staff the NHS needs.

SUS will support a number of national initiatives, the first being payment by results, a key government initiative which is changing the way money flows through the NHS.

## Electronic Transmission of Prescriptions (ETP)

ETP will allow prescriptions generated by GPs to be transferred electronically from their surgeries to their local pharmacies, improving patient information, saving patients time and giving them more choice in their healthcare.

GPs will send prescriptions to the Spine to make them available for dispensing. At the same time, prescribed medication details are added to patients' electronic records held by the NHS CRS.

The dispenser will obtain the electronic prescription from the Spine via the pharmacy's computer system.

Once the pharmacist has dispensed the medicine or appliance in the usual way, a message will be sent back to the Spine, recording what has been dispensed to the patient.

## Spine Directory Service

The Spine Directory Service comprises a master source of information about accredited users and systems. Every transaction/message processed by the Spine will be checked against the information in the Spine Directory Service to ensure it is from an authorised user and system. It is therefore a key component of the security of the Spine.

## Clinical Spine Application (CSA)

The web-based CSA will provide healthcare professionals with access to the NHS CRS to gain controlled access to patient information provided by the PDS and the PSIS.

It enables clinicians and other staff to enter new information relating to a patient's healthcare. CSA will be used by staff who do not have access to local NHS CRS compliant systems to send and receive information to and from the Spine.

## Local Service Providers (LSPs)

LSPs are delivering IT systems and services on a local level for the NHS Connecting for Health's five clusters:

- London – Capital Care Alliance (BT)
- North East – Accenture
- Southern – The Fujitsu Alliance
- Eastern – Accenture
- North West & West Midlands – CSC Alliance

# Progress

# Patient power

makingITwork looks at the progress made in getting patients and the public involved in the National Programme for IT.

This year will see more and more patients becoming actively involved in the National Programme for IT.

They'll be asked for their views on patient information, test new systems and take part in influential workshops, making a major contribution to the improvement of patient care along the way.

Already, intelligence gathered through patient research and wider consultation has informed key design and implementation decisions.

Patients and carers have been involved in testing new services such as Choose and Book before launch, reading materials before publication and sitting on project boards and advisory committees.

Talks have been given to external audiences about the National Programme, confidentiality and public engagement. A seminar, hosted with the National Consumer Council, launched a joint project to pilot ways to build health literacy with hard-to-reach groups.

In addition, research has been commissioned in a GP surgery where patients have had access to their records for 20 years. It will ascertain how patients use their health records, and will inform the design of the HealthSpace website, and provide valuable information about patient views on electronic NHS Care Records.

A nationwide campaign will be launched to inform both NHS staff, patients and the public about the NHS Care Records Service: the benefits and risks of electronic records and patient options for information sharing. The campaign has been developed in partnership with service users, patient groups and people from the NHS such as Patient Advice and Liaison Services staff.



## Liz Stone, Mencap

"It's really good for people with learning disabilities to have the opportunity to influence at that kind of level," says Liz Stone, total communication officer with the charity, Mencap.

She's reflecting on her work with colleagues in a focus group which analysed patient information about several aspects of the National Programme,

including Choose and Book and the NHS Care Records Service.

The focus group was made up of Mencap staff and advocacy groups who are experienced in developing public information and speech therapists who work with people with learning disabilities. People with a learning disability were also involved in the focus group and in the follow up work.

"We looked at how the information already produced could be made more accessible for people with learning

disabilities," said Liz who has worked for Mencap for more than seven years and is also acting in an advisory role to the National Programme.

"The work we did is now informing the National Programme's communication with the public. It has been a really interesting experience and given Mencap the opportunity to work in partnership with another organisation.

"It has also given people with a learning disability the opportunity to be influential consultants."

## Choose and Book

The Choose and Book service is now live in the London, North East, Eastern and Southern Clusters. The North West & West Midlands Cluster is scheduled to go live in summer 2005. NHS Connecting for Health continues to implement a range of measures to engage stakeholders and to assist take up. These include the completion of a Directory of Services video, the production of a Choose and Book video for use in primary care and leaflets for staff and patients addressing confidentiality issues. Significant work is also underway to promote the use of the Choose and Book appointment line within the GP community.

## NHS Care Records Service (NHS CRS)

Work is concentrated on ensuring that Spine services have the necessary resilience and availability to support increased use of Choose and Book and the Electronic Transmission of Prescriptions (ETP). In addition to these service enhancements, the major releases of Spine functionality expected in 2005 are to support the second release of Choose and Book, payment by results and additional functionality for ETP.

## Email and Directory Services – Contact

There are currently more than 65,000 active users on the Contact service across the country. The Contact team have started work on a managed migration project to bring trusts onto the service with all their historic email and calendar data. The first trusts should start migration later this year.

## Electronic Transmission of Prescriptions (ETP)

The ETP programme has started its roll-out of the Electronic Prescription Service at a limited number of initial implementer sites. The first site to go live was Keighley, West Yorkshire, followed by Croydon. Good progress has been made, with over 15,000 prescriptions produced to date. Further initial implementations will be used to help prove the technology and refine the ETP prescribing and dispensing processes.

The ETP programme is working with pharmacist and GP user groups to review the impact of the



makingITwork charts the progress being made across the National Programme's range of projects.

# Service roundup

new service on working practices within surgeries and pharmacies. These groups are providing advice and guidance. The programme continues to engage with prescribing and dispensing system suppliers to develop ETP compliant systems and to raise awareness of the programme. This will help to ensure a smooth transition from initial implementations to wider deployment. The overall ETP implementation strategy is now being developed, informed by the lessons learned from the initial implementer sites.

## PACS

The first PACS systems procured through the National Programme for IT have gone live in the London and Southern Clusters. Detailed implementation plans have now been submitted by the three LSPs with whom there is a PACS contract, and work is progressing on contracts for the North East and Eastern Clusters.

## IT supporting GPs

National rollout of QMAS (Quality Management and Analysis System) to support the GMS contract quality and outcomes framework (QOF) to all practices and primary care organisations in England took place in August 2004. The first year's QOF achievement reports were available for practices to review on 2 April 2005, the end of the financial year.

The QMAS training website [www.qmastraining.nhs.uk](http://www.qmastraining.nhs.uk) continues to operate successfully with more than 67,000 hits to the site to date.

A review of the QOF assessor toolkit functionality has taken place and the Department of Health has requested a 12 month extension of the contract. This toolkit supports QOF assessors in the end of year quality review process.

The GP to GP electronic health record transfer project is underway. The project is currently in the final

stages of clinical validation of two GP clinical systems before obtaining authority to commence from the clinical safety committee for roll out to early adopter practices.

A new GP clinical system choice project has been established. It will work with suppliers with the aim of reaching contracts with all LSPs to make their GP IT systems available nationally. See lead story.

## National Network (N3)

"The implementation of the National Network for the NHS is progressing with in excess of 9,600 connections since signing the service provider contract with BT. These connections include the accelerated general practice programme, with more than 6500 practices connected. The upgrades have provided N3 connections to in excess of 50,000 primary care personnel and the new connections have, to date, provided higher bandwidth for over 400,000 NHS staff."

# Choose and Book

# Right combination

Choose and Book is now up and running, revolutionising the way patients select and book hospital care. **makingITwork** reports.

Patients across the country are booking hospital appointments under the new Choose and Book GP referral service.

More than 1,500 patients have benefited from bookings made by GPs in early adopter sites in London, the North East, East and South of England.

The new service combines electronic booking with a choice for patients over the time, date and place of their treatment.

Fifty nine GP practices have been involved to date, making initial outpatient bookings for their patients in a range of specialities at 14 acute trusts.

The next few months will see more GP practices and trusts across the NHS come on stream, enabling more patients to book appointments, quickly and conveniently.

Clare Mitchell, the National Programme's group programme director for Choose and Book, said: "Choose and Book has been well received in the early adopter sites and we are now set to embark on wider roll out. NHS Connecting for Health sees Choose and Book as a priority for 2005 and that can only be good news for patients as well as staff."

■ For more information visit [www.chooseandbook.nhs.uk](http://www.chooseandbook.nhs.uk)

## The Barnsley experience

Barnsley GP Dr Pat Brown is taking a lead role in developing Choose and Book in general practice. With an established track record in using IT systems, she was one of the first GPs to go live with the system in patient consultations.

"These are very early days, but even at this stage it's clear that patients are set to benefit from Choose and Book," she said. "One of the first patients I

booked through the system was very impressed as she was able to open her diary and write down her appointment there and then.

"Choose and Book will mean less work for the practice team overall in chasing appointments, but a bit more work for GPs – especially as more choice comes on stream and we are using the Directory of Services to guide patients through an increasingly wide range of providers.

"The directory will however be crucial in improving care pathways and ensuring we get patients to the right clinician first time round. There'll be a lot of work to do to develop this properly and consultants will need to specify their exact areas of specialism – but it will be a valuable tool.

"As Choose and Book rolls out, it will be vital to engage GPs in the process. As an early adopter site, my message to other GPs and practices is to try the system. It will take investment and time to get it right but the benefits will be worth it in the long term."

Barnsley District General Hospital is now using Choose and Book to take electronic bookings from GPs into five specialities, including ear, nose and throat, gastroendoscopy, direct access endoscopy, cardiology and rapid access chest pain.

Outpatients clerical services development manager Justine Britton has played a key role in developing the right skills and infrastructures



Dr Pat Brown

within the booking team and takes a proactive role in managing the flow of outpatient slots.

She said: "We've been reserving a number of our appointment slots for Choose and Book, so it's been important to monitor these slots closely and ensure that any unused appointments are recycled back into the paper referral process.

"As more appointments are booked directly into the system through Choose and Book, this monitoring role will become even more important for us and the booking clerks. Patients do need to change or cancel their appointments

and we will need to manage the slots proactively to ensure they are not wasted.

"Choose and Book is the right way forward. An obvious benefit for patients is that they get choice about when and where they are treated. But it will also help us keep track of where they are in the system."



Justine Britton