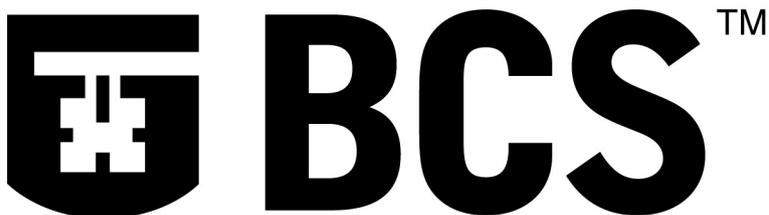


# Report from the British Computer Society Heath Informatics (London & South East) Specialist Group



THE BRITISH COMPUTER SOCIETY

**January 2005**

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## **Editorial**

We are now well into the system of providing a Newsletter style of report after every meeting of the Group. This style is optimised for printing and reading, rather than just screen browsing, and hopefully that is proving satisfactory for members.

The Committee met on 26<sup>th</sup> January.

We returned to the question of how to stay in communication with members. Members who have not declared an e-mail address were sent a postal enquiry, and there were only a few replies.

The Committee decided to update the current membership list to exclude those without an e-mail address, and also those who have unsubscribed from the BCS e-mail list server. Exclusion means that those people will not appear in the Society's records as Group members. Some e-mails bounce back, but this may happen for temporary technical reasons. We will not actively review the bounce back list at this stage.

The Society is upgrading its central IT services. The Committee agreed that its next e-mail broadcast to Group members is likely to be timed such that it can double as a test message for the new system.

The good news for Group members is that the Committee has no plans to start charging an annual subscription for membership. Since we do not restrict our meetings or publications, the only dedicated membership service is the broadcast e-mails. If and when we run out of money, we will have to think again about how to pay for the refreshments at meetings.

The forward list of meetings received the usual attention. People are obviously keen to hear about the practical issues of implementing the national and local aspects of NPfIT, and we will have topics to cover more ground during the rest of the year.

Due to building work at Moorfields, meetings are being held at the Society's new office in Southampton Street, Covent Garden. We will decide later whether to move back to Moorfields. (The Chairman is quite keen on the benefits of being out of the office.)

The next event though will be our debate session at Harrogate (HC2005). It's in the programme for Monday afternoon. Come along for a not too partisan discussion on the clinical utility of the National Programme.

**Mark Buckley-Sharp**

## **Advance Notice**

The next meeting of the Group will be at HC2005 on Monday afternoon 21<sup>st</sup> March.

The following meeting will be on Wednesday 18<sup>th</sup> May, at BCS Southampton Street, Covent Garden, when the topic will be Wireless Networks at UCLH, presented by Logica CMG.

## Meeting Report January 26<sup>th</sup> 2005

### The Existing Systems Programme (NPfIT)

Although NPfIT may appear to be about the supply of new systems, it cannot be forgotten that we are where we are, and that means we have a lot of existing systems. In some cases we even love our present systems, and cannot imagine a useful life without them.

Given the present, and given the future objective for much more standardisation of systems and all the benefits that will bring, there is a specific need to manage existing systems either into a controlled integration or into a controlled shutdown. For most systems, a long term future standing aside from NPfIT is not going to be an option.

It is therefore appropriate that NPfIT should include an Existing Systems Programme (ESP). **David Perry** from the NPfIT ESP came to describe the work of the Programme, and how it is providing guidance to industry, and to all levels of the national programme.

Contact: david.perry@npfit.nhs.uk

From the point of view of the end-user, the Existing Systems Programme (ESP) is about recognising that the user's current system will remain in place for a lesser or greater amount of time while new systems come on stream, and a transition process is managed.

ESP is underpinned by the NPfIT architecture. It attempts to make sense of the implications for existing systems' suppliers and users alike.

ESP is not about delivering the new systems; its targets relate more to new functionality which may be required from existing systems.

Choose & Book is a functionality connecting GP systems with Trust patient administration systems (PAS). So, as an example, existing GP systems without such functionality need to be developed to include it, and in a timescale which matches the national targets for widespread implementation. If that can't be done, then an individual existing system risks being seen as unfit for purpose. Choose and Book is just becoming available, and is intended for widespread implementation before the end of 2005.

NCRS (often referred to as the Spine) is essentially a series of databases. The spine is live now.

Electronic Transfer of Prescriptions (ETP) requires messages between GP systems and community pharmacy systems. This is on plan, with a pilot starting soon, and full rollout in Q2 2005.

Picture Archiving (PACS) systems have been confirmed as part of the core LSP offering. Systems are now starting to roll out.

GP to GP (GP2GP) functionality is to allow records to follow patient movements. This is required only by GP systems, and is at the startup stage.

Networks (N3) is live and is deploying to an increasing number of sites and users.

The overall Architecture, which will allow the national and local systems to interconnect effectively, and will allow other systems to attach, is now well understood. The NCRS connects with the LSP systems, which between them are running only two core system applications (iSoft-Lorenzo and IDX-CareCast). In general, systems in Trusts will connect with their local core system via one or more tiers of interface engines. At Trust level, individual existing systems could either be absorbed into Lorenzo or CareCast functionality, or may remain separate and be interfaced.

There will be some systems connecting directly to NCRS, but we must be clear what this means. There is no general status called 'spine compliant'.

For a few systems, there will be a rich integration with NCRS. In practice they are the national type systems such as NHS-Direct and Prescription Pricing. These are not really the systems where there is a dispersed interest.

For most systems likely to go through the ESP process, there is only a precisely defined set of functionalities which are to be considered. They follow from the functionality targets listed above. So, PASs only require to be compliant for Choose & Book; community Pharmacy systems are only required to be made ETP compliant; GP systems require compliance for Choose & Book, ETP and GP2GP.

ESP is therefore quite a large programme and may take a number of years, depending on how long existing systems remain in use. During this time, there are Implications for all parties – Trusts, existing

system suppliers, and the LSPs with their core offerings.

From a Trust viewpoint, they have systems with varying expected lifespans, and where supply and support contracts have to be managed. There are also operational change management and LSP deployment plans to consider.

In primary care, there will continue to be a choice of systems, conditioned by the need for compliance (see above).

From a supplier viewpoint, there may be requirements to interface with the spine (but only for the limited functionality mentioned above), and/or with LSP systems.

Users and suppliers must work together. A supplier could decide to exit the market, and the users need to adjust their own timetables accordingly.

Throughout the programme, the commercial responsibilities must be understood between NPfIT, LSPs, Trusts and existing system suppliers.

A formal Guidance document is available from ESP and the current version (V2) is at [www.npfit.nhs.uk/industry](http://www.npfit.nhs.uk/industry). Version updates are in progress. Overall, ESP seeks a coordinated approach to suppliers; management of compliance processes; and support to NHS users.

ESP has identified candidates for the Compliance process; has a plan for that process; and is increasing its ability to deliver compliant systems.

As described (above), spine compliance is not a generic status, but is always a specific subset of functionality – for example, Choose & Book messages. However, all systems must deliver on the common requirements of system security eg, user logon, and of NHS number use.

Compliance candidates have been prioritised with the aim of maximising the impact over the user community. The compliance testing process started in August 2004, and should hopefully complete in December 2005. Changes to the plan and progress are controlled monthly.

The Challenges in the work of ESP include potential slippage, unhappy suppliers or users, insufficient detail in the plans, and dealing with interface specifications which are new and unproven. The ESP strategy is currently being updated to take account of these challenges.

The meeting then took questions.

Q. Will ETP (prescriptions) be spread to Trusts (rather than being confined to primary care)?

A. This will depend on the LSP core offer.

Q. What advice can be given about the pros and cons of buying a new departmental-type system?

A. That has to depend entirely on which system, what type of department, and ultimately, how it will fit with an organisation's overall deployment plan.

Q. Do suppliers create their own compliance process, or is the process documented for them in advance?

A. Documents are available. There is guided design and build, but the supplier's work is at their own cost.

Q. What about varieties of PACS working with varieties of PAS?

A. This is not a spine compliance issue. It is more likely to be a business case issue.

Q. Can Trusts procure their own systems?

A. Yes, although there will probably be operational or commercial reasons why the LSP core systems would be a better option.

Q. What about functionality for Mental Health Trusts?

A. Mental Health systems are in the Compliance Plan.

The meeting ended with thanks to **David Perry** for his very informative presentation.

As will be apparent from the presentation, the Existing Systems Programme is ongoing, and our report is a current snapshot. Updates will come via new versions of the Guidance document referred to in the report.