

The NHS in England: the operating framework for 2007/08

**Guidance on preparation
of local IM&T plans**

DH INFORMATION READER BOX

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| Description | This document, addressed to all NHS Chief Executives, provides supplementary guidance to the NHS on the development of local IM&T plans in support of health and service priorities and reform. With the shift to a self-improving system, the accent is on local ownership and leadership driving a local IM&T agenda, which also meets a defined set of national expectations and exploits the National Programme for IT (NPfIT). |
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1. Introduction

The NHS Operating Framework for 2007/08 (Annex 1) identified the need for sustained focus on information management and technology (IM&T) in the NHS to deliver better, safer care. From 2007/08 onwards, IM&T investment and exploitation will form part of mainstream NHS planning in support of health and service priorities and reform. With the shift to a self-improving system, the accent is on local ownership and leadership driving a local IM&T agenda which also meets a defined set of national expectations and exploits the National Programme for IT (NPfIT).

The objectives for 2007/08 are that:

- all NHS organisations build a comprehensive forward-looking local IM&T plan which is core to their business – and PCTs start to drive alignment of provider IM&T plans in support of their strategic commissioning agendas;
- local IM&T plans meet national expectations set out in the Operating Framework for 2007/08 and that they make available the funding and capacity, including clinical time, to do so;
- SHAs exercise their accountabilities established under the NPfIT Local Ownership Programme (NLOP) for IM&T implementation and benefits realisation and to ensure the NHS has the capability and resources to deliver.

To meet these objectives, planning actions for 2007/08 are:

1. An IM&T spending projection for 2007/08 should be submitted as part of the FIMS due early in 2007 (see Section 2).
2. NPfIT commitments for 2007/08 should be agreed with SHAs and entered in the National Programme Office database by end March 2007.
3. Local IM&T plans, incorporating NPfIT commitments and reflecting national expectations, should be complete and quality assured by PCTs and SHAs by end March 2007 (see Section 3).
4. By June 2007, SHAs and DH will jointly review the content of IM&T plans, identifying priorities and gaps. This dialogue will inform the development of national IM&T strategy, the next round of planning and the future products offered by the NPfIT.

This guidance is aimed at boards and Chief Executives in the NHS and sets out the actions expected of:

- All NHS providers, including the provider side of PCTs;
- PCTs and Care Trusts in their roles as commissioners ("PCT commissioners");
- SHAs.

2. Local investment in IM&T for 2007/08 – early 2007

Sustained local funding for IM&T is reflected in the tariff set for 2006/07 which included a 0.3% uplift – equivalent to more than 10% of combined revenue and capital spend on IM&T across the NHS. An additional 0.1% uplift has been incorporated in the tariff for 2007/08.

The FIMS return due in early 2007 will include a table for planned IM&T revenue and capital spend in 2007/08. To complete this table, provider organisations should refer to guidance provided for the 2006 NHS IM&T Investment Survey¹.

2.1 All NHS Providers

Chief Executives should ensure that the planned level of spend indicated is sufficient to cover:

- completion of deployments started in 2006/07;
- all plans for IM&T deployments, including from the NPfIT in 2007/08;
- national expectations for 2007/08 (see Annex 1);
- anticipated deployments in 2008/09 which have to be initiated in 2007/08;
- service improvement and healthcare transformation needed to maximise the benefits realised from all NPfIT implementations (including those in prior years).

2.2 PCT Commissioners

Commissioners are expected to take a view of IM&T investment across their local health community and establish whether that planned spend:

- as a minimum reflects the tariff and strategic capital commitments to IM&T investment;
- is incorporated, as appropriate, in commissioning contracts agreed with providers;
- covers any costs arising from mergers.

¹ ROCR/OR/0164; sent to SHA Directors of Finance and CIOs and FT Directors of Finance by Alan Stuttard, 26 June 2006

2.3 SHAs

SHA Chief Executives, as Senior Responsible Owners for NPfIT implementation and benefits realisation across their patch, should assure themselves that:

- IM&T investment across the SHA is sufficient to support the local vision for healthcare transformation, national policy such as 18 weeks and national IM&T priorities;
- IM&T investment across the SHA reflects the tariff uplift for IM&T investment.

3. Local IM&T plans due by end of March 2007

The goal for 2011 is that IM&T in the NHS will enable the safe and seamless delivery of patient care across organisational boundaries. This requires each NHS organisation to plan for sustained IM&T investment that achieves a common set of functions and national integration standards. While initial local plans may be imperfect, it is crucial that the NHS starts to address this goal. The Strategic Systems Maturity Model (SSMM) in Annex 2 provides a framework for local planning – the aim for March 2011 is to reach Level VI.

In meeting this challenge, Chief Executives of all NHS organisations should actively build the IM&T and service transformation capacity and capability required to deliver this modern, IT-enabled NHS. We will support the NHS by providing tools and services to assess and develop local IM&T capability.

3.1 All NHS Providers

- Develop a local IM&T plan for 2007/08 which:
 - shows an inventory and map of current systems (architecture);
 - sets out a timeline for key deployments;
 - projects the benefits to be realised from current and planned deployments;
 - shows the skilled manpower and funding required;
 - demonstrates value for money from enterprise-wide agreements, including NHSmail;
 - takes account of national expectations (See Annex 3: Meeting National Expectations and Exploiting NPfIT – A Checklist).
- Develop a longer-term IM&T plan for 2011 which supports core business objectives and achieves migration to the goal of SSMM Level VI. This longer term plan should set out:

- the future systems architecture for March 2011, and the planned position in March 2009;
- a supporting timeline showing indicative deployments;
- emerging requirements and priorities for new IT solutions;
- how national expectations are met (See Annex 3: Meeting National Expectations and Exploiting NPfIT – A Checklist).

3.2 PCT Commissioners

- As SRO, establish the capability and capacity for cross local health community (LHC), IM&T-enabled, transformation programmes, building on ISIP experience (www.isip.nhs.uk).
- Establish a programme which addresses:
 - availability of effective tactical solutions to support and enable achievement of the 18 weeks target;
 - achievement of strategic commissioning objectives through use of PACS and Choose & Book across organisational boundaries and associated benefits realisation;
 - quality assurance of provider IM&T plans by end March 2007;
 - management of risks associated with any inherited IM&T legacy issues from reconfiguration, which if not addressed would prevent the PCT meeting the 2007/08 health and service priorities.

3.3 SHAs

- Assure that the local NHS has the capability and resources to deliver their plans; in particular that sufficient skills are available to support planned deployments; this may require a pooling of resources at SHA level.
- PCT Chief Executives have executed their SRO responsibilities for NPfIT implementation and benefits realisation across their LHC.
- Ensure alignment of assumptions for availability of LSP solutions within contractual commitments.
- Reconcile planning benefits in local IM&T plans with the SHA accountability for NPfIT benefits realisation.
- Ensure mechanisms are in place for performance management of implementation and benefits realisation.
- Review content of local IM&T plans and make assessment of:
 - fit with local strategic commissioning agendas;
 - achievement against national expectations;
 - emerging requirements.

- Review findings in dialogue with other SHAs and DH by end June 2007.

Operating Framework 2007/08

– IM&T references

INTRODUCTION

We are devolving power from the centre to the service in many ways, not least in how we allocate money, such as the unbundling of central budgets. Some of the key enablers of service transformation, such as the delivery of Information Technology will also increasingly need to be driven and owned out in the service rather than from the centre, so that patients can get the full benefits as quickly as possible.

- 1.6 Our strategy is to address these challenges through:
- more choice and voice for patients, giving patients real power, backed up by strong commissioning;
 - more diverse providers, with more freedom to innovate and improve services; and more competition on quality;
 - financial incentives to improve care and promote sound financial management and best value;
 - national standards and regulation to guarantee quality, safety and equity;
 - ***sustained focus on information management and technology to underpin the reforms and deliver better, safer care.***
- 2.7 Genuine clinical engagement, the development of new alternatives to existing services and ***effective use of information management and technology***, will be the key to the successful delivery of the 18 week objective and should be a priority for all NHS leaders.
- 3.4 [...] exploiting local investment in Choose and Book and its ***integration with local IM&T systems.***

Information Management and Technology

- 3.44 IM&T is central to the delivery of health reform, supporting patients in their choices and helping to deliver better, safer care. That is why we remain committed to the vision of a modern IT-enabled NHS set out in *Delivering 21st century IT support for the NHS* and to a national programme for IT (NPfIT). The vision will be achieved by improving NHS IM&T and service transformation capability, placing ownership of the NPfIT and its commitments with the NHS under the NPfIT Local Ownership Programme, and by the NHS making sustained local investment. Progress towards the vision will be

assured through performance management, and national IM&T standards will be established in discussion with regulators. We will support the NHS by providing tools and services to assess and develop local IM&T capability.

3.45 2007/08 marks a shift in expectations and responsibilities for the NHS, in which an NHS organisation's capability to deliver this agenda will come into sharper focus. This means:

- for all NHS providers, having a comprehensive forward-looking IM&T plan which is core to their business, exploits fully the NPfIT opportunity and thereby demonstrates migration to the NHS Care Record Service;
- for PCTs as commissioners, both having their own comprehensive IM&T plan, and working with all providers in their local health communities to align IM&T plans and enable patient-centred service transformation;
- for SHAs, now accountable for implementation and realisation of the benefits from the NPfIT, assuring that the local NHS has the capability and resources to deliver their plans.

3.46 For 2007/08, plans should demonstrate how, in addition to local objectives, the following national priorities will be delivered:

- Sound information governance in light of the Care Record Guarantee;
- Achieving national data quality standards;
- Preparing for the roll-out of the national summary record;
- Implementation of GP Systems of Choice;
- Deployment and benefits realisation for Patient Administration Systems (PAS) and Order Communications and Results functionality, in line with existing commitments and targets set by each SHA in the context of existing commercial arrangements;
- Completing implementation and benefits realisation for Picture Archiving and Communications Systems (PACS) in line with existing plans, ie all deployments completed no later than December 2007;
- Fulfilling all other current deployment commitments;
- Further exploitation of electronic booking;
- Implementation and benefits realisation for the Electronic Prescription Service.

3.47 More detailed guidance to support organisations in preparing their plans will be issued shortly.

Strategic Systems Maturity Model

The framework for local planning – the target for March 2011 is Level VI.

This will be developed further to include cross references to NHS priorities and benefits opportunities.

| NHS Care Record Service | General Description | Acute and Community | Mental Health | GP | Ambulance |
|--------------------------|--|--|---|---|---|
| NHS CRS Level I | Existing systems suppliers; | Choose & Book Compliant | | | |
| NHS CRS Level II | Patient Administration System, provided in 'hosted' environment integrated with spine for PDS and 'Booking' functions | Integrated with 'spine' for : PDS; Booking; | Integrated with 'spine' for : PDS; Booking; | Integrated with 'spine' for : PDS ; Booking; ETP; | Integrated with 'spine' for : PDS ; |
| NHS CRS Level III | Patient Administration System, (NHS CRS level II) plus Order Communications (OCM) and Results Reporting (RR); and simple interfaces to departmental systems For Menal Health this included both SAP and CPA functionality | Integrated with 'spine' for : PDS; Booking; | Integrated with 'spine' for : PDS; Booking; | Integrated with 'spine' for : PDS; Booking; ETP; GP2GP; | Integrated with 'spine' for : PDS; |
| NHS CRS Level IV | Patient Administration System; (NHS CRS Level III) , plus Organisation wide scheduling, Clinical Noting, Care Pathways, and simple Decision Support | Integrated with 'spine' : PDS; Booking; Simple PSIS; | Integrated with 'spine' : PDS; Booking; Simple PSIS; | Integrated with 'spine' for : PDS; Booking; ETP; GP2GP; Hosted to CfH SLA; [GP reference or Alt GP | Integrated with 'spine' for : PDS; Simple PSIS; |
| NHS CRS Level V | Patient Administration System (NHS CRS Level IV); plus Integrated Care Pathways and Scheduling across Health community settings; Decision Support, and Electronic Prescribing, | Integrated with 'spine' for : PDS; Booking; PSIS; | Integrated with 'spine' for : PDS; Booking; PSIS; | Integrated with 'spine' for : PDS; Booking; GP2GP; ETP; Hosted to CfH SLA; PSIS; [GP reference or Alt GP solution] | Integrated with 'spine' for : PDS; PSIS; |
| NHS CRS Level VI | Patient Administration Systems (NHS CRS Level V); fully | Fully integrated 'Strategic Solution' working across all organisational and professional boundaries with full integration to 'spine' | | | |

Meeting National Expectations and Exploiting the NPfIT – A Checklist

National IM&T priorities for 2007/08 were set out in the Operating Framework. This checklist has been provided to help NHS organisations assure themselves that their local IM&T plans meet national expectations and exploit the solutions available under the NPfIT contracts.

For easy reference, the checklist order is consistent with the order of priorities listed in the Operating Framework, and expectations set out separately for:

- All NHS providers, including the provider side of PCTs;
- PCTs and care trusts in their roles as commissioners ("PCT commissioners");
- SHAs.

Note that IM&T plans should include a projection of benefits to be realised from current and planned deployments of all solutions listed in this checklist.

I Information governance

Chief Executives were asked by Sir Ian Carruthers on 21st August² to review their information governance by March 2007 to ensure best possible compliance to the Care Record Guarantee³. For most organisations, to achieve this in the immediate future, the role of IT solutions will be secondary to local information sharing policies and procedures. Organisations will know through this exercise what actions are required in 2007/08 to achieve full compliance with the Guarantee.

The Information Governance Toolkit⁴, which informs the Healthcare Commission's assessment, provides a framework for this task. Of particular relevance are those standards referring to:

- overall information governance structures, policies and processes

² Sir Ian Carruthers letter 21st August, National Programme for IT – responsibilities and information governance Gateway ref 7042; <http://www.dh.gov.uk/assetRoot/04/13/86/34/04138634.pdf>

³ Care Record Guarantee; <http://www.connectingforhealth.nhs.uk/crdb>

⁴ Information Governance Toolkit; <https://www.igt.connectingforhealth.nhs.uk/>

- internal and external information sharing policies.

All NHS Providers

- By March 2007 there should be a clear process for responding to patient requests for:
 - ➔ the organisation's data sharing policy;
 - ➔ personal clinical information not to be shared over the organisational boundary;
 - ➔ information on who has accessed their data and for what purpose.
- There is a clear data handling policy for staff, including gaining patient consent, with disciplinary policies that adequately reflect its importance⁵
- Disaster recovery plans include mechanisms to ensure the safety of patient information and the continuity of care.

PCT Commissioners

- Compliance with the Care Record Guarantee is built into contracts with provider organisations.

II Achieving national data quality standards

All NHS Providers

- Sufficient capacity and capability is made available for data cleansing prior to any planned NPfIT or locally agreed migrations in 2007/08.
- To improve patient safety, providers have a plan for complete adoption of the NHS number as the unique patient identifier. Specifically, they should ensure that the NHS Number (where it has been issued) is to be used for all patient communications with migration towards compliance with the Personal Demographics Service. Tracing available through NSTS will be replaced by a product on the Personal Demographics Service in due course.

PCT Commissioners

- Data quality in primary care is benchmarked and plans for improvement in place through support services such as Primis+ (see www.primis.nottingham.ac.uk).
- PCTs should be concluding work on implementing Commissioning Data Sets (cds). Migration to cds v5 is due by March 2007, and plans should be drawn up for adoption of cds v6 from October 2007, in preparation for being fully live by April 2008.
- 2007/08 contracts with providers contain a requirement for them to make available sufficient short term capacity and informatics support for data cleansing prior to any planned NPfIT or locally agreed migrations in 2007/08.

⁵ Guidance for the NHS about accessing patient information in new and different ways, and what this means for patient confidentiality (<http://www.nhscarerecords.nhs.uk/guidanceformhs>).

SHAs

- Local IM&T plans demonstrate these planned improvements.

III Roll-out of national summary record

Early adopters will start in spring 2007 and be evaluated to inform roll-out. Preparation for roll-out will depend critically on initiatives to improve data quality, information governance, availability of NPfIT solutions and adoption of GP Systems of Choice.

IV Implementation of GP Systems of Choice (GPSoC)

PCT Commissioners

- An asset management plan should exist for general practice, in order to achieve a rising standard for general practice IT infrastructure.
- Plans exist to upgrade IT assets to achieve compliance with the General Practice IT Infrastructure Specification by December 2007.
- PCTs have a plan for take-up for Local Service Provider (LSP) and Existing System Provider (ESP) GP clinical IT systems in line with emerging supplier roadmaps.
- Local funding is in place to deliver the plans above.

SHAs

- Plans are in place to distribute NHS CFH capital funding for IM&T investment in GP Practices to PCTs at the start of 2007/08.
- PCT plans should reconcile, in aggregate, with overall contractual commitments to LSPs.

V Deployment and benefits realisation of PAS & OCR

This section covers Patient Administration Systems (PAS) and Order Communications and Results (OCR) functionality (or equivalent, i.e. Child Health or Community systems).

All NHS Providers

- The deployment of all existing commitments in line with the Detailed Implementation Plans (DIPs) confirmed.

PCT Commissioners

- PCTs are sufficiently aware of Providers' plans to respond to any issues that may compromise their successful delivery.
- Provider commitments, where relevant, are embedded in commissioning contracts.

SHAs

- Local commitments to deployment are consistent with contractual commitments to LSPs.

VI Deployment and benefits realisation of PACS

Picture Archive and Communications System (PACS): All PACS deployments should be completed by 31st March 2007 in London and southern SHAs. Deployment in the north, midlands and the eastern SHAs should be completed by December 2007 at the latest.

All NHS Providers

- The deployment of all existing commitments in line with the Detailed Implementation Plans (DIPs) should be confirmed.
- To track progress, providers should quantify the planned month-by-month uptake of digital imaging, as a percentage of total new diagnostic images created.

PCT Commissioners

- PCTs are sufficiently aware of Providers' plans to respond to any issues that may compromise their successful delivery.
- Provider commitments, where relevant, are embedded in commissioning contracts.

SHAs

- Local commitments to deployment are consistent with contractual commitments to LSPs.

VII Fulfilling all other current deployment commitments

This includes deployments started in 2006/07, other than those identified separately above, including departmental or interim systems and N3.

All NHS Providers

- The deployment of all existing commitments should be confirmed

PCT Commissioners

- PCTs are sufficiently aware of Providers' plans to respond to any issues that may compromise their successful delivery.
- Provider commitments, where relevant, are embedded in commissioning contracts.

SHAs

- Local commitments to deployment are consistent with contractual commitments to LSPs.

VIII **Exploitation of Electronic Booking (Choose & Book)**

Existing targets for electronic booking systems remain unchanged.

The NHS Improvement Plan established a commitment to 90% e-booking⁶.

PCT Commissioners

- A plan is in place for increased month-by-month usage of electronic booking (as a percentage of total GP referrals) with the intention that Choose & Book becomes the standard, safe and secure method for all referrals

SHAs

- SHAs will ensure patch-wide achievement of electronic booking (Choose & Book) targets

IX **Implementation and Benefits Realisation for the Electronic Prescription Service (EPS)**

Planning should incorporate both Release 1 and Release 2 of EPS.

PCTs Commissioners

- A plan is in place by end April 2007 for the implementation of EPS across the PCT area with the intention that EPS becomes the standard, safe and secure method for all prescribing.
- A plan is in place to continue registering community pharmacists with the smartcards required to access the EPS.
- A plan is in place for increased month-by-month usage of EPS (as a percentage of total prescriptions) and progress against plan is tracked.

SHAs

- SHAs will ensure patch-wide achievement of EPS is planned and delivered.

⁶ This was reconfirmed in the Margaret Edwards letter of 24 January 2005, (Gateway ref: 4454).

Glossary

| | |
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| CAB | Choose and Book (electronic booking) |
| CDS | Commissioning Data Set |
| DH. | Department of Health |
| EPS | Electronic Prescription Service |
| ESPs | Existing Systems Providers |
| GPSoc | GP Systems of Choice |
| IM&T | Information Management and Technology |
| LHCs | Local Health Communities |
| LSP | Local Service Provider (NPfIT) |
| N3 | NHS National Network (broadband infrastructure) |
| NASP | National Application Service Provider (NPfIT) |
| NLOP | NPfIT Local Ownership Programme |
| NPfIT | National Programme for Information Technology |
| NSTS | NHS Strategic Tracing Service |
| OCR | Order Communications and Results (part of the Care Record Service) |
| PACS | Picture Archiving and Communications System (Diagnostics) |
| PAS | Patient Administration System (part of the Care Record Service) |
| PDS | Personal Demographics Service |
| PID | Project (Programme) Initiation Document |
| SRO | Senior Responsible Owner (of a change programme) |

