

Meeting of
Lanarkshire NHS Board
31 October 2007

Lanarkshire NHS Board
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SUBJECT: eHealth Progress Report

1. Introduction

This report provides NHS Board members with an update on activity related to the agreed eHealth workplan and its associated governance arrangements. In addition it provides information on prevailing local, regional and national issues pertaining to the eHealth agenda.

2. Workplan and Governance

Individual projects continue to be monitored according to their status against plan. 4 Projects have been added to the list to provide a level of governance to the recently approved capital plan. These are Discharge Letters, Urology, Dermatology and Infrastructure.

With regard to individual projects, the table below sets out the status of these:

Project	Comment	Status
Patient Identification (CHI)	The heat target of 97% continues to present a challenge with the most recent return indicating a drop in performance to 80%. This has been the subject of work between the CHI Team and the Laboratory Directorate and an agreed action plan is in place to effect improvement. With regard to the 'Phase 2' target of CHI usage in Community settings, NHSL is again taking a rigorous approach to monitoring and this is reflected in the lower performance being achieved relative to other Boards. Action plans are being agreed with the various services in accordance with identified shortfalls.	Amber
AHP Support System	A decision has been taken to suspend further role out pending a full technical review due to a number of performance issues in some localities. This work has commenced and will conclude by early November. Centralised referrals management is planned for the Wishaw locality to test the RMS concept in the podiatry service.	Green

Project	Comment	Status
PACS/Radiology Information System(RIS)	<p>The national delivery model for RIS has been proven to be technically flawed over the NHS Network. A review is underway that is impacting on the NHSL delivery plan.</p> <p>With regard to PACS, the planning work for take on of images from the existing system is underway – full use of this is however dependent on the RIS issue being resolved. It is still planned to transfer to National PACS by Autumn 2008 in accordance with the agreed ‘slot’ in the national timetable.</p> <p>The contract exit negotiations with Siemens remain outstanding – a meeting arranged with Siemens was cancelled due to Summit requesting a presence at the meeting. A meeting with National Procurement who may have some leverage with Siemens is planned for 23rd October. This remains a significant financial risk.</p>	<p>Amber</p> <p>Green</p> <p>Red</p>
System to manage patients with LTC/ COPD	Funding has now been agreed from the Telecare Initiative within Scottish Government – local non recurring monies will also support the service change necessary to this project.	Green
Vascular System	System is now operational in Vascular outpatients clinics and will roll out incrementally in accordance with the MCN agreed plan	Green
System to support surgical pre-assessment	Progress being managed within the Planned Care Collaborative Programme. Specification of requirements have been agreed and development being undertaken collaboratively with NHS Dumfries and Galloway – Delivery and implementation timescales yet to be agreed	Green
Telehealth in Unscheduled Care	Project ‘shelved’ pending PoH review outcome – short lead time to progress as required	Green
Sexual Health Information System	A Project Board is established and an implementation date is agreed in November. Funding arrangements are confirmed and the NHSL contribution has been included in the financial plan.	Green
Hospital Electronic Prescribing	National Procurement – Timescales yet to be confirmed as part of PMS Project	Amber
GP IT and associated Community Systems	The GP IT environment is being upgraded according to plan. Technical infrastructure development is 50% complete and System Upgrades are progressing by agreement with practices. Work continues to be undertaken collaboratively with NHS D&G in Community Nursing and Mental Health	Green
Emergency Care Summary (ECS)	A ‘roll-out’ plan has yet to be agreed for ECS – Work to progress - this is underway with the Acute Emergency Care Division	Amber

Project	Comment	Status
Further development of the Health/Social Care interface	An Scottish Government sponsored consultancy exercise is underway in Acute Division re roll out of Child Protection Messaging (CPM) and Single Shared Assessment – This will define the way in which Acute participation in the Data Sharing Partnership agenda will be progressed A technical solution has been developed to address the previously reported Information Governance issues related to the dissemination of CPM in Accident and Emergency	Green Amber
Support for General Dental Practitioner Contracts	Awaiting national guidance – local project group established	Amber
NHS Mail for clinical communication	Revised national target for adoption is now 2009 – no local imperative to proceed in advance of this. Planning has commenced to scope project	Green
Chemotherapy prescribing	National procurement has concluded and there are significant affordability issues in relation to the initially agreed OBC. In addition, a number of technical and functional deficits are being negotiated with the shortlisted suppliers. This is subject to detailed discussion with WOSCAN partners.	Amber
Telecommunications Review	The phase 2 technical installation is now complete and the service design is being taken forward together with the project to address the Scottish Consumer Council report on communications. The savings projected from the technical redesign have been achieved and are accounted for in revised eHealth budgets for 2007/8.	Green
Health Records Restructuring and service redesign	Referrals Management Service established at Hairmyres – early operational issues still being resolved. The need to reduce waiting times to 18 weeks by December is impacting adversely on the service as is the high level of clinic cancellation that is being encountered. A ‘capacity plan’ for Health Records service is being undertaken to ascertain the level of activity that is able to be handled by the existing staffing – currently a crude formula is applied to support additional activities.	Amber
Cancer Waiting Times System	A Project Plan is being agreed and the system will be rolled out across all cancers in November– this is a requirement of the Cancer Action Plan in response to the Cancer Support Team recommendations.	Green
‘New Ways’ Waiting Times System	The software has been delivered to manage ‘new ways’ but has had a detrimental effect on system performance – This has been fully investigated and the supplier (iSoft) has agreed a hardware upgrade. This is at an advanced stage of planning and the hardware upgrade is imminent.	Amber

Project	Comment	Status
Discharge letters system	The system has been scoped and is subject to proof of concept design with the supplier	
Urology system	The system has been scoped and is subject to proof of concept design with the supplier	
Dermatology system	The system has been scoped and is subject to proof of concept design with the supplier	
Capital developments - Infrastructure	The large number of infrastructure developments approved within the capital plan are underway and will be completed during 2007/8	Green

3. Capital

The sum of £3.5 millions has been agreed as the capital allocation for 2007/8 and this is detailed in the attached spreadsheet. Committed funds to date are £1.43 millions and a plan is in place to ensure that expenditure is completed in 2007/8.

Additional capital has been offered from national eHealth Directorate and I have intimated that it would not be our intention to ‘bid’ against that fund.

4. National Programme

The project to specify requirements for both IPACC and PMS have been awarded to National Services Scotland (NSS) as a result of the first use of new commissioning arrangements. This exercise will conclude in January 2008 – a number of key NHS Lanarkshire staff are participating in this exercise on a 1-2 days per week basis to ensure that the views of NHSL are reflected in the scope and content of the procurement. NHS Boards have by consensus indicated the priority for early progress to be PMS, given the contract expiry situation in a number of Boards. The NHSL contract expires in early 2009 so we are included in the list of early adopters. With regard to IPACC, the potential for detaching the non-GP aspects of IPACC is currently under consideration – This may result in a separate procurement of a system for community nursing and APH services – this vindicates the NHSL decision to proceed with the Dumfries and Galloway development as an option.

With regard to Electronic Staff Record, the recommended way forward is a procurement of an HR System for NHS Scotland and to integrate this with Scottish Standard Payroll and Scottish Standard Time System. The current HR System in NHSL is deemed to be the ‘market leader’ and the likelihood is that there will be no change in the local system.

We are now fully participating in the revised governance and reporting arrangements and are subject to a trial of the new Programme Management and Benefits and Change Framework for the PACS Project – The former provides a template approach to full system lifecycle management and the latter aligns investment with both quantitative and qualitative improvements and Heat Targets.

5. Regional Issues

The regional eHealth Group is working on areas of common interest including Cancers, Renal Services and Heart and Lung Centre establishment. In addition a number of joint infrastructure proposals are being examined to assess the value for example of joined up networks with shared connections to the wider NHS.

6. Local issues

Access to PCs by Primary Care Teams

Over the past three years there has been a substantial roll out of IT equipment into community bases, health centres, clinics and so forth. This has brought with it issues associated with the resilience of the IT networks, availability of space, IT support, training and so forth.

Within the Capital Allocations funding is available both to extend the number of PC in primary care and to refresh a rolling programme of “old stock”.

However, with increasing number of community staff, both nurses and AHPs needing to access systems such as PIMS, Child Protection Messaging, single shared assessment and so forth it is time to think more radically in some areas about the response to such demand.

It is proposed to consider both the Wishaw HC and Hunter HC as pilot areas to test out new technologies for the staff including the introduction of Laptops for domiciliary visits and access to systems from home via secure broadband connections. These pilots will be commenced in this financial year and the evaluation will determine the scale and nature of subsequent roll out across NHSL

Invest to Save

An invest to save opportunity has arisen in the Acute Division related to secretarial use of voice transcription technology – It is estimated that to trial such a system with 25 consultants, specialist nurses and secretaries would require £50,000 capital and a non-recurrent project support resource of £50,000 for 2 years.

Helpdesk support

An action plan to support improvement in Customer Service is now in place and each of the functions in eHealth have been set improvement targets. The appointment has been made to the Customer Support Manager post and the appointee will commence in December.

Agenda for Change

A number of issues related to AfC outcomes are presenting a serious risk to service – Most pressing is the need to reassess the PACS System managers grades as advertised posts in Glasgow and Clyde and GJNH are at a higher grade than here. One of the managers has returned to clinical practice and the other 2 have made clear their intention to leave – This will be both a retention and recruitment issue.

In a number of other areas, NHSL has grades that are lower than comparative roles elsewhere and an exercise has commenced to provide more detail on the areas that are at risk.

SMR Production and timeliness

Difficulties remain in achieving nationally set targets in the timely and accurate production of SMR Codes. This is largely due to the non production and/or presentation of discharge letters. Work has commenced in the Acute division to bring about improvement.

7. Staffing

Work is ongoing to 'baseline' the eHealth budget and specific issues related to Health Records remain unresolved. The posts that have previously been approved have been appointed are subject to imminent interviews. Further staffing developments are under consideration by the eHealth Executive Group. These are non-recurrent requirements and are being considered within the budget setting process. The full year impact of these is £320,000 in 2007/8, £660,000 in 2008/9 and £490,000 in 2009/10.

Robin G Wright, General Manager, eHealth/IM&T, 19 Oct 2007