

Meeting of
Lanarkshire NHS Board
29 August 2007

Lanarkshire NHS Board
14 Beckford Street
Hamilton ML3 0TA
Telephone 01698 281313
Fax 01698 423134
www.nhslanarkshire.co.uk



SUBJECT: eHealth Progress Report

1. PURPOSE

Quarterly update on eHealth including status of approved projects and prevailing local, regional and national issues.

2. CONTENT/SUMMARY OF KEY ISSUES

- Work on eHealth related developments is progressing broadly in line with the agreed plan – issues are being resolved by exception management
- A revised NHS Scotland eHealth Strategy is to be published in May 2008, NHS Lanarkshire envisages this to 'fit' with the work that has been undertaken in the prevailing work plan
- NHS Lanarkshire has given a tacit commitment to the plans for a replacement for GP IT Systems and is active in a consortium that will procure a Patient Management System (PMS) on behalf of the NHS in Scotland

3. RECOMMENDATIONS

Board Members are asked to note;

- significant progress on the previously agreed eHealth Workplan
- the current progress of the eHealth agenda on a national basis
- the position that NHS Lanarkshire is taking in regard to procurement of a new Patient Management System.

4. FURTHER INFORMATION

Further information from Robin Wright, General Manager eHealth/IM&T, 01698 245078 or robin.wright@lanarkshire.scot.nhs.uk

eHealth Update and Status Report

1. Introduction

This report to the NHS Board sets out progress against the work programme agreed for the period 2007-09, informs members on an exception basis of variance against the plan and updates on other issues pertaining to local, regional and national eHealth related issues.

2. 2007/09 WORKPLAN

Progress against the initially agreed work plan and subsequently added initiatives is largely complete or on target. Those work elements that remain as work in progress or are subject to variance against the agreed plan include:

CHI

CHI targets remain challenging in the Acute Division (87% against the 97% target in January) and concentrated action is being targeted on Laboratory Services and Accident and Emergency Departments. Within Laboratory Services, the inappropriate use of labels remains a concern and education and awareness continues to be the main activity to bring about improvement. With regard to Accident and Emergency Service, a system to ensure the availability of CHI in the emergency receiving environment will be in place by end February in accordance with agreement reached with the National Implementation Support Team – the impact of this initiative will be reported in the next Quarterly return and should contribute to improvement.

Sexual Health

NHS Lanarkshire is the lead site nationally, and local User Acceptance Testing of the software has resulted in a number of issues requiring resolution prior to implementation. These are being addressed by the supplier and the system will 'go live' on 28th March 2008.

HEPMA

The agreed work plan included a commitment to progress HEPMA in accordance with national strategic direction. This has not been forthcoming and the decision on HEPMA has now been remitted to the PMS Procurement Consortium.

Community Nursing System

Work is continuing to specify needs within the context of the 'Dumfries and Galloway' solution. This has however lost impetus mainly due to the uncertainty surrounding the scope of the proposed Integrated Primary and Community Care (IPACC) System.

NHS Lanarkshire will require reconsidering its approach to this in advance of IPACC being available. This work is being undertaken within the Primary Care Programme Board.

Chemotherapy Prescribing

This project is being reviewed as a result of the procurement phase being unable to conclude due to both functionality deficits and affordability issues surrounding the shortlisted suppliers. A number of alternative options are being evaluated with a view to deciding the way forward in March 2008. This project continues under the auspices of the West of Scotland Regional Cancer Advisory Group (RCAG).

NHS Mail

The technical problems that delayed the rollout of NHS mail have now resulted in a relaxation of the target of all General Practitioners being on NHS mail by December 2008. The target will be revised following the resolution of technical issues that is scheduled for early 2009.

3. NEW WAYS

There has been a recent focus in Government on Boards' state of preparedness for New Ways reporting. From an NHSL perspective, we have reassured SGHD that whilst there are a number of unresolved issues in our data extract processes, we remain confident that these will be overcome in collaboration with NSS/ISD with whom we have been working closely.

4. PACS/RIS

NHS Lanarkshire will adopt the national PACS/RIS System in 2 phases; Hairmyres and Monklands Hospitals in June 2008 and Wishaw in October 2008. The deferred date for Wishaw reflects the increased complexity of the project there where Radiology examinations are ordered electronically within the Patient Management System.

Negotiations are continuing with the existing PACS Supplier (Siemens) regarding exit from the Wishaw contract. A revised compensation proposal is awaited following the latest meeting between the parties.

5. NEW INITIATIVES

Improved access to IT in Primary Care

An initiative has been started to address the deficit of hardware available to staff in Primary and Community Care services. The initial pilot work is being undertaken in the East Kilbride and Wishaw and will involve both increased access to I.T. and work redesign to enable flexible working and home access to services.

Improved Information Governance

As a result of some high profile breaches to information security in the Public Sector, NHS Lanarkshire has conducted a preliminary review of information governance and security. This has resulted in 2 key vulnerabilities being identified:

- The mobile use of laptop computers without encryption, and

- The current practice of storing personally identifiable data on PCs

Encryption software has been purchased and is being installed on all Laptops – this means that loss or theft of these devices will result in the data not being able to be accessed without appropriate decryption. With regard to the storage of person identifiable data on PCs, secure storage is proposed to remove/relocate all of this data during 2008/9.

6. REFERRALS MANAGEMENT SERVICE

A review of the systems and processes deployed within the RMS is underway as a result of the systems/procedural vulnerability that resulted in 218 'missed' referrals during the period April – December 2007. A number of immediate changes have been introduced and it is anticipated that further changes will emerge from the review.

7. NATIONAL STRATEGY

A revised National eHealth Strategy is currently in preparation and will be published in the spring of 2008. NHS Lanarkshire is engaged in the formulation of the strategy through a number of stakeholders including the General Manager, eHealth and the Clinical Lead for eHealth. A revised Financial Plan for eHealth will accompany the Strategy and this is currently subject to consultation with Chief Executives and Directors of Finance. The Financial Strategy proposes an increase in eHealth funding from the current level across NHS Scotland of 2% to 2.6% by 2010/11. The balance of contribution to this increase between Scottish Government Health Department and NHS Boards will be the subject of negotiation in the coming months. A meeting is being arranged with the Director of the National eHealth Programme to enable NHSL to gain a better understanding of the proposed future model of funding. The main strands of the emerging strategy include:

Patient Management System (PMS)

NHS Lanarkshire, in common with NHS Ayrshire and Arran, NHS Borders, NHS Glasgow and Clyde and NHS Grampian have PMS contracts that terminate during 2008/9 and 2009/10. These Boards have proposed to the eHealth Strategy Board that a 'Consortium' approach to PMS Procurement involving those 'early adopter' Boards would provide an efficient and effective means of procuring a new system on behalf of NHS Scotland. The commission to take this forward has been awarded to the Consortium and Governance arrangements are at an advanced stage.

IPACC

IPACC is proposed as the replacement for GP IT Systems and to provide support to wider clinical groups within Primary and Community Care. The service is currently being consulted on

the preferred way forward for this initiative. From an NHSL perspective we remain tacitly in agreement with the proposed way forward and will be further pursuing the funding impact of the proposed replacement of GPASS in our meeting with SGHD.

Clinical Portal and Single Sign-on

Following the successful 'demonstrator' initiative in NHS Tayside, a decision has been taken to provide Clinical Portal and Single Sign-on capability to all Boards from a Framework contract. This procurement has commenced and will include products and services that will enable clinicians to move to a 'single password' environment to a Clinical Portal that will present information from multiple sources in a common format. This initiative is proposed to be funded nationally and is being categorised as a 'cornerstone' product for adoption across all Boards.

8. RESOURCES

Capacity to deliver on the agreed work plan and to engage in the emerging National initiatives and governance arrangements remains challenging. There are specific pressures in a number of areas, including:

- Project Management/Implementation – The demands of project work on operational services remains problematic. Dedicated non-recurring resourcing of projects needs to be considered to obviate this pressure. The experience with PACS/RIS and Sexual Health where dedicated contractor resource is in place demonstrates the effectiveness of this model.
- RMS – The review that is underway will recommend workflow redesign and bring clarity to the resource requirement in this area. The RMS is under particular pressure due to the impact of shorter waiting times for outpatient services and the increased activity that comes through the introduction of 'New Ways'. eHealth is working closely with the Acute Division on this.