

**TITLE OF PROJECT**

Electronic Booking

**OGC Gateway review:** Gateway 3a – Procurement Strategy and Implementation

**Status of report:** Final

**Senior Responsible Owner:** <Text Redacted>

**Review Date:** 23<sup>rd</sup> & 24<sup>th</sup> April 2003

**Review team:**

<Text Redacted>



Office of Government Commerce

## **Background**

The NHS is committed to improving access to services and increasing the choice patients can exercise when they use these services. This is a major undertaking and fundamentally changes the relationship between patients and the NHS. Choice is central to the Government's agenda for modernising and improving public services and creating a patient centred NHS.

A key enabler to providing choice is the provision of electronic booking.

From December 2005 patients will be offered choice at the point when the GP refers them to hospital. Patients needing elective surgery will be able to select from 4 or 5 different providers including both NHS and private sector providers.

The NHS Plan sets targets for replacing waiting lists for hospital appointments and admissions with booking systems. These will give patients a choice of a convenient appointment/admission date and time within a guaranteed maximum waiting time and will decrease the administrative workload of healthcare professionals.

The specific targets for booking systems including electronic booking systems are:

- Two thirds of all outpatient appointments and inpatient elective admissions will be pre-booked by 31<sup>st</sup> March 2004.
- 100% of outpatient appointments and inpatient elective admissions will be pre-booked by 31<sup>st</sup> December 2005.
- There will be electronic booking of appointments for patient treatment by 31<sup>st</sup> December 2005.

The Electronic Booking Project is one of the work streams within the National Programme for IT in the NHS. Other major streams are Electronic Prescribing and the Integrated Care Records System (ICRS). The National Programme is focused on joining up these work streams to enable successful delivery within a common set of standards and based on a common infrastructure.

The Electronic Booking Project covers the development, delivery and maintenance of a service that will enable health and social care professionals, their staff and patients to book patient appointments and related services and to exchange information electronically.

It is envisaged that the Electronic Booking Project will be delivered on a two-tiered basis by:

- 1) A National Service Provider (NASP) covering:
  - Design, build, test, operate and implement the Electronic Booking Service which will incorporate a front end, a directory of services, a referral and appointment directory and search engine.
  - Interfaces into a number of other environments and systems

- Primary care
  - Booking Management Services
  - Secondary care
  - ICRS
  - Common services.
- Delivery of support services
    - help desk
    - training
    - application maintenance
- 2) Local Service Providers (5 - LSPs)
- Local implementation services
  - Local integration and testing
  - Local training
  - Local help desk
  - Delivery and management of the design, development and testing of modifications to the end user systems.

The provision of the LSPs is being procured separately and is not within the scope of the Electronic Booking Project Team.

The position of the project in the procurement process for the NASP is that an OJEC notice was issued in January 2003.

Responses to the pre-qualification questionnaire were received by 13<sup>th</sup> February 2003 and a short list of 9 (since reduced to 8 due to 1 supplier withdrawing due to conflicts of interest) has been invited to respond to an invitation to submit outline proposals by 7<sup>th</sup> May 2003.

The 8 will be further reduced to a short list of approximately 3 who will be invited to negotiate a comprehensive project agreement including a proof of solution agreement.

The aim is to sign a contract with one successful supplier by 30<sup>th</sup> September 2003.

The Project has been subject to 2 previous Gateway Reviews, 1 & 2 but after the last one in December 2002 the project has been significantly recast, a new procurement strategy developed and undergone a major change of personnel and increase in resources.

The recommendations made at the December 2002 Gateway Review have all been addressed either through direct action or superseded by changes to the project scope and approach.

### **Purpose and conduct of the review**

The purpose of this review was to carry out an interim assessment of the project in the light of the changes made to the scope, approach and resources allocated to the project. The focus was on the period up to September 2003 when a full Gateway 3 review will be carried out prior to Contract award. Accordingly this review majors on the procurement process and the surrounding supporting and enabling activities.

Principal areas addressed included:

- The procurement strategy and plans to ensure they are robust and appropriate
- The project plan through to September 2003 to ensure it was realistic and sufficiently detailed
- The project controls and organisation to ensure they are rigorous and provide the environment in which the procurement process can proceed satisfactory.

### **Conduct of the Review**

The Review was carried out on 23<sup>rd</sup> April in Richmond House, London and on 24<sup>th</sup> April in Princes Exchange Leeds.

The Review Team consisted of:

<Text Redacted>

The people interviewed are listed at the end of this report.

The Review Team would like to thank everyone they met, and all those who contributed to the preparation of material, for their help and openness which greatly contributed to the Review Team's understanding of the project and the outcome of this review.

### **Conclusion**

The Review Team found that there has been a 'sea-change' in the way that the project is being managed and driven forward. It is now starting to have the look and feel of a project that can succeed.

- The appropriate resources and structure are being put in place. This is not yet complete but if the proposed plans are implemented within the next few weeks then the team should be well set up to deliver
- There is a robust (and aggressive) procurement strategy that now has a clear focus and the right people in place to manage it
- There are much improved links with NPfIT. These are still developing and need further definition and clarity as there are critical dependencies
- There is a new energy and cohesion across the team.

Processes for effective project management and governance are still being developed with the introduction of Kellogg Brown & Root (KBR). Again these are not complete and should be operational over the next few weeks. There will be common project management processes across the various work streams of NPfIT.

### **Status of Project**

Against the following classification of project status:

- **Red** – to achieve success the project should take remedial action immediately

- **Amber** – to achieve success the project should go forward with actions on recommendations to be carried out before the next OGC Gateway Review
- **Green** – the project is on target to succeed but may benefit from the uptake of the recommendations

the project is classified as 'Amber'.

This classification is more to do with the timing of this interim review and the amount of time the new team have had to implement changes, than any lack of awareness as to what is required for success.

Progress over the last few months has been tremendous with all milestones achieved. On current progress we expect all the issues identified to have been addressed by the time of the full Gate 3 Review in September 2003.

### **Summary of Recommendations**

The following recommendations are classified as 'Amber', that is they must be actioned before the next OGC Gateway Review.

- **There should be definition of all the e-booking stakeholder group across the NHS and a consultation and implementation plan developed for each**
- **The representation of the e-booking project at NPfIT Programme Board level should be formalised. We suggest that the SRO and Project Director for e-booking should be members of the NPfIT Programme Board**
- **The total business and cultural change associated with e-booking and the other components of NPfIT should be clearly defined and coordinated strategies and plans developed for achieving these changes**
- **The responsibilities between the project team responsible for procuring the NASP and LSPs and other component parts of NPfIT should be clarified**
- **Any impasse over the appropriate terms of contract for the NASP procurement should be escalated to National Programme level or beyond so that these issues can be satisfactorily resolved. External advice from OGC and legal sources should be obtained**
- **The evaluation of each of the criteria for selecting the NASP should be carried out by at least two people. The need for an independent arbitrator to resolve differences between evaluators should be considered**
- **There should be publication of the project schedule after September 2003 covering at least the period from then until end March 2004**
- **A formal process for management of interfaces and dependencies between the e-booking project, other parts of the National Programme and other NHS initiatives be established at both project and National Programme levels.**

## Potential for Success

### Findings

- The Project Board has not met since January and there is an urgent need for it to 'catch up' with developments in the project since then. Individual members have been involved but there has been no formal approval of the new scope and direction that the project is taking
- The Project Board is still being re-constituted with members who can add value and a meeting is planned for 14th May.
- We found some lack of clarity about the full extent of the stakeholders in e-booking in relation to those needing to be consulted and engaged in implementation.

We recommend:

- **There should be definition of all the e-booking stakeholder groups across the NHS and a consultation and implementation plan developed for each.**
- Although e-booking is now recognised as a major and vanguard work stream within NPfIT and there is good informal and working level contact between the project and the National Programme there is no formal structure for escalation of issues that may arise on either side.

We recommend:

- **The representation of the e-booking project at NPfIT Programme Board level should be formalised. We suggest that the SRO and Project Director for e-booking should be members of the NPfIT Programme Board.**
- The total business change required for e-booking to deliver the expected benefits has not been sufficiently articulated. It appears that IT is driving the cultural change – not the other way around
- Other components of the National Programme also require a cultural change but we found that, as yet, there is no clarity or cohesion about the full extent of the change required. There can only be one cultural change.

We recommend:

- **The total business and cultural change associated with e-booking and the other components of NPfIT should be clearly defined and coordinated strategies and plans developed for achieving these changes.**
- We found some confusion over the split of responsibilities for benefit delivery from e-booking between the e-booking project team and the team responsible for procuring the Local Service Providers (LSPs)

Similarly the mechanisms for issue resolution between the NASP and LSPs need to be developed prior to conclusion of negotiations.

We recommend:

- **The responsibilities between the project teams responsible for procuring the NASP and LSPs and other component parts of NPfIT should be clarified.**
- The procurement strategy for e-booking now appears robust, well defined and appropriately resourced. The potential supplier base has been widened and there is a clear intent to maintain a wide competitive situation through to the final selection. There is a clear understanding of the requirements for EC regulation compliance.
- The procurement schedule is extremely tight and although we expressed concern about the pressures this would put on the evaluation process we were re-assured by the project team's view that the evaluation should be rigorous rather than compromised to meet deadlines.
- We also have some concern over the apparent requirement that the project team adhere to standard terms of contract – even though they may be inappropriate for this procurement.

We recommend:

- **That any impasse over the appropriate terms of contract for the NASP procurement should be escalated to National Programme level or beyond so that these issues can be satisfactorily resolved. External advice from OGC and legal sources should be obtained.**
- We noted that for evaluation of the ISOP there are 39 criteria – 24 of which are being assessed by single persons. We are concerned that this could inadvertently introduce bias or skewed marking.

We recommend:

- **The evaluation of each of the criteria for selecting NASP should be carried out by at least two people. The need for an independent arbitrator to resolve differences between evaluators should be considered.**

### **Review of current phase**

- With the introduction of Kellogg Brown & Root and the new Project Team members there is strong evidence that there will be effective control and project management from here onwards.
- We were only able to examine the proposals but did obtain verbal confirmation from all the senior people engaged on the project that those proposals would be fully developed and implemented over the next few weeks. We fully support this planned urgent work.

- The current project schedule stops at the end of September 2003 although there is obviously 'life' after this date. Although it is not currently inhibiting planning and work it soon will be an issue.

We recommend:

- **There should be publication of the project schedule after September 2003 covering at least the period from then until end March 2004.**

### **Business case**

- There is recognition that the business case needs to be updated to reflect the new project scope and approach. It is accepted by the Project Team that the FBC needs to be ready for the full Gate 3 Review in September 2003 and we strongly support the expressed intention to accelerate the development of the FBC including reconfirmation of the benefits described in the OBC.
- This will assist with the Project Team's intention to engage with HMT and DH's, PFU at an early stage to facilitate financial approval.

### **Risk Management**

- The Project Team recognises that the current risk management system lacks some bite. KBR's approach, if fully implemented, will bring this aspect of project management to the fore. We strongly support this approach and early implementation.
- There is currently a lack of clarity over the dependencies and interfaces of e-booking with the National Programme and the way in which these are being managed.
- The requirement for a tight grip on these aspects is fully recognised by the e-booking team and as a result have established some informal and working level relationships to handle this. Work is in hand to define all the dependencies but it is such a critical aspect that we consider formal treatment is necessary.

We recommend:

- **A formal process for management of interfaces and the dependencies between the e-booking project, other parts of the National Programme and other NHS initiatives be established at both project and National Programme levels.**

### **Readiness for next phase – investment decision**

- Work is in hand to complete the specification which now is appropriately resourced. Our view is that this is well under control and will convey a clear requirement to potential suppliers and is endorsed by stakeholders
- Other considerations under this heading have been addressed. See above sections.

## **LIST OF INTERVIEWEES**

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