

Summary of the National Programme Board meeting 16 September 2008

1. National Programme Board Update

Steady progress continued to be made across the programme.

During the two months since the last report of 22 July 2008, 146 further IT deployments had been completed. 1,149,536 bookings made using the Choose & Book (CAB) system. 53.0% of first outpatient referrals were made using CAB in the week ending 7 September 2008. No further Summary Care Records (SCRs) had been uploaded to the NHS Care Record Service (NCRS). 21,513 new users registered for access to the Spine. 14,508,177 Prescription Messages had been transmitted using the Electronic Prescription Service (EPS), 26% of all prescriptions. 978,913 Dispensing Messages had been transmitted using EPS, 6.0% of all prescriptions. 21,403 new users had registered for the NHSmail system. 76,252,798 queries had been made using the Personal Demographics Service (PDS). 1,884 New National Network (N3) Connections had been established. 58,910 electronic patient records had been transmitted using the GP2GP system.

The board heard that the updates requested at the Public Accounts Commission (PAC) hearing on 16 June 2008 had been submitted by NHS CFH on 15 September 2008.

Christine Connelly had been appointed as Chief Information Officer for Health and Martin Bellamy as Director of Programme and System Delivery for NHS CFH.

The Information Governance Assurance Programme (IGAP) had closed and had been transitioned back into mainstream business for the NHS.

Decision: The board noted the IGAP Programme Closure Document that had been approved by the Informatics Executive Group on 10 September 2008, and the 36 recommendations contained within it.

Transition arrangements for the transfer of NHS Choices to Capita had been put into place and it was anticipated that these would conclude in mid-October 2008.

The Research Capability Programme had been subject to an OGC Gateway 0 Review and initial findings indicated no red risks.

Spine Release 2008-A was stable after some initial issues. A work-off plan was being progressed and should address problems identified during testing and implementation. A lessons learned report would be completed with the aim of ensuring smoother implementation of 2008-B and 2009-A.

The board heard that on 17 July 2008, the European Court of Human Rights had ruled, in the case of I v. Finland, that a Finnish patient's medical data had not been adequately secured against unauthorised access. The board discussed the Information Governance implications of this ruling on NHS CFH systems. It was agreed that legal advice should be sought to clarify the applicability of the European Court of Human Rights Ruling to the UK and that this would be brought back to a future meeting of the board to enable a fuller discussion to take place.

Since the termination notice was served on Fujitsu on 28 May 2008, a Short Form contract to maintain the live Care Record Service and PACS/RIS sites in the Southern Programme for IT (SPfIT), had been agreed with Fujitsu and disseminated to their key subcontractors. In order for arrangements to transition the live sites to alternative suppliers to be made, the Short Form contract had been extended for a further 6 months.

The Board noted progress made to deliver the core strategic product for North, Midlands and East (NME) Programme for IT, Lorenzo.

The recommendations of the independent review of the Summary Care Record (SCR) had gained approval by ministers and the Summary Care Record Advisory Group (SCRAG) during July 2008.

It was expected that a public announcement on the changes to the SCR consent model would be made during September 2008.

The board noted the effort being made to ensure sign off by SHAs of the SCR Business Case, and costs for SHAs associated with this.

The board heard that five of the ninety recommendations of the Next Stage Review (NSR) directly related to informatics. Two new programmes of work had been initiated as a result - the Clinical Dashboard and an NHS Staff Gateway, 'Mystaffspace'.

The board noted the content of the finance report.

The board noted the NPfIT strategic risks and the actions being taken to mitigate these.

The board discussed Patient- Reported Outcome Measures (PROMs) and whether these could be construed as a patient record and therefore fall under the same confidentiality guidelines.

Any Other Business

There was no other business for discussion.