

## **Appendices for West Herts PCT**

### **PCT-Practice Agreement**

### Appendix 1 Summary of the GPSoC Services

Supplier : **EMIS** Product : **EMIS LV** Version : **5.2**

Date Ordered : **29/07/2002** Planned Installation : **29/07/2002** Installed : **29/07/2002**

<b>Core Services</b>	<b>Anticipated Business Go Live</b>	<b>Actual Business Go Live</b>	<b>Actual Deployment Verification</b>	<b>Service Commencement</b>
GPSoC Level 2 Service	06/02/2008	06/02/2008	06/02/2008	06/02/2008
GPSoC Level 3 Service	06/02/2008	06/02/2008	06/02/2008	06/02/2008

## Appendix 2 Support & Maintenance Service Levels

For the purpose of defining response times, the working hours are defined to be 08.00 to 17.00, Monday to Friday. Each fault logged with the Egton support team will be assigned a priority. The table below briefly indicates how each priority is assigned and which Service Level Agreement is invoked based on that assignment:

Priority Level	Initial Response Time	Initial Diagnosis	Resolution
<b>Critical</b>	30 minutes	1 Working Hour	4 Working Hours (excluding critical faults caused by third party non supported systems)
<b>High</b>	1 Working Hour	6 Working Hours	8 Working Hours
<b>Medium</b>	2 Working Hours	8 Working Hours	2 Working Days
<b>Low</b>	4 Working Hours	16 Working Hours	As agreed

### Definitions

- Critical
  - Surgery System Down

#### Examples:

- In this instance a surgery would have no access to their clinical system from any terminal
- No ability to print scripts throughout the surgery
- Loss of the use of email.
- No connection to NHS net

**Note:** Egton will endeavour to co-ordinate a solution within this time frame but will have to work within the constraints of the response from the surgeries clinical supplier and other third parties.

- High
  - Where a surgery experiences loss of key functionality affecting many users

#### Examples

- Loss of a key system scripts printer, loss of more than half of Desktop connectivity to the Local Area Network (LAN)

- Medium
  - Where a surgery experience loss of functionality effecting one user
  - General PC faults
  - Single user Printer faults
  - Scanner faults

## Examples

- Loss of the use of 1 PC or printer
  
- Low
  - Where the problem can be comfortably resolved using an alternative route.

A low problem will involve loss of functionality on a level that does not disrupt the smooth running of the surgery and one where the surgery contact is happy to agree a response time

### Contacting the Egton support team

Each Managed service engineer will be supplied with a mobile phone, the number will be supplied to his/her allocated sites and they will be able to contact the engineer on this number.

### Engineer Absents

The engineer will place a message on his mobile phone indicating that he/she is not at work and supplying the Egton helpdesk number.

### Egton Helpdesk

The helpdesk will try to resolve issues over the phone, if this is not possible an engineer will be allocated from the local team. Sites are expected to assist in the diagnosis of issues

NB The PCT is currently tendering for the provision of a support and maintenance service for Primary Care. After the tender process is complete and service providers confirmed this appendix will be subject to change with fuller service levels outlined

### **Appendix 3 Escalation Procedure**

If a practice are not satisfied with any aspect of their ICT system or support, the Practice Manager should escalate to Shane Scott, the Primary Care ICT Manager.

Telephone: 01923 281600 ext 321

Mobile: 07768 300112

Email: shane.scott@herts-pcts.nhs.uk

If a practice remains unsatisfied following a response from the Primary Care ICT Manager, the Practice Manager should escalate to Phil Crossley, Head of ICT/CIO Hertfordshire PCTs

Telephone: 01707 369539

Mobile: 07785716861

Email: phil.crossley@herts-pcts.nhs.uk

Following a response from The Head of ICT/CIO, if the practice is still not satisfied, the practices' senior partner should escalate to Gareth Jones, Director of Strategic Commissioning

Email: gareth.jones@herts-pcts.nhs.uk

For audit purposes, and clarity, escalation should be confirmed in written form

## **Appendix 4 Business Case for Migration of GP Clinical IT System**



GPSOC Business  
Case Templatev1.0.d

### **GPSOC BUSINESS CASE FOR MIGRATION OF GP CLINICAL IT SYSTEM**

PART A: PROCESS  
PART B: BUSINESS CASE TEMPLATE

## **PART A**

### **PROCESS FOR PRODUCING A BUSINESS CASE FOR MIGRATION**

1. Trigger/requirement for a business case
  - 1.1 a PCT may require the Practice to prepare a business case in the case of a Practice proposed change of system; or
  - 1.2 NHS CFH may require the initiator of a proposed change of system to prepare a business case where NHS CFH is bearing some or all of the costs of migration and the ongoing costs for the new GP clinical IT system.

A Business Case may be prepared for one or more Practices.

2. Example Drivers
  - 2.1 Improvements to patient care offered by alternative systems
  - 2.2 New system offered by existing supplier
  - 2.3 More suitable system available from another supplier
  - 2.4 Local health community IT requirements
  - 2.5 NHS and/or PCT IT strategy
  - 2.6 Existing system is not a GPSoC Compliant System
  - 2.7 Supplier ceases to support existing system
  - 2.8 Practice ownership
  - 2.9 Practice relationship with other practices changes

3. Process
  - 3.1 Both the practice and the PCT contribute to a Business Case to determine whether there is a case for migration.

- 3.2 If the case for migration is approved, there will be a selection process involving all GP clinical IT systems on the market including LSP and ESP systems.
  - 3.3 The selection process, to be undertaken only if there is an agreed decision to migrate from one GP clinical IT system to another, is set out in the GPSoC Framework Agreement and the GPSoC Step by Step Guide, both of which can be downloaded from [www.nhsconnectingforhealth.nhs.uk/gpsoc..](http://www.nhsconnectingforhealth.nhs.uk/gpsoc..)
4. Detailed actions in respect of the Business Case
- 4.1 The Practice requests a system migration.
  - 4.2 The PCT, at its discretion or acting on behalf of NHS CFH, requests that the practice prepares a Business Case to justify the proposed system migration. .
  - 4.3 The PCT and Practice nominate lead individuals to develop the Business Case.
  - 4.4 Both parties provide input in accordance with the template below
  - 4.5 The Practice drafts recommendation.
  - 4.6 The PCT's approval (or not) recorded.
  - 4.7 If the both parties agree, proceed with the selection process and migration as required.
  - 4.8 If either party disagrees, then resolve the dispute in accordance with the provisions of clause 6 (Escalation and Dispute Resolution) of the PCT-Practice Agreement.

## PART B

### TEMPLATE BUSINESS CASE

Item	Considerations	Assessment	
		PCT View	Practice View
<b>Strategic Fit</b>			
Fit with National IT Strategy	The list of systems suitable for consideration including GPSoC Compliant Systems and LSP systems.		
Fit with integrated patient care strategy	Dependent on local policy		
<b>Practice Considerations</b>			
Existing system	Performance of the existing system or supplier. The roadmap for the practice's existing system and the supplier's track record of delivery.		
Clinical benefits of preferred position	Sharing patient information within a local health community and across care settings.		
Practice's business strategy	e.g. plans for services offered, practice mergers, etc.		
Impact of system and data migration	Migration activities Migration timescales Typical bedding in period Associated risks		
<b>System Choice</b>			
Assessment of available systems	Current status of available systems Supplier roadmaps Differences between the		

Item	Considerations	Assessment	
		PCT View	Practice View
	practice's existing system and other available systems		
Plans for migration to a hosted system			
<b>Financial Implications</b>			
Cost to the PCT	Order of magnitude incremental costs that will be incurred by PCT over 4 yr period as a result of migration: <ul style="list-style-type: none"> <li>• Infrastructure</li> <li>• Deployment charges</li> <li>• Service/ charges</li> <li>• Support and training</li> </ul>		
Cost to the practice	Order of magnitude incremental costs that will be incurred by the Practice over 4 yr period as a result of migration: <ul style="list-style-type: none"> <li>• Backfill for migration activities</li> <li>• New peripheral equipment</li> </ul>		
<b>Management Considerations</b>			
PCT resource availability	Availability of PCT project management resource to support the migration		
Practice resource availability	Availability of Practice resource for: <ul style="list-style-type: none"> <li>• Project management</li> <li>• Data migration</li> <li>• Training</li> <li>• User system tests</li> </ul>		

Recommendation (drafted by THE Practice)

*The Practice will be required to make a recommendation which draws on the input material provided above. There are no prescribed weightings or scoring sheets as this is a matter for local discussion and determination, based on the Practice(s)' and PCT's particular circumstances.*

**RECORD OF PCT APPROVAL**

PCT approves/does not approve\* the planned migration

(\* delete as appropriate)

*PCT to insert rationale for decision here.*

Signed on behalf of PCT.....

Print Name..... Date .....

## Appendix 5 List of Prohibited Software and Hardware

### Amendment History:

Version	Date	Amendment History
0.1	08/2008	Initial draft
0.2	08/09/2008	Redrafted following comments from LMC
0.21	10/09/2008	Minor amendments following further comments from LMC

This is a list of software and hardware that the Practice should not install on the Practice's IT infrastructure pursuant to clause **Error! Reference source not found.**

### Hardware

A list of all hardware currently funded by the PCT can be found at the end of this appendix. The following hardware should not be installed without prior agreement from the PCT:

Ref.	Hardware	Reason
1	Any secondary switch or hub not forming part of the designed Infrastructure	Compromises support with IT Support organisation* Degradation of network speed
2	Any PC or Laptop not equipped with the authorised Anti-Virus application	Security risk
3	Any PC or Laptop with prohibited Software installed	(i) Compromises support with IT Support organisation. (ii) Degradation of main business applications (iii) Security risk
4	Any PC or Laptop not compliant with the agreed build regarding Hardware, Operating System or Application Software	Compromises SLA with IT Support organisation Degradation of network speed
5	Any device compromising the security of the Local Network	Security risk
6	Any device compromising the performance of the Local Network	Degradation of main business applications
7	Any device allowing access to unauthorised areas of the Domain by a 3rd Party granted limited authorised access to restricted areas of the Domain	Security risk Breach of IGSoC, Patient Confidentiality, Network integrity

## Software

The following software is not provided as standard with the operating system on the practice desktop configuration and will not be subsequently installed without justification, risk analysis and agreement from the PCT. Please note, the PCT wishes to work with practices and requests will not be unreasonably refused. Whilst we cannot provide a full support service for some software e.g. finance/accounts packages we will continue to provide best efforts where required.

Ref.	Software	Reason
1	Media players** (e.g. iTunes, Winamp)	Compromises support with IT Support organisation
2	Games**	Potential degradation of PC performance
3	Screensavers	(i) Potential degradation of PC performance (ii) Potential software conflicts (iii) Security risk regarding virus attack
4	Unlicensed software	(i) Copyright infringement (ii) Security risk
5	Peer to peer file sharing software (e.g. P2P, Limewire, Bearware, Emule, BitTorrent clients)	Security risk Breach of confidentiality Breach of IGSoC
6	3 <sup>rd</sup> Party Firewalls or the activation of the MS Firewall included with XP SP2	Compromises support with IT Support organisation Potential degradation of support, software conflicts
7	Anti-virus software that has not been approved by the PCT	(i) Security risk (ii) Compromises support with IT Support organisation
8	Anti-spyware software that has not been approved by the PCT	(i) Security risk (ii) Compromises support with IT Support organisation (iii) Degradation of service
9	Unsolicited toolbars (e.g. Google toolbar, Yahoo, MSN)	Compromises support with IT

		Support organisation
10	Alternative web browsers (e.g. Firefox, Opera)	Compromises support with IT Support organisation Does not function with NPfIT solutions
11	Digital camera software that has not been approved by the PCT	Compromises support with IT Support organisation
12	Any form of remote access/control software (Logmein, Away From My Desk ( <i>[note waiting for central guidance]</i> ))	Security risk Breach of IGSoC
13	Voice over IP software (e.g. Skype)	Compromises support with IT Support organisation Breach of IGSoC
14	Chat software (e.g. MSN Messenger, Yahoo messenger)	Compromises support with IT Support organisation Breach of IGSoC, Breach of code of conduct
15	Hand held devices software that has not been approved by the PCT	Compromises support with IT Support organisation Breach of IGSoC
16	Any registry editing tools	Compromises support with IT Support organisation
17	Any software designed to transfer, or capable of transferring data to external portable storage devices without Encryption and not approved by the PCT.	Security risk

\*Installing additional hardware or software will use more of your PC's memory and processing power. It is highly likely that this will result in a degradation of performance of your business applications.

\*\*Except versions supplied with the Microsoft Windows Operating System.

The above list is not exhaustive and the PCT may add to or remove items from this list, in consultation with practices, at any time. When a new version of the list is produced the PCT will issue the latest version to all practices.

If unauthorised hardware or software is encountered on a PC during support activities then, in order to complete the support activity, we may need to remove the unauthorised hardware or software on that PC.

### **Process for Requesting Authorisation from the PCT**

If the Practice has a genuine business requirement to install software, other than that which is provided by the PCT, authorisation from the PCT must first be granted. To request authorisation from the PCT please follow the process detailed below. Requests will not be unreasonably refused.

1. Raise a call with the relevant helpdesk as referred to in Appendix 2
2. Provide details of the software type, name and version.
3. Provide details of which workstation(s) the software is to be installed on.
4. The helpdesk will log the request and issue an incident number.
5. The call will be forwarded to the engineer.
6. The engineer will assess the suitability of the software, in relation to the software types listed on the above exclusion list and the environment onto which it is to be installed.
7. If the software is deemed to be suitable for installation the engineer will install accordingly (See Additional Information 1 below).
8. If the software is deemed to be unsuitable the engineer will provide the necessary guidance required to ensure the Practice can make alternative arrangements (for example, the Practice may need to purchase additional memory, choose an alternative workstation or a different software version).

### **Additional information**

1. The Practice must be responsible for providing the original copies of the software to be installed and all appropriate licences. No software will be installed where valid licences cannot be produced.
2. For those Practices wishing to install the software themselves, following authorisation from the PCT, they may do so although the PCT strongly recommends that your support provider undertakes all software installs.

3. The PCT will treat each request for software installation on a case by case basis and may not be able to provide ongoing support for the installed software. Where ongoing support cannot be provided by the PCT it is the responsibility of the Practice to arrange this and cover any associated costs for such support.

### Funded Hardware

The following is a current list of funded hardware. This list may well change, in consultation with practices, over a period of time as new equipment becomes standard practice equipment.

Category	Items Funded	Items Not Funded	Comments
Workstation	PC Workstations		As supplied as part of the ongoing Replacement Programme
	TFT Monitor		17" is current standard, we are not actively replacing 15" TFTs at this time
	Standard Keyboards		As part of a new/replacement PC
		Other Keyboards	E.g. Natural Keyboards, Bluetooth Cordless Keyboards, Internet Keyboards etc. Unless there is a valid reason.
	Standard Mouse		As part of a new/replacement PC
		Other Mice/Pointing Devices	E.g. Graphics Tablets, Light Pens, Trackballs, Bluetooth Cordless mice etc. Unless there is a valid reason.

	Internal CD ROM Drives		As part of a new/replacement PC
	Backup Devices, CD Writers etc		Used for backing up documents and other data on workstations. The preferred method for backing these up is to store them centrally and hence include them in the main system backup, but it may be that practices do not (or cannot) want payroll/accounts data etc stored on a central server. This will be limited to only one or two devices per practice.
		Associated media for backup devices	Consumables.
Server	Clinical Servers		Maintained through Clinical Supplier contract.
	Monitors		Comments as for Workstation monitors
	Keyboards		Comments as for Workstation keyboards
	Mice		Comments as for Workstation pointing devices

	Internal CD ROM drives		
		CD or DVD Writer	Servers are backed up to TSU, or as per clinical suppliers recommendations.
		Blank CDs/DVDs	Consumables.
	Tape Streamers		
		Backup Tapes	Consumables.
	UPSs (Uninterruptible Power Supplies)		
Other Computers		MS Exchange or Other IPM Email Servers (Breakdown as for Clinical servers)	Suitable alternatives are on offer via NHS mail so these could be phased out. A practice that wishes to maintain it's own E-Mail server of this type can therefore do so only at their own expense.

	Thin Client/Branch Servers (Breakdown as for Clinical servers)		These are usually higher spec than a workstation and need to run a server rather than a workstation Operating System
	Clinical Comms Servers (Breakdown as for PC workstations)		For clinical messaging, e.g. Torex Connect servers, which are usually a similar spec to a workstation.
	Document Servers (Breakdown as for PC workstations)		For document management systems such as Docman.
		PC Workstations etc at a Member of Staffs Home, Used Specifically For Practice Business/Dial-in etc. (Breakdown as for PC workstations)	If a machine was purchased by a practice specifically for this type of use then this could be an issue.
Portable		Laptops	
		Laptop Docking Stations	
		Palmtops/Handhelds	

		Palmtops with an Integrated Mobile Phone	
		Mobile Phones/Pagers etc	
		Palmtop Docking Stations	
Printer/Scanner	Scanners		Funded on basis of 1 per 7,500 list size
	Printers		With the exception of Dispensary label printers these should be Cut sheet only, e.g. Laserjet only
	Dual tray printers.		Standard to support C&B and EPS.
	Colour printers		Part funded if part of rationalization of printers within a practice
		Combined Scanner/Printers	Part funded if part of rationalization of printers within practice

		Photocopiers	The distinction between some photocopiers, combination scanner/printers and combination fax/scanner/printers is sometimes blurred. Generally we would consider a photocopier to be an administrative tool and not an IT tool. See also Fax machines.
		Toner, Drum, Fuser, Ink Cartridges, Printer Ribbons etc	Consumables.
		Digital Camera	
		Media Cards for Digital Cameras	
		Projectors	
	Network Switches		

Network	Network Routers		There should be no need for a practice to have a router except to route IP traffic off site. NHS Net routers are currently owned and maintained by BT (or C&W etc) so do not need to be included. The only possible exception is routers for branch connections, but, when N3 starts roll out, branches will be provided with a suitable NHS Net connection which will also be supported by BT or other third party.
	Fixed Network Cabling		
	Network Wall Points		
	Network Patch Panels		
		WIFI Wireless Network Devices	
Cables	KVM Switches		For sharing a single keyboard, monitor and mouse with several machines (servers only)

	General cables		Power cables, printer cables, USB cables, serial cables, Network Flyleads, KVM cables etc.
		Specialist Cables	Mouse/Keyboard/monitor extensions, firewire cables, gender changers etc.
Comms		Modems	There is no longer any need to have a modem on site.
		Telephone Systems	With IP telephone systems becoming common the technologies obviously overlap with other areas of IT. Advice available on procurement
		Fax Machines	A practice may use a modem and fax software on a PC to handle faxes, and you can also get fax machines that can be used as scanners or printers, but generally we would consider a Fax machine to be an administrative tool and not an IT tool. See also Photocopiers.
Clinical		Heart Monitor, BP Monitor, and other Clinical hardware.	There are many of this type of machine about that connect to a USB or serial port of a workstation and enable stored readings and information to be uploaded into software for analysis.
Miscellaneous		Appointments Callboards	

		Sound Cards/Speakers	Currently not necessary for clinical work, but in the future these could be used for remote consultations/network meetings etc.
		Webcams	As above
		Bar Code Readers	These may be part of prescribing in future, currently not funded
		Mouse Mats, Wrist Rests Monitor Stands, Printer Stands, Disk Boxes, Disk Drive Locks, etc	Office furniture.
		Disks, Zip Disks, any other media.	Consumables.
		Batteries including re-chargeables for laptops, palmtops, digital cameras, mobile phones and other portable devices.	Consumables.