

### Appendix 1 Example Summary of the GPSoC Services

ONGOING SERVICES															
Practice	Code	Product and Version	Core Services			National Additional Services					Supplier-Specific Additional Services				
			GPSoC Level 2	GPSoC Level 3	GPSoC Level 4	Hosting NOT to CFH Standards	Hosting to CFH Standards	Summary Care Record Service	Data & Audit Trail Retrieval	Yet Another Service	Supplier A Service 1	Supplier A Service 2	Supplier A Service 3	Supplier A Service 4	Supplier A Service 5

ONE-OFF SERVICES																	
Practice	Code	Product and Version	National Additional Services							Supplier-Specific Additional Services							
			Deployment Service for GPSoC Level 3	Deployment - Replace System from Another Supplier	Deployment - New System from Same Supplier	Deployment - Practice Merger	Deployment - Practice De-merger	Documented Data Extract	Data Quality Service	Supplier A Service 6	Supplier A Service 7	Supplier A Service 8	Supplier A Service 9	Supplier A Service 10	Supplier A Service 11	Supplier A Service 12	Supplier A Service 13

## **Appendix 2 Support & Maintenance Service Levels**

### **1.0 Introduction**

This Service Level Agreement (SLA) applies to Information Management & Technology (IM&T) services provided by Devon Primary Care Trust to Devon GP Practices. A separate GPSoC level specification applies to the services provided by the GPSoC Framework Suppliers.

This service level agreement is based on guidance produced by the Department Of Health<sup>1</sup>.

### **2.0 Primary Care IT Service Provided**

The detail of the service provided by the Primary Care IT Support Team and how it will operate is set out in the separate document, the Primary Care Information Management & technology Guidelines 2008/09 Version 1.

The Primary Care IT Support teams will each hold a stock of standard items used within GP Practices, and where possible and appropriate, these stock items will be used as temporary, or permanent, replacements of IT equipment that is not functioning effectively. This should ensure that any disruption to the service a practice can offer is kept to a minimum, allowing any fault investigations or repairs to be done away from the site.

### **3.0 Service Hours & Standard Service Availability**

The standard hours of service of the Primary Care IT Support Team are :-

- Between the hours of 08.30 – 17.00 Monday to Friday, excluding Bank holidays

Extended support hours may be provided for exceptional circumstances or specific projects, however this is at the discretion of the PCT. Any provision for extended or out of hours support will be defined within the overall arrangements for these services within the PCT.

### **4.0 Support Desk**

The first point of contact for practices in notifying Incidents will be the help desk facility. Currently the PCT has three separate help desk facilities, work will be undertaken during 2008/09 to harmonise these and have one single Primary Care Help Desk, however in the interim GP Practices will need to call the relevant number for their area :-

- North Devon Practices : 01271 355055
- Teignbridge Practices : 0845 6005121
- Exeter, Mid and East Devon Practices : 01392 406177
- South Hams & West Devon Practices : *These practices have dedicated engineer mobile numbers.*

The core functions of the help desk include :-

- Receive calls
- Agree with the caller what the incident priority is, as per section 4.0
- Allocate a unique incident identification number
- Initiate and manage the support process
- Agree incident closure in conjunction with the GP Practice

Whilst in some cases the Help Desk operator may assist in the solution of incident reports, it should not be assumed that the provision of detailed technical support is a core function of the help desk. Where the help desk cannot offer detailed technical support its role is to facilitate access to such support.

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<sup>1</sup> *Modernising Information Management & Technology in General Practice : Support Services (Version 1.0), Department Of Health.*

The helpdesk will be available 100% of the time within the Service Hours identified in section 3.0, and the aim will be for the help desk to answer 90% of initial incident calls within 30 seconds.

However it is acknowledged that the current help desk and telephony functionality, do not allow easy monitoring of this target across PCT. The PCT will investigate ways of moving towards monitoring this effectively.

Outside of normal service hours :-

- North Devon Practices : *An answerphone allows practices to notify issues, and these will be responded to at the first possible opportunity.*
- Teignbridge Practices : *The current service desk allows calls to be fully logged twenty fours hours a day, seven days a week.*
- Exeter, Mid and East Devon Practices : *An answerphone allows practices to notify issues, and these will be responded to at the first possible opportunity.*
- South Hams & West Devon Practices : *These practices have dedicated engineer mobile numbers.*

### **5.0 Incident Priority Levels & Standard Response Times**

The Help Desk will agree with the caller a Priority Level for every incident that is logged. Each incident will need to be assessed individually and the assigned priority will be based on the information received from the call, the Priority Level Guidelines set out in this section and the service impact on the GP Practice.

The incident will then be managed against that priority level, although the priority level may alter as events proceed.

Should a contractual service level be missed, and a practice can demonstrate that there has been a material financial impact, the PCT and the Practice will need to reach an agreement (often a level of financial reimbursement) based on the liability agreement set out in the contract, unless both parties agree on an extra contractual voluntary settlement.

Whilst it is difficult to define the priority of all types of incidents with this Service Level Agreement, Table 1 overleaf provides a guide to the type of incidents that would be considered in each of the priority levels.

The following notes should be borne in mind when reading the table :-

- Severity 1 is the highest (i.e. most serious) Severity Level and Severity 5 is the lowest (i.e. least serious) Severity Level.
- A Service Failure which results in the Non-Availability of any Component System should always be classified as either a Severity Level 1 or 2 Service Failure
- Standard Response Time: is the elapsed period between the user reporting the incident and restoration of the service.
- All Response Times exclude delays due to the practice preventing site access.
- Where an activity is required to be completed by the User in order to rectify the fault, the time taken to complete this task is excluded from the measurement of the Service Level.
- Services provided outside of the PCT responsibility e.g. NHSnet/N3 should be explicitly excluded in the PCT tailored contract.

**Table 1 : Priority Levels, Response Time and Example Incidents**

Priority Level	Response Times	Examples Of Incident
1	Within 3 hours	<p>A Service Failure which, in the reasonable opinion of the allocating party has the potential to:</p> <ul style="list-style-type: none"> <li>• have a significant adverse impact on the provision of the Service to a large number of practice users;</li> <li>• have a significant adverse impact on the delivery of patient care to a large number of patients within a practice;</li> <li>• cause significant financial loss and/or disruption to the practice;</li> <li>• result in any material loss or corruption of Patient Data, or in the provision of incorrect Patient Data;</li> <li>• result in a compromise in the security of Patient Data.</li> </ul> <p><i>e.g. Total loss of service to all staff, the failure of a clinical server, total lack of access to the appointment system, complete failure of the repeat prescription printing service or the failure of a number of desktops commensurate with the size of the practice</i></p>
2	Within 8 hours	<p>A Service Failure which, in the reasonable opinion of the allocating party has the potential to:</p> <ul style="list-style-type: none"> <li>• have a significant adverse impact on the provision of the Service to a small number of practice users;</li> <li>• have a significant adverse impact on the provision of patient care to a small number of patients within a practice;</li> <li>• have a moderate adverse impact on the delivery of patient care to a significant number of patients;</li> <li>• cause a financial loss and/or disruption to the practice, which is more than trivial but less severe than the significant financial loss described in the definition of a Severity 1 Service Failure.</li> </ul> <p><i>e.g. data entry, referrals (unless no alternative for urgent referrals), appointments</i></p>
3	Within 2 working days	<p>A Service Failure which, in the reasonable opinion of the allocating party has the potential to:</p> <ul style="list-style-type: none"> <li>• have a moderate adverse impact on the provision of the Service to a small number of practice users to;</li> <li>• have a moderate adverse impact on the delivery of patient care to a small number of patients;</li> <li>• cause a minor financial loss and/or disruption to the practice.</li> </ul> <p><i>E.g. loss of access to some support system printing facilities PC and / or printer faults resulting in impaired usage.</i></p>
4	Within 3 working days	<p>A Service Failure which, in the reasonable opinion of the allocating party has the potential to:</p> <ul style="list-style-type: none"> <li>• have a minor adverse impact on the provision of the Service to a small number of practice users;</li> <li>• have a minor adverse impact on the delivery of patient care to a small number of patients.</li> </ul> <p><i>E.g. slow system operation, minor application errors.</i></p>
5	Within one working week	<p>A Service Failure affecting only the presentation of the Service that does not undermine the End User's confidence in the information being displayed, and which does not impact on the delivery of patient care to any patient.</p> <p><i>e.g. spelling error, misalignment of data on screen display</i></p>

Where in the PCT Primary Care It Team's reasonable opinion that the fault lies with the a third party supplier, such as a clinical system supplier or data network supplier, the PCT will refer the fault on to that supplier for resolution.

### **6.0 Service Provision Method**

The support service may be provided to practices by a number of methods, dependent upon the type of particular incident :-

- **Practice Site Visit** - where an Incident requires onsite support by PCT staff. In addition, the PCT may require the clinical system supplier or other third party contractors to attend an onsite Practice visit, this will be discussed with practice.
- **Telephone support** – If the incident can be resolved by telephone, e.g. resetting NHSmail passwords
- **Remote Software Support** - By remote connection, agreed with the practice. This may be at notification of Incident stage or after a call back from the support organisation. This method may also be used by third party suppliers to connect to practices systems to support Incidents or where suppliers are required to check if practices have activated patches or system upgrades.
- **Repair /Replacement** : Where hardware or network equipment requires repair or replacement. Where equipment needs to be repaired off site, loan equipment should normally be provided and the installation signed off by the practice to ensure business continuity.

### **7.0 Incident Closure**

Ownership and management of all Incidents should be the responsibility of the Help Desk. If an Incident requires a Third Party to be involved this need not normally lead to the registering of a new Incident. In such cases the original Incident number (and obligations in respect of Priority Levels and Standard Response Times) will apply.

Where it is agreed (between the practice and the Help Desk) that an Incident has been resolved (by whatever Service Provision method) the incident needs to be closed in the Help Desk system. This may be by direct contact between the Help Desk and the practice, or by “signing off” an Incident by the practice to a support person, using prevailing local custom and practice.

Closure of an incident should not generally take place without agreement from the user affected. The protocol for obtaining/confirming user agreement needs to be agreed and documented locally. The protocol needs to cover instances where the user has been unable to be contacted, for example if the Support Desk has failed to receive a response from the user after a minimum of three separate contact attempts, over more than one working day, the incident may be closed if in the reasonable opinion of the PCT the Incident has been resolved.

### **Appendix 3 Escalation Procedure**

Escalation is the process whereby any unresolved Incident is referred up the management chain until the Incident is satisfactorily resolved. Escalation usually occurs when an Incident is not, or it appears likely not to be, resolved within the agreed contractual Response Times.

The escalation procedures within Devon PCT are :-

- First Stage Escalation will be initiated by the practice point of contact to the PCT Service Delivery Manager; if this stage does not resolve the incident then;
- Second Stage Escalation will be to the PCT Assistant Director Of IT, if this stage does not resolve the incident then;
- A final stage escalation will be to the PCT Director of Primary Care.

The aim of the PCT will be to resolve any incidents as soon as possible, and the LMC are willing be involved, where appropriate, to help resolve issues between the parties.

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

The template below is a nationally provided template for the migration of GP Clinical System only. Within the 2008/09 Primary Care IM&T Guidelines there is a local business case template, which should be used for the request of any new IT equipment.



GPSoc Business  
Case Templatev1.0.d

## Appendix 5 List of Prohibited Software and Hardware

*This is a list of software and hardware that the Practice must not install on the Practice's IT infrastructure pursuant to clause **Error! Reference source not found.** The initial list below has been provided as an initial starting point from the Department Of Health.*

The following applications that are not provided as standard with the operating system on the practice desktop configuration :

- Media players
- Games
- Screensavers
- Unlicensed software
- Peer to peer file sharing software (e.g. Limewire, Bearware, BitTorrent clients)
- Anti-virus software that has not been approved by the PCT

Should there be any need to use any of the software listed above, please contact your Primary Care IT Service who will discuss the issue with the practice, to determine if the software should be installed, and this appendix amended.

This appendix should be read in conjunction with Appendix Two of the 2008/09 Primary Care IM&T Guidelines, which lists approved software.

# **PRIMARY CARE INFORMATION MANAGEMENT & TECHNOLOGY FUNDING GUIDELINES FOR 2008/09 WITHIN DEVON PCT**

*Policy Date : 2<sup>nd</sup> April 2008*

*Review Date : January 2009*

*Version : 1.0*

## **1.0 INTRODUCTION**

- 1.1 Under the GMS Contract Primary Care Trust's (PCT), rather than GP Practices, are responsible for fully funding the purchase, maintenance and future upgrades of Information Management & Technology (IM&T) systems to support the clinical management of the GP Practice. This guidance set out the core requirements that must be funded by the PCT, and additional items which may only be considered for funding, once all core elements had been completed. It is proposed that within Devon PCT this same guidance is used for assessing the IM&T requirements of PMS practices.<sup>2</sup>
- 1.2 Recent additional guidance has also been issued by the Connecting For Health project, on the IT Infrastructure required to support clinical applications used by GP Practices both now and in the future, including the GP Systems Of Choice initiatives.
- 1.3 When Devon PCT was formed, it brought together different regimes for providing support to GP Practices. Whilst all of these were based on the same principles, there were subtle differences between those regimes. Over the last eighteen months, work has begun to bring those together, and is being complemented by the establishment of a single in-house Primary Care IT Support team for the whole PCT from the start of 2008/09. The intention is that a consistent service is provided across Devon by the end of the first quarter of 2008/09, as the new service will be fully operational by this date.
- 1.4 Whilst it is accepted that the different regimes have left practices at different levels, this paper sets out a new single regime for funding IM&T requirements within GP Practices. It is acknowledged that some practices may have previously funded items themselves which are now going to be funded by the PCT, or Practices may have received funding in the past for items that are no longer funded by the PCT. Whilst this is unfortunate it is important that we have a consistent and affordable approach going forward, irrespective of the past. Therefore, the PCT will not back date any element of this policy, nor will the PCT make individual exceptions based on the previous funding regime.
- 1.5 These principles will be embedded within this policy to ensure that all GP Practices across Devon PCT have the same level of IM&T support ensuring a consistent, fair and equitable approach which supports and facilitates their ability to provide clinical services.

## **2.0 UPGRADES & REPLACEMENT OF CORE & ADDITIONAL ITEMS**

- 2.1 Under the GMS Contractual arrangements PCT's are responsible for costs associated with the provision of IT infrastructure and clinical applications to support GP Practices. These requirements are split into two categories :-
  - **Core Items** – which GPs are entitled to expect PCTs to support; and

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<sup>2</sup> *Modernising Information Management & Technology in General Practice, DoH.*

- **Additional Items** – which may be PCT funded subject to agreement between the PCT and practice, or may be a practice responsibility. Additional items should only be funded, once all core items have been funded appropriately.

2.2 The full details of all items considered Core & Additional can be seen in Appendix One of this document. Note that hardware and software products that are purely related to the business management of the practice such as banking software, QoF software, etc, will not be funded by the PCT.

2.3 The approach that the PCT will take for each category of core item is shown below, for clarity all of these items will be fully funded by the PCT.

### **Core Items**

- **Clinical Servers**
  - Relevant equipment based on the specification of the clinical system supplier will be supplied.
- **Other Servers**
  - Relevant administrative servers, where these are business critical to the clinical management of the practice, will be supported by the PCT.
- **Workstations**
  - A desktop machine with a 17” flat screen will be supplied as standard, laptops will be only considered where there is an overwhelming business need.
- **Printers**
  - Appropriate script and/or normal black and white printers available in all consulting rooms and administrative areas.
  - One colour network printer per site supplied, but individual practice needs will be assessed for further printers. *(It is acknowledged that practices may require more colour printers, and if practices fund these additional ones, if they are on an approved list of potential printers from the PCT, these would be supported, although not funded by the PCT.)*
  - Label Printers – These will be supplied on the basis of 1 label printer per 4,500 registered patients.
- **System Management**
  - Back up devices and backup, restore and validation software.
  - Quarterly clinical supplier tape validation.
  - Anti-virus protection for workstations and servers.
  - Uninterruptable Power Supply.
- **Clinical Applications**
  - Core clinical software and associated applications and licences.
  - Pathology links software
- **Non-clinical software**
  - Microsoft Office software.
- **Network Infrastructure**
  - N3 links necessary for each practice will be supplied.
  - Branch Links – It is the responsibility of the PCT to fund appropriate branch links for practices, where the branch site meets the specification as branch site.
  - VPN Costs will be covered if the VPN is necessary for the clinical management of the practice.
  - Necessary network items such as routers, switches, cabling, etc, will be provided.
- **IT Training**
  - The PCT will ensure that GP Practices have access to available training facilities to support their staff using clinical systems.

2.4 Additional items will only be considered for funding once all core requirements of practices have been addressed. Additional items will only be considered if they can be funded equitably across the entire PCT. The only exception to this is where the provision of an additional item, is business critical to GP Practices and services would be ceased without this provision, which will require a robust business case. The following items are regarded as examples of additional items. :-

- Out of Hours, Accident & Emergency, Minor Injury Unit or NHS Direct links to surgeries
- Discharge and referrals messaging
- Chronic disease management software
- Remote access or dial up software
- Out of surgery records and transfer, taking individual record(s) on visits and synchronisation, mobile computing and handheld devices.
- Touchscreens
- EMIS Dynmo printers for dispensing practices

2.5 There is one further example of an additional item, which is ‘scanning and document management software’. Whilst scanning is clearly an additional item, the PCT recognises that this facility is actually an essential part of the way in which many practices operate. As such the PCT will be willing fund scanning and document management hardware and software within GP Practices, where the practice is committed to the requirements of the paperless practice.

### **3.0 MINOR UPGRADES & CONSUMABLES**

3.1 Minor upgrades are defined as those required to ensure that existing clinical systems continue to perform efficiently, for example memory or hard disk upgrades, replacement of broken or defective items such as printers, screens or back up devices. The PCT is responsible for the costs of these items, however these will only be funded if the Primary Care IT Service is contacted in the first instance. If practices choose to repair items, without approval from the Primary Care IT Service, and ask for reimbursement, this will be declined.

3.2 All consumables are the responsibility of the GP Practice to fund, and not the PCT. This will include all floppy disks, CD’s, printer toner and drums, back up tapes, UPS batteries, paper and any other items reasonably considered as consumables.

### **4.0 MAINTENANCE & SUPPORT PAYMENTS**

4.1 Maintenance is considered to cover reasonable costs of the routine support that is provided through annual contracts with GP clinical system suppliers or other third parties. Maintenance needs to be kept to a minimum, and contracts will be paid for, and held, by the PCT. In terms of the principles for maintenance :-

- *If the PCT has previously paid maintenance on items, this will be honoured in the future.*
- *For new items, if the PCT purchases the equipment, then the PCT will pay any associated maintenance costs.*
- *However, if the GP Practice purchases an item outside of the PCT arrangements, then the PCT will not pick up any associated maintenance costs and the GP Practices will have to pick up these costs.*

4.2 The PCT will no longer provide funding either directly or via reimbursement, for in-house or outsourced external IT support to contractors for GP Practices. Whilst we will still use contractors occasionally, this will be determined and agreed by the Primary Care IT Service, rather than the practice.

4.3 The PCT will organise and fund bi-annual PAT Testing for all IT equipment within the practice. However, the practice must themselves, must also take responsibility for regular visual checks on the equipment within their practice.

## **5.0 ASSET MANAGEMENT AND REPLACEMENT**

- 5.1 The primary consideration for the replacement of IT infrastructure will be the fitness for purpose of the current equipment within the practice. There will not be a rolling replacement programme, but rather IT equipment that is not considered fit for purpose will be replaced.
- 5.2 The fitness for purpose will be based both on practice need and on the current specifications of the Connecting For Health warranted environment, therefore if a piece of equipment is working effectively and is above the minimum warranted environment specification the equipment will be considered fit for purpose, unless there are specific exceptional circumstances. Therefore, this means that whilst age of the equipment is an indicator towards replacement requirements, it is not the only factor. The IT infrastructure within each practice will be reviewed annually to determine proactive replacements, and obviously equipment will also be replaced on a reactive basis. The PCT will maintain an asset register of the infrastructure within each practice.

## **6.0 PRIMARY CARE IT SUPPORT**

- 6.1 The PCT will have an in-house Primary Care IT Support Service, with three bases across the PCT area, with Service Delivery Managers being the key points of liaison with each practice. This service will be established by the 1<sup>st</sup> April 2008, and will be fully operational early in the new financial year. This support service will work in conjunction with the clinical system suppliers, where the PCT pays for maintenance agreements.
- 6.2 The Primary Care IT Service will provide support for a list of agreed software. This will include both PCT and practice funded software for ease of support, and the team will provide best endeavours to ensure that all agreed software is installed and supported where appropriate. The list of approved software can be seen in Appendix Two of this document.
- 6.3 Practices all have details of how to contact their Primary Care IT Support teams, and teams will endeavour to respond as soon as possible to any practice, with a reference to the overall priorities of team and the workload at any one time.
- 6.4 At this stage it is not proposed to write a local contract on service level response times, as this is a piece of work that is being done nationally as part of the GP Systems Of Choice initiative. The PCT will support this development, and will look to roll out the contract in line with the national requirements.

## **7.0 BUSINESS CASE PROCESS**

- 7.1 Any identified IT need will need to be submitted via the current business case template, which is attached in Appendix Three, a copy can be made available from the Primary Care IT Service.
- 7.2 For clarity, if a practice chooses to arrange the purchase any IT equipment or software without first contacting and receiving the support of the Primary Care IT Service, the PCT will not pay the resulting invoice, irrespective of whether or not this is a core item. The Primary Care IT Service should be the first point of contact for any IT requirements for a practice.

## **8.0 GP SYSTEMS OF CHOICE**

- 8.1 The PCT is committed to moving forward with the GP Systems Of Choice Agenda, and will be developing a strategy in conjunction with GP Practices to agree how the PCT would move forward in this area. This will include supporting practices to move towards hosted solutions, as soon as practically possible.

## **9.0 HOSTED SOLUTIONS**

- 9.1 Within GP Systems Of Choice there is an opportunity to move to a hosted solution, practices wishing to move to a hosted solution will be required to submit a business case to this effect to the PCT. Unfortunately the hosted solutions work in different ways dependant on the clinical system suppliers. Therefore part of the business case will be to review all the functionality available from the supplier, and to address any issues not covered by the hosted supplier.
- 9.2 Once a practice adopts to go hosted, there is not a mirrored clinical server retained within the practice, however some suppliers do have the clinical database backed up to a PC within the practice on a nightly basis to ensure that the practice do have access to clinical records, should access to the system in the normal way, not be available.
- 9.3 It is clear that practices need to be assured that moving to a hosted solution will not cause a degradation of services, and therefore a detailed business case and response from the PCT is a vital of the move to a hosted solution.

## **APPENDIX ONE : CORE AND ADDITIONAL ITEMS**

### ***Core Items***

The items agreed to be 'Core' in the 'Modernising Information Management and Technology in General Practice' guidance (<http://www.dh.gov.uk/assetRoot/04/13/38/67/04133867.pdf>) are:

Item	Note
Clinical system server (and administrative/network servers where appropriate)	This equipment should be fit for purpose to support appropriate, efficient and effective access to clinical information and supporting applications. Memory and storage capacity should be sufficient to meet the immediate and foreseeable requirements of the practice.
Workstations	Normally to be available in consulting rooms and appropriate administrative areas. Memory and storage capacity should be sufficient to meet the immediate and foreseeable requirements of the practice.
Printers	Normally to be available in consulting rooms and appropriate administrative areas. Dual bin cut sheet feeder to enable printing of prescriptions and other documents.
System Management	Backup devices and backup, restore and verification software. Virus protection software for servers and workstations. Auto power down software. Network support software Network backup facility
Clinical applications	Core clinical software and associated applications and licences e.g. Read codes, drug database. Dispensing system and stock control system (dispensing practices only). Messaging including patient registration and pathology. Knowledge bases such as eBNF, Mentor and Oxford Textbook of Medicine. Appointment system.
N3 and the Internet	Connection and usage including firewall and email services
Network infrastructure	Including agreed branch surgery connections (with appropriate security protocols, e.g. VPN) and UPS devices, routers, network equipment, cabling and storage
Core office applications	Office tools under NHS-wide licence arrangements.

### ***Additional Items***

The items classified as additional include:-

- out of Hours, Accident & Emergency, Major Injury Unit, NHS Direct links;
- discharge and referrals messaging;
- chronic disease management software;
- drug monitoring software;
- Scanning and document managing systems;
- remote access software; and
- out of surgery records and transfer, taking individual record(s) on visits and synchronisation on return, mobile computing and handheld devices.

Whilst the DH Modernising Information Management & Technology in General Practice indicates these as "additional", many are within the wider contract with LSPs, namely Out of Hours, A&E, and discharge and referral messaging,

## **APPENDIX TWO : LIST OF APPROVED SOFTWARE**

Below is a list of approved software for use in the Devon health community PCs. This list is not exclusive or exhaustive.

### **Support.**

This list is not an indication that the PCT/CT offer support on these products but that we have not encountered any functionality problems when they are installed on practice PC systems.

### **Licensing.**

Practices must make sure that any software installed is properly licensed for use in a business environment and is installed in accordance with the manufacturer's instructions, providing these do not contravene any confidentiality rules. If the practice have any questions about software then please contact the Practice Support Team.

The absence of software from this list does not imply either the acceptance or the rejection of software. Software which does not appear on the approved list should not be installed without approval.

Ad-Aware SE Personal  
Adobe Acrobat  
Adobe Reader  
Adobe SVG Viewer  
Adsee for Pentax  
Ahead Nero suite  
Apolloscan  
ArcSoft Photostudio  
Avery DesignPro  
Avery Wizard  
Beyond Contacts  
Boardmaker version 5  
BPFfile  
British National Formulary (Small-network Version)  
CAM-IN SUITE III  
Canon Camera Support Core Library  
Canon Camera Window for ZoomBrowser EX  
Canon Internet Library for ZoomBrowser EX  
Canon MovieEdit Task for ZoomBrowser EX  
Canon PhotoRecord  
Canon RAW Image Task for ZoomBrowser EX  
Canon RemoteCapture Task for ZoomBrowser EX  
Canon Utilities File Viewer Utility 1.3  
Canon Utilities PhotoStitch 3.1  
Canon Utilities RemoteCapture 2.7  
Canon Utilities ZoomBrowser EX  
Cardionetics C.onnect 1.9  
CardioSoft Software  
CardioSoftWeb Software  
CardioView  
Diabetes Presentation Tool  
Diagnosaurus  
Documents To Go  
Dorland's Electronic Medical Speller  
Dragon NaturallySpeaking 7.3

DSS for Olympus  
DynaVox  
Easy CD Creator  
ECDL Training CD  
Ferguson Payroll  
GP Accounts 2005  
Gray's Anatomy  
Hands On Insulin UK Edition  
Image Mixer for Olympus  
Inland revenue packages  
INRstar3 including RAT  
Intuition Dermatology  
iQ AfC Guide & Toolkit 1.0  
iQ Equipment Manager  
iQ Partnership Agreement 1.0  
iQ Quality Indicator Manager v03-04  
Law for Doctors  
Lernout & Hauspie TruVoice American English TTS Engine  
Little green Button  
Macro Express  
Macromedia Dreamweaver  
Macromedia Flash Player 8  
Mavis Beacon Teaches Typing 9.0.0  
Medical Spell check  
Mentor Library  
Microsoft Active sync  
Microsoft Office Professional Edition 2003  
Microsoft Office XP Professional with FrontPage  
Microsoft Office XP Standard  
Microsoft Outlook 2002  
Microsoft Publisher 2002  
Microsoft Visio Viewer 2002  
MIQUEST  
Mirena Patient Recall Programme  
Money Manager  
Mozilla Firefox  
NatWest BankLine  
NHS Pensions s/ware package.  
Nikon photo s/ware.  
Ophthalmology for GPs  
PaperPort  
Passport ECG Viewer  
Patient Chase  
Pocket PM  
Pocket Synergy Desktop 1.14  
Pocket Torex handheld 1.2  
Pocket Vision  
PowerTerm Pro 8.8.2  
Primary Care Development Manager (ph)  
Protocols Make Points  
PSM (Palm) v 1.0.0 by PocketMedicine  
QuickBooks Pro Edition 2004  
Sage accounting packages

ScanAgent 2000i  
Macromedia Shockwave  
Sophos Anti-Virus version 4.01.0  
Sophos EM Library  
Sophos EM Library Console  
SpeechExec  
Spellx for Office XP  
Spida 5  
Symantec PC Anywhere  
The National Test Toolkit  
Transcription Buddy 3.1a Player Edition  
Vitalograph Spirotrac Version 4.24  
VP Red Book  
VP SFE  
WAX Active Library  
Welch Allyn CardioPerfect

### **APPENDIX THREE : BUSINESS CASE TEMPLATE**

The excel spreadsheet below is a blank Business Case Template to be used by practices when requested IT equipment.



GMS IT TEMPLATE -  
Blank Devon.xls