

Celebrating the 60th anniversary of the NHS

NHS60

Informatics Planning 2009/10

For the NHS in England

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1 Introduction

The NHS Operating Framework for 2009/10 outlines the need for local informatics planning, with board level ownership and support to deliver information enabled service transformation. This document provides further detail to support the development of local informatics planning.

Informatics planning for 2009/10 is set in the context of the NHS Next Stage Review report High Quality Care for All, the Health Informatics Review and the drive to achieve World Class Commissioning standards. The achievement of this vision for the NHS relies upon the provision of integrated information across health and social care.

Building on the Guidance on the Preparation of Local IM&T Plans 2008/9, this document is aimed at the Senior Responsible Owner (SRO), boards and programme managers responsible for informatics programmes at Local Health Community (LHC) and organisational levels.

This guidance sets out Department of Health's expectations of Primary Care Trust (PCT) Commissioners, Strategic Health Authorities (SHAs) and providers of NHS funded care in respect of informatics planning. It has been developed with the full participation of representatives from the NHS Strategic Health Authorities.

2 Purpose of Informatics Planning

Information plays a pivotal role in supporting the achievement of strategic change in the way health and social care services are delivered. It is essential that informatics planning is driven by service plans in order that information and technology are appropriately focussed.

By building on the LHC structures developed in recent years, the NHS can develop informatics capacity and capability to provide and share relevant information to support all aspects of patient care. Local planning that incorporates components from the National Programme for Information Technology (NPfIT) and other solutions is required to underpin the delivery of the information needs of service plans.

Robust planning processes, including the development of knowledge, skills, resources and technical infrastructure, will provide greater flexibility and enable informatics to respond to, and better support, service changes in the future.

The national expectations contained in this document (Annex 1) should be used by all NHS organisations to refresh and re-focus their informatics plans. This year, the expectations have been used as the basis for the national performance monitoring framework.

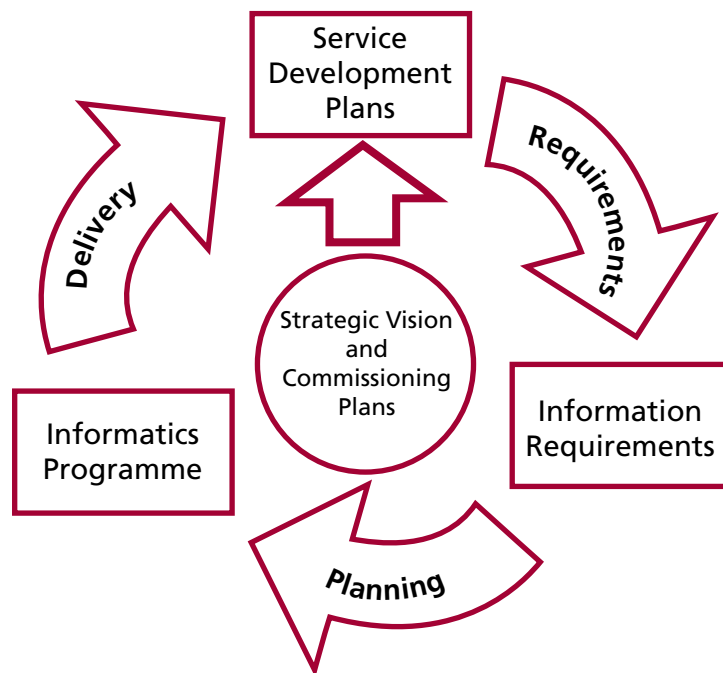
3 Key Informatics Planning Themes for 2009/10

Local informatics planning should address the following key themes:

- Developing information-led rather than systems-led planning, that is integral to local service plans for the delivery of the SHA vision for achieving High Quality Care for All and World Class Commissioning competencies
- Establishing robust LHC structures and governance arrangements for informatics planning that are inclusive of all key organisations and deliver informatics developments to support patient pathways across health and social care settings
- Ensuring that informatics capability and capacity is expanded at all levels to make available knowledge, skills and resources to support long term visions

Figure 1 illustrates the role of information-led planning in supporting the achievement of the strategic vision.

Figure 1 – Integrated Local Planning



4 Scope of Informatics Planning

The time horizon for LHC informatics planning should be determined locally based upon the achievement of a strategic solution for care records that supports patient care and patient management across the care pathway, but should be at least three years. LHCs should seek agreement for the time period for these plans with their SHA.

Consistent with last year's planning guidance, the composition of an LHC is for local determination in consultation with the SHA, and should comprise natural groupings of PCTs, Trusts and other organisations which are already working together to plan and deliver local services. The PCT Chief Executive, as SRO for the informatics programme in the LHC, should ensure that informatics planning is aligned with NHS funded services. NHS Foundation Trusts, and where appropriate non-NHS providers, are strongly encouraged to participate in the LHC planning process, recognising the critical importance of identifying and supporting information flows across the health community.

LHC programme governance will review and maintain documentation throughout the planning timeframe, leading to a plan that is regularly refreshed.

LHC informatics planning should:

Informatics Plan Content

- Identify the information requirements to support the SHA vision for the implementation of High Quality Care for All and World Class Commissioning at the local level
- Set out local service development priorities and the information required to achieve them

- Be based upon the information sharing required of all provider organisations for the purposes of building a patient electronic care record that supports individual patient pathways
- Include an integrated LHC timetable for the implementation of informatics solutions that demonstrates how developments in individual organisations contribute to the achievement of the identified information requirements
- Align with SHA and regional Programme for IT (PfIT) intentions for the implementation of NPfIT solutions
- Include a gap analysis between local requirements and the availability of solutions. These requirements will be collated by SHAs to inform regional and national programme planning
- Include a roadmap for achieving the Clinical 5 for secondary care (see Annex 2) as soon as possible and demonstrate how community services will be supported in a more integrated way with primary care and other local services. The roadmap should include both interim solutions and the strategic care record solution, with the relevant implementation timescales
- Address the national expectations detailed in Annex 1 to this document
- Establish that the local technical infrastructure will effectively and robustly support the deployment and utilisation of the planned informatics solutions.

Governance Arrangements

- Describe the governance arrangements for the LHC informatics programme
- Identify the SRO with overall responsibility for the LHC informatics programme

- Describe the review and maintenance of the plan including financial management and monitoring arrangements
- Co-ordinate approval of the LHC informatics plan and confirm the funding required to support the achievement of the plan.

Benefits

- Adopt a systematic and robust approach to the management of benefits which reflects recommended good practice. This will include:
 - Identification and planning of benefits aligned with strategic objectives and service outcomes
 - Identification of specific metrics within the high-level benefits plan
 - Plans for baselining, measuring, tracking and reporting of benefits
 - Identification of benefit owners and accountability for the realisation of these benefits.

Risks and Risk Management

- Set out Risk Identification and Risk Management processes, and relate these to the governance arrangements
- Identify and assess the risks to the achievement of the objectives of the plan, including any mitigation actions identified.

Financial Planning

- Secure robust financial plans identifying both the recurring and non-recurring capital and revenue costs of implementing the plan
- Identify the sources of funding and arrangements for pooled funding and resourcing where these exist.

Resource and Capacity Planning

- Link the capacity and skills development plans for the general and specialist informatics workforce to local strategic Human Resource plans
- Set out the capacity and skills development for the long term resources required to manage and maintain systems once initial implementation is complete.

5 Planning Responsibilities and Process

PCT Commissioners

The PCT Commissioner will provide leadership through LHC-wide governance arrangements for the co-ordination of informatics planning that includes the participation of provider organisations. The PCT Chief Executive will continue to provide overall leadership to ensure that informatics plans are aligned as enablers of service transformation.

Where there is more than one commissioning PCT within an LHC, it is strongly recommended that a lead commissioner be identified.

PCTs will want to ensure that LHC informatics planning:

- Fits with the local strategic commissioning agendas
- Adopts an approach that is inclusive of all key organisations within the LHC
- Embraces the full scope outlined in section 4 of this document
- Sets out how the national expectations (see Annex 1) will be achieved
- Establishes a commitment to the funding and resources required.

All Providers of NHS Funded Care

All providers of NHS funded care should be actively involved in the informatics planning process, including PCTs in their provider role (including their responsibility for primary care services), Ambulance Trusts, Social Services and where appropriate non-NHS providers and voluntary or third sector organisations.

Providers will continue to play a major role within LHC informatics governance arrangements, will

produce and maintain their informatics plans and will also be key contributors to the LHC informatics plan that underpins service development and change programmes.

The development of informatics solutions that deliver patient-centred information across care pathways can only be achieved through integrated and participative local planning. All providers of NHS funded care will therefore benefit from full participation in the local informatics planning process.

Strategic Health Authorities

Assurance

SHAs have an assurance role in respect of LHC informatics planning. In particular, they will assure themselves that:

- An integrated approach has been taken to LHC service transformation and informatics planning
- The information requirements of local service plans have driven informatics planning
- LHC informatics planning is inclusive of all key organisations
- LHC informatics planning demonstrates the capability and resources to deliver the informatics developments and solutions required to underpin service plans.

Feedback on their informatics plans will be provided to LHCs by SHAs.

Integration with NPfIT deployment planning

SHAs have a critical role in ensuring that organisational and LHC informatics plans are appropriately reflected in the detailed implementation plans (DIPs) for the regional PfITs.

SHAs will assure the DIPs and confirm to NHS CFH that these plans are aligned.

Requirements management

SHAs will assess and collate the requirements identified within LHC plans to inform their regional PfITs and the NPfIT. SHAs will also provide feedback to the LHCs on the process to be undertaken in respect of these requirements, and on progress towards delivering them.

Informatics Planning Process and Timetable

SHAs will agree planning timescales with their LHCs such that the process can be concluded in a timely manner, and in accordance with the timetable set out in the NHS Operating Framework for 2009/10.

6 Performance Monitoring

The national expectations set out in Annex 1 to this document will be used, as they have been this year, as the basis for the national performance monitoring framework. Performance within this framework is currently overseen by the NHS Information Executive Group, chaired by the Chief Information Officer for Health. This framework compares performance between SHAs, and SHAs will continue to apply this framework to the NHS organisations within their health economies. It is expected that the reporting metrics associated with the expectations for 2009/10 will be agreed with SHAs for onward communication to PCTs and provider organisations by the end of January 2009.

Annex 1

Informatics National Expectations

A set of national informatics expectations for 2009/10 is referred to in the NHS Operating Framework. This checklist is provided to help NHS organisations assure themselves that their local informatics plans meet national expectations and exploit the solutions available under NPfIT contracts.

Expectations are set out separately for:

- All NHS providers, including the provider side of PCTs;
- PCTs and Care Trusts in their role as commissioners (“PCT Commissioners”);
- SHAs.

The Health Informatics Review confirmed the need for integrated information to support health and social care, and for reporting purposes for both staff and patients. This reinforced the core objective for the NHS Care Records Service:

“to provide for each person a comprehensive electronic record for their health and care”.

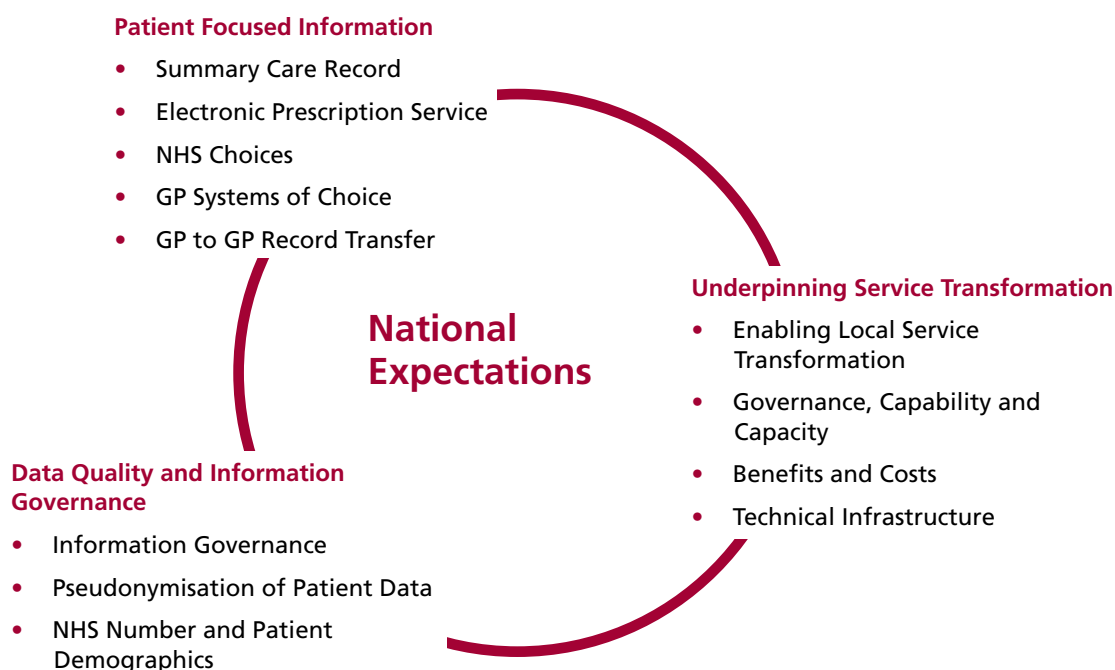
The expectations in this Annex are set out in the context of this strategic vision.

The expectations have been grouped into three components:

- Making available routine and high quality patient focussed information
- Underpinning service transformation
- Improving the quality and safety of patient care through better data quality and information governance.

Figure 2 opposite summarises the grouping of the national expectations:

Figure 2 – National Expectations



Patient Focused Information

Summary Care Record

Individual NHS organisations working collaboratively within local health communities should plan for the roll-out of the Summary Care Record (SCR) across LHCs with a focus on urgent care settings. Learning lessons from the Early Adopter Programme, national roll-out will have commenced during 2008/09, once compliant software is available. SHAs will agree the timeline for implementing the SCR with PCTs as commissioners, and full roll-out of the SCR will be demonstrated in LHC plans. Roll-out will be based on a two year window for the full deployment of SCR from the date on which all GP systems in the PCT are compliant. PCTs will manage compliancy of GP systems in accordance with their primary care informatics strategy and to bring forward the benefits offered by SCR.

All NHS Providers (including the PCT provider function and general practice)

- achieve operational readiness for deployment, staff training, clinician engagement and Data Quality Accreditation;
- ensure that GPs have systems which support the SCR;
- collaboratively implement a localised public information programme to inform patients of the implications of the SCR to allow them to make informed decisions around the options open to them;

- deploy the SCR into care settings that have been identified as areas where most benefit can be realised;
- initiate a business change programme to fully adopt the new technology into clinical practices.

PCT Commissioners

- lead the development of LHC informatics plans with effective preparation and resource planning for SCR implementation and systematic benefit realisation.

SHAs

- agree and co-ordinate consistent public information programme messages;
- ensure authority-wide achievement of SCR implementation is planned and achieved.

Electronic Prescription Service

Electronic Prescription Service (EPS) Release 2 will enable the benefits of the service to be fully realised. It enables electronic prescriptions to be sent, the nomination by patients of a preferred pharmacy, electronic cancellation of prescriptions and electronic repeat dispensing. Prescribers can only use EPS if they are in a PCT listed in Directions issued by the Secretary of State, which allows PCTs to authorise their contractors to use the Electronic Transmission of Prescriptions service.

PCT Commissioners

PCT Commissioners will need to identify when they wish to start deploying the live service, which will determine when they need to be listed in the Secretary of State Directions. They should take into account the need for detailed preparations to be progressed in advance of live operations.

- identify an EPS Lead and ensure all GP practices and dispensing contractors are aware of that lead;
- produce and implement a communications plan that includes a policy for ensuring the principles of nomination are adhered to;
- plan for deployment, including:
 - support for the service to maximise the realisation of benefits;
 - contingency plans should any aspect of service fail;
 - the ordering and distribution mechanism for “dispensing token” stationery;
 - issue and management of smartcards to support the service, as required.
- promote awareness of the NHS Choices website, including availability of Your Thoughts as a mechanism for capturing patient experience;
- publish analysis of PROMS (patient reported outcome measures) on NHS Choices;
- publish periodic responses on what they have done in response to patient feedback.

PCT Commissioners

- have in place mechanisms for gathering, validating and maintaining information on all local health and social care services;
- promote awareness of the NHS Choices website, including availability of Your Thoughts as a mechanism for capturing patient experience.

SHAs

- identify an EPS Lead and ensure that all PCTs are aware of that lead;
- ensure patch-wide achievement of EPS is planned and delivered.

SHAs

- promote awareness of the NHS Choices website, including availability of Your Thoughts as a mechanism for capturing patient experience.

NHS Choices

Patients will be provided with clear information on the quality of care. Easy to understand, service specific, comparable information will be available online on many aspects of service quality. The NHS Choices website will provide more information about all primary and community care services so people can make informed choices.

GP to GP Record Transfer

GP2GP enables the safe and timely transfer of general practice electronic health records, providing the general practice clinician with access to the patient record at the first consultation with a new patient. This brings significant benefits to patient care. Developments in supplier products during 2009/10 will allow more record transfers, delivering increased benefits for LHCs.

All NHS Providers

- ensure all indicators of clinical quality are validated by a clinical services lead;

PCT Commissioners

- deploy GP2GP to all eligible practices as suppliers deliver new implementations of GP2GP;

- ensure that all GP practices eligible to use GP2GP receive on-site training when the application is initially rolled out and undertake refresher training as required to take account of staffing changes and new implementations of GP2GP.

SHAs

- ensure that PCTs actively promote improvements to data quality and practice training to ensure the continued effectiveness of GP2GP transfers.

GP Systems of Choice

GP Systems of Choice is a framework of existing suppliers of GP clinical IT systems, through which these suppliers will rollout National Programme services and provide resilient hosted services to general practice.

PCT Commissioners

- comply with the PCT-Practice agreement including the local service level specification (Appendix 2 to the agreement);
- ensure the upgrade and continued maintenance of IT assets in line with the General Practice IT Infrastructure Specification as updated from time to time.

SHAs

- set local targets for the achievement of the above objectives and monitor PCT performance.

Underpinning Service Transformation

Enabling local service transformation

The NHS Informatics Review Implementation Report will identify actions to deliver informatics-enablement of service transformation in line with High Quality Care for All: The NHS Next Stage Review (NSR).

PCT and practice-based Commissioners of NHS services will need to ensure that all health informatics developments necessary for the success of local implementation plans for the NSR are clearly identified, widely consulted on, and understood and appreciated by those they are to serve; also that providers serving their health communities are fully engaged and committed to delivering the relevant outcomes and outputs, reinforced through service contracts where appropriate.

PCT Commissioners

- identify in the main body of their Strategic and Organisation Development Plans all key dependencies on informatics-enabled transformation in respect of implementation of the SHA NSR vision, High Quality Care for All and World Class Commissioning, and the main actions required to address each aspect;
- identify in the main body of their 2009/10 Operational Plan each major change programme in their Strategic and Organisation Development Plans which depends on informatics enablement, together with its leadership, governance and funding;

- assess the informatics-enabled service transformation capability, competence and capacity development requirements in their local health communities, and develop funded plans to close any gaps.

SHAs

- identify in their system management strategy and annual plan the main elements of informatics-enablement needed to underpin the service transformation envisaged in their NSR vision, High Quality Care for All and World Class Commissioning;
- assure that PCTs identify, address and fund required informatics-enabled service transformation appropriately in the mainstream of their strategic, operational and organisational development planning processes and plans;
- assess their own (SHA) informatics-enabled service transformation capability, competence and capacity requirements and those of PCTs as commissioners of NHS services in their local health communities, and state plans to enable their development.

Governance, capability and capacity

The Health Informatics Review highlighted that achieving the benefits from investment in technology depends on local leadership and capability. It emphasised the importance of senior managers and clinicians leading and owning the informatics agenda. It also focussed on the need to improve the informatics capability of the general and management workforce and to strengthen the capacity of the specialist workforce. These will be essential in meeting the challenges of the service transformation set out in SHAs plans for implementing High Quality Care for All: The NHS Next Stage Review.

All NHS Providers

- establish effective and transparent governance structures in each provider organisation led by their Chief Executive demonstrably functioning as the Senior Responsible Owner;
- baseline the current capability of the workforce for transformational change and collaborative working across organisational boundaries, and prioritise, develop and track action for improvement.
- build transformation teams with competent and empowered programme, business change and clinical leaders to exploit the contribution of information technology;
- ensure fitness for purpose, quality and value for money of health informatics services. Providers are recommended to apply the standards, measures and metrics developed as part of the Health Informatics Services Benchmarking and Accreditation project sponsored by NHS Connecting for Health and now managed by the Health Informatics Benchmarking Club.

PCT Commissioners

- PCT Chief Executives, as SROs leading the informatics programmes in their local health communities, should apply the LHC IM&T Self Assessment (LISA), adapted by the NHS from proven private sector maturity models, or a similar tool;
- ensure that these governance arrangements and capacity development plans are coherent and applied across the LHC;

- consider the use of the emergent Health Informatics Services Benchmarking Club standards for health informatics services in commissioning and investment discussions with the providers.

SHAs

- assure LHC governance arrangements and capability and capacity development plans, and ensure these are co-ordinated with SHA governance and workforce development plans where relevant.

Benefits and costs

Employing good programme governance, the NHS will identify, plan, measure and report the local costs and benefits realised from informatics investments to provide public assurance of their value for money. It will ensure that a systematic approach is deployed to identifying local costs and benefits, and to ensuring that benefits are achieved and evidenced.

All NHS Providers

- clearly identify and baseline anticipated benefits and associated local costs within local business cases and project documentation, consistent with relevant guidance provided by the Office of Government Commerce;
- embed in the project lifecycle the systematic measurement of quantifiable cash releasing, quantifiable non-cash releasing and qualitative benefits that demonstrate successful business change, adopting tools and learning from the guidance, models and case studies that are currently available;

- undertake thorough post-implementation and benefits reviews to ensure effective monitoring and performance management of the realisation of benefits expected from these investments.

PCT Commissioners

- ensure that local planning includes a clear framework for the identification, baselining, measurement and reporting of local costs and benefits in terms of appropriate metrics, and hence demonstrating the optimisation of benefits realisation.

SHAs

- assure that local planning includes a clear framework for the identification, baseline, measurement and reporting of local costs and benefits in terms of appropriate metrics;
- co-ordinate a nationally consistent process to report benefits and local cost information for inclusion in the National (Summary) Annual Benefits Statement for 2009/10.

Technical Infrastructure

The NHS should seek to underpin implementation of all informatics programmes with a robust and effective local technical infrastructure. Technical infrastructures should use appropriate current technologies and have robust plans for their development and maturation to match the needs of local, national and PfIT programmes and to underpin and enable the achievement of other national expectations such as Information Governance and Pseudonymisation.

In particular the NHS should ensure it has plans, programmes, capability and capacity to:

- achieve at least Level 3 and ideally Level 4 of the NHS Infrastructure Maturity Model (NIMM) across all elements of its Technical Infrastructure;
- establish Local Area Network (LAN) & Wide Area Network (WAN) infrastructures (including, where appropriate, local Wi-Fi services) robust enough to support critical clinical applications;
- deploy appropriate and supported operating system and application platform environments through the effective utilisation of NHS Enterprise Wide Agreements and nationally available services.

Collectively, the above expectations describe particular states of readiness of an organisation's Technical Infrastructure (an organisation's "technical readiness") that can be used to underpin other, higher-level, informatics programmes in support of local and national plans for service transformation.

All NHS Providers

- ensure specific strategy and plans exist to achieve the necessary technical readiness as described above;
- demonstrate that such plans are aligned with service transformation plans and national informatics expectations.

PCT Commissioners

- ensure local plans for technical readiness integrate into the LHC informatics plans;
- ensure LHC governance arrangements are effective in aligning plans for technical readiness with service transformation, the local commissioning agenda and national informatics expectations across the LHC.

SHAs

- assure LHC governance arrangements for technical readiness;
- ensure LHC arrangements for technical readiness inform and integrate effectively with regional and national plans for development and maturation of the NHS Technical Infrastructure and underpin regional and national PfITs.

Data Quality and Information Governance

Information Governance

All bodies that provide or support the provision of NHS services must work within the NHS Information Governance Framework and need to meet, and demonstrate compliance with all key information governance requirements.

All NHS Providers (including the PCT provider function and general practice)

- achieve a minimum of Level 2 performance against key requirements published through the NHS Information Governance Toolkit;
- actively manage information risks and take all reasonable steps to keep personal information secure;
- continue to meet the standards for handling patient personal information set out in the Care Record Guarantee, ensuring that access to information is effectively controlled and that the transfer, use and disclosure of information are subject to effective authorisation procedures;
- support staff through the provision of clear guidance on expected working practices (including cross sector working e.g. for the use of ContactPoint for children's services) and through annual information governance training.

PCT Commissioners

- ensure that all organisations from which care is commissioned, including independent contractors and the third sector, are brought within the NHS Information Governance Assurance Framework.

SHAs

- ensure patch wide compliance with the requirements of the NHS Information Governance Assurance Framework.

NHS Number & Patient Demographics

High Quality Care for All: The NHS Next Stage Review (NSR) states that the focus should be on 'getting the basics right first time every time' and that the first dimension of quality is about improving 'safety and reducing avoidable harm'. Complete adoption of the NHS Number is an underpinning safety imperative. The NHS should improve patient safety by enabling consistent use of the NHS Number to reduce the number of data quality issues due to mis-associated records and by making effective use of the Personal Demographics Service (PDS).

All NHS Providers

- complete Adoption of the NHS Number as the mandated national patient identifier, in accordance with the Dataset Change Notice AN0803 and the Safer Practice Notice No NPSA/2008/SPN001;
- raise demographics data quality standards by implementing processes to use the PDS National Back Office when resolving demographic data quality issues;
- monitor and maintain demographics data quality in commissioned services, including the effectiveness of training;

PCT Commissioners

- implement National Health Application and Infrastructure Services (NHAI) Stages 3 and 4 within Primary Care Shared Service Agencies to ensure these agencies integrate more closely with the NHS Care Records Service;
- ensure that informatics planning for the LHC includes complete adoption of the NHS Number in accordance with the Dataset Change Notice AN0803 and the Safer Practice Notice No NPSA/2008/SPN001 including its usage in patient communications, and a transition plan to the PDS.

SHAs

- assure that all providers within the SHA area achieve complete adoption of the NHS Number in accordance with the Dataset Change Notice AN0803 and the Safer Practice Notice No NPSA/2008/SPN001 including usage in patient communications, and a transition plan to the PDS.

Pseudonymisation of patient data

It is NHS policy that patient level data should not contain identifiers, including NHS Number, when it is used for purposes other than the direct care of patients. It is important that organisations commissioning and providing NHS care develop and implement plans for the use of data, which has either been anonymised or in which identifiers have been replaced with pseudonyms. This should cover all patient level data which is not used for direct care purposes and in particular NHS wide data which is extracted or received from the Secondary Uses Service.

All NHS Providers and PCT Commissioners

- have implementation plans in place by June 2009;
- ensure that relevant staff are aware of and trained to be able to use anonymised or pseudonymised data;
- ensure changes are made to existing systems, processes, historic data and access control mechanisms in order to facilitate the use of pseudonymised data in place of patient identifiable data;
- use the latest Information Governance Toolkit to assist in implementation and assessment of compliance with policy.

PCT Commissioners

- ensure that organisations from which care is commissioned comply in the use of pseudonymised data for purposes other than the direct care of patients.

SHA

- assure that organisations within their health economies comply in the use of pseudonymised data for purposes other than the care of patients.

National Expectations – Links to supporting information online

Expectation Area	Description	Link
Summary Care Record	Implementation Checklist	http://nww.connectingforhealth.nhs.uk/demographics/scr/implementation/index_html
	Implementation Forum	http://www.espace.connectingforhealth.nhs.uk/
Electronic Prescription Service	EPS Publications and resources	http://www.connectingforhealth.nhs.uk/systemsandservices/eps/publications
NHS Choices	Public Website for NHS Choices	http://www.nhs.uk
GP to GP	Implementation Guidance for GP to GP	http://www.connectingforhealth.nhs.uk/systemsandservices/gpsupport/gp2gp/implementation
GP Systems of Choice	Implementing GP Systems of Choice agreements	http://www.connectingforhealth.nhs.uk/systemsandservices/gpsupport/gpsoc/signing
Enabling local service transformation	High Quality Care For All: The NHS Next Stage Review	http://www.ournhs.nhs.uk/
	North East – Our NHS Our Future Review	http://www.northeast.nhs.uk/publications-and-reports/our-nhs-our-future-review
	North West – Health Horizons	http://www.northwest.nhs.uk/projects/healthierhorizons/

Expectation Area	Description	Link
	Yorkshire & The Humber – Healthy Ambitions	http://www.healthyambitions.co.uk/ http://www.northwest.nhs.uk/projects/onof/
	East Midlands – From Evidence to Excellence	http://www.eastmidlands.nhs.uk/welcome/our-nhs/vision-document
	West Midlands – Investing for Health	http://www.ifh.westmidlands.nhs.uk/
	East of England – Towards the Best Together	http://www.eoe.nhs.uk/page.php?page_id=66
	London – Strategic Plan	http://www.london.nhs.uk/publications/corporate-publications/nhs-london-strategic-plan
	South East Coast – Healthier People Excellent Care	http://www.southeastcoast.nhs.uk/hpec/
	South Central – Towards a Healthier Future	http://www.southcentral.nhs.uk/page.php?id=249
	South West – Improving Health: Ambitions for the South West	http://www.southwest.nhs.uk/pdf/NEW%20NHS%20Ambitions%20Brochure%2014_05_08.pdf

Expectation Area	Description	Link
Governance, capability and capacity	LHC IM&T Self Assessment tool	http://www.connectingforhealth.nhs.uk/systemsandservices/capability/lisa
	Health Informatics Services Benchmarking and Accreditation	http://www.hibc.nhs.uk/
Benefits and costs	Best practice guidance provided by the Office of Government Commerce	http://www.ogc.gov.uk/introduction_to_programmes_managing_benefits.asp
Technical Infrastructure	NHS Infrastructure Maturity Model	http://nww.pspg.nhs.uk
Information Governance	IG Toolkit	https://www.igt.connectingforhealth.nhs.uk/
	Care Record Guarantee	http://www.connectingforhealth.nhs.uk/nigb/crsguarantee/crs_guarantee.pdf
NHS number and patient demographics	NHS Number information for staff	http://www.connectingforhealth.nhs.uk/systemsandservices/nhsnumber/staff
	Demographics service back office	http://nww.connectingforhealth.nhs.uk/demographics/backoffice
Pseudonymisation of patient data	Understanding Pseudonymisation	http://www.connectingforhealth.nhs.uk/systemsandservices/sus/delivery/pseudo

Annex 2

The 'Clinical 5'

Clinical stakeholders consulted for the Health Informatics Review identified a minimum specification of functionality that would make a system acceptable to them, specifically in secondary care. The intent was to identify the essential functionality that will create demand from clinicians who see it as useful and valuable in conducting day-to-day business, creating a 'tipping point' in the acceptability and demand for the strategic IT systems.

The five key elements (the 'Clinical 5') for secondary care are:

- A Patient Administration System with integration with other systems and sophisticated reporting
- Order Communications and Diagnostics Reporting (including all pathology and radiology tests and tests ordered in primary care)
- Letters with coding (discharge summaries, clinic and Accident and Emergency letters)
- Scheduling (for beds, tests, theatres, etc)
- e-Prescribing (including 'To Take Out' medicines).

Annex 3

Overview of Tools Supporting Informatics Planning

A range of tools has been developed to support the 2009/10 informatics planning process. Whilst recommended, local utilisation of the tools is optional and they are provided to supplement the planning guidance and offer practical assistance with the pursuit of effective informatics planning.

The table below provides a summary of the available resources and the suggested target audience:

Supporting Tools and Target Audience

Product	Target Audience	
	Recommended for use by Chief Executives and SROs	Planning Tool for Programme and Change Managers and Informatics Professionals
Chief Executive leadership of informatics programmes to support service transformation	✓	
Enhanced Informatics Planning Checklist – Organisation Self Assessment Tool, Document Checklist and Catalogue of Supporting Material	✓	✓
LHC IM&T Self Assessment (LISA)	✓	✓
Organisational Readiness Assurance Guide		✓
NPfIT Product Catalogue (including benefits summaries and registers)		✓
Health Informatics Service Benchmarking		✓

These supporting tools are available at:

http://nww.connectingforhealth.nhs.uk/info_planning

Chief Executive leadership of informatics programmes to support service transformation – Guidance and Key Responsibilities

This supporting tool identifies the key responsibility areas for Chief Executives in their leadership role for informatics programmes. It is a resource primarily intended for use by PCT Chief Executives who provide leadership of informatics programmes in support of service transformation. It may also be useful for Chief Executives and other senior directors taking on the leadership or Senior Responsible Owner role for informatics programmes in PCTs or Trusts.

The tool sets out a number of key responsibilities and provides guidance in each area. The responsibilities identified are as follows:

- Provide overall leadership and direction to the informatics programme
- Ensure alignment of informatics with delivery of service transformation for the LHC
- Ensure delivery of benefits from the informatics programme
- Ensure effective governance structures for the delivery of the enabling informatics programme
- Ensure effective risk management
- Ensure the LHC has the skills, capacity and capability to deliver the programme
- Ensure the LHC has a clear framework for approval, management and responsibility for funding the informatics programme.

Enhanced Informatics Planning Checklist

This tool provides a 'checklist' for informatics planning in PCTs or Trusts and in LHCs. It is designed for use by local programme managers and programme boards in reviewing plans of individual organisations and the LHC.

The tool covers the following key topic areas:

- Core plan content
- Governance arrangements
- Benefits management
- Risk and issue management
- Finance
- Capacity and Capability.

A number of informatics planning components are listed for each topic area, together with indicators of good planning practice.

Links to supporting material are also incorporated within the Informatics Planning Checklist, grouped under the key topic headings listed above.

LHC IM&T Self Assessment Tool

This tool provides LHC leaders with a structured approach to determining their combined preparedness to deliver informatics enabled change. LISA provides guidance in the following areas:

- PCT accountability for IM&T strategic planning
- Alignment of IM&T strategy with LHC service transformation goals
- Building the change capability of the LHC
- Determining the improvement action required.

Organisational Readiness Assurance Guide

This tool provides guidance for programme and business change managers on gaining assurance that the organisation is ready to implement informatics enabled change. It covers the project preparation and planning, design and implementation, and post deployment phases of the project. It includes guidance in the following key areas:

- Project preparation through the establishment of governance, funding and business change capability
- Project Initiation and controls
- Deployment processes
- Transition to business as usual and benefits realisation
- Learning lessons from deployments.

NPfIT Product Catalogue and Benefits Registers

The NPfIT Product Catalogue is an on-line tool providing product descriptions for national and regional PfIT applications. It provides three types of product descriptions:

- Summary Product Description – a summary view of functionality available and how the product supports NHS priorities, designed for executive level use;
- Full Product Description – a detailed product description covering functionality, benefits (including a link to the national benefits register), functional and technical specifications, product availability, planned release schedules and funding and implementation options;
- Selected strategic roadmaps to assist with preparation of longer term informatics plans.

The NPfIT Benefits Registers have been created as a supporting tool for project planning and strategic planning and will be of use to staff responsible for benefits planning and reporting. They are designed to help clarify and identify what benefits opportunities exist following successful deployment of NPfIT products. The registers provide both a summary and detailed view of potential benefits.

Health Informatics Services Benchmarking

The benchmarking tool is provided to support the assessment, review, development and objective comparison of health informatics services. The Benchmarking Information Pack can be applied to any informatics service supporting health services, and includes a range of standards, measures and metrics against which service delivery, management and planning can be assessed at strategic, tactical and operational levels. The complexity of providing and managing informatics services in the NHS means that a complete picture of services is only possible if all of these areas are covered. The main areas covered under each area are:

- Strategic: Leadership, Governance, Strategic Development Planning and a Long-term Resource Framework
- Tactical: Use of Resources, customer focus, business processes, and workforce development
- Operational: IM&T planning, information governance and information & ICT service delivery.

The use of the tool is complemented by the sharing of best practice and service collaboration through membership of the Health Informatics Benchmarking Club.

Annex 4

Glossary of Terms

CFH	Connecting for Health	NIMM	NHS Infrastructure Maturity Model
CRG	Care Records Guarantee	NPfIT	National Programme for Information Technology
DH	Department of Health	PCT	Primary Care Trust
DIP	Detailed Implementation Plan	PDS	Personal Demographics Service
EPS	Electronic Prescription Service	PfIT	Programme for Information Technology
GP	General Practitioner	PROMS	Patient Reported Outcomes
GP2GP	GP to GP patient record transfer	SCR	Summary Care Record
IEG	Information Executive Group	SHA	Strategic Health Authority
IG	Information Governance	SRO	Senior Responsible Owner
IM&T	Information Management and Technology	SUS	Secondary Uses Service
LAN	Local Area Network	WAN	Wide Area Network
LHC	Local Health Community	WCC	World Class Commissioning
LISA	LHC IM&T Self Assessment Tool		
NHAIS	National Health Application and Infrastructure Services		

