Yorkshire and the Humber Strategic Health Authority

BOARD MEETING

Date: 7 July 2009

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Title of paper: NPfIT Update

Actions Requested:
For information only

Governance Requirements:
No requirement at present

SHA Objectives supported by this paper:
IM&T – Use technology to transform service delivery

Risk Management:

4.1 There is a risk that fit for purpose NPfIT products (i.e. strategic solution for Secondary Care) are not delivered by the supplier or are significantly delayed resulting in;
- benefits to service not being delivered
- significant financial savings not being made
- Trusts suffering a planning blight

Board Assurances:

- Governance to assure this programme is well established. There is a North Midlands and East (NME) Executive Board which is made up of the 6 Chief Information Officers for the Northern SHAs and which carries out regular reviews. There is also a national Informatics Executive Group. Priorities for the National Programme for IT were set by the NHS CEO and the NME programme is also a top priority for the NHS CIO at Connecting for Health.

- The Y&tH Programme Board for NPfIT is held bi-monthly which the SHA Deputy Chief Executive chairs.

Risk Assessment:

- A risk and issue management framework and process is in place for NPfIT both locally and nationally which allows risks and issues to be identified, reported and managed or escalated from Trusts to SHAs to Connecting for Health and suppliers where necessary.
### Communication (including public and patient involvement):

The SHA NPfIT team has a business change and benefits programme and communications strategy. The team also consults with the SHA Communications team on the strategy. There is a Communications steering group for the North Midlands and East ((NME) programme which provides guidelines on policy and process for NPfIT matters.

### Resource Implications:

No additional resource needs have been confirmed at this time.

### Legal Implications:

There are no specific legal implications associated with this report.

### Equality and Diversity:

All SHA policies will be subject to Equality and Diversity impact assessment.
NPfIT Update for the NHS Yorkshire and the Humber Board

1. Highlights

Contract

A restated contract has been agreed between the NHS and Computer Science Corporation Alliance for the provision of strategic IT solutions to the local NHS in the North, Midlands and Eastern regions of England. The contract was signed on behalf of the NHS at the beginning of April 2009, by Christine Connelly the new Chief Information Officer for Health.

The contract provides two strategic solutions – Lorenzo and TPP SystmOne. Lorenzo will be delivered in 5 releases – Release 1, Release 1.9, Release 2 and Releases 3 and 4. Lorenzo will be a full end to end solution covering all levels of care – tertiary, secondary, primary and community. Releases 1, 1.9 and 2 contain predominantly secondary care functionality, the primary and community functionality is provided in Releases 3 and 4. TPP SystmOne is a primary and community solution, this has been in deployment for approximately 4 years, and will be fully integrated into Lorenzo.

The new contract means that the NHS in Yorkshire and the Humber will be able to build on the investment that has already been made in TPP SystmOne in this region, for the duration of the contract term. As TPP SystmOne will be fully integrated into Lorenzo this means that the NHS in Yorkshire and the Humber has already made significant progress towards achieving an integrated patient record.

Yorkshire and the Humber IM&T Strategy

The IM&T Strategy was based on rolling out TPP SystmOne across Yorkshire and the Humber. This strategy was strongly endorsed by clinicians, and recommended in Healthy Ambitions.

To date progress has been excellent. All 14 PCTs have TPP SystmOne as a community solution, 13 out of 14 PCTs have TPP SystmOne as their Child Health solution with the 14th due to go live by August 2009. In addition 14 out of the 16 Prisons in Yorkshire and the Humber have SystmOne as their prison health solution, the remaining two will be live in October. The SHA is currently forecasting that over 50% of GP practices will be on SystmOne by the end of the financial year, this equates to some 410 practices in total. TPP SystmOne is also being deployed in secondary care organisations, giving access to a shared record to Allied Health Professionals, community staff such as health visitors and People with Learning Difficulties (PLD) services, and into A&E departments.

In addition to these successes with TPP SystmOne, every Acute Trust in Yorkshire and the Humber has a hospital-wide Picture Archive and Communications System (PACS). Of the 16 acute sites 13 were provided under the auspices of the programme.
This progress gives the NHS in Yorkshire and the Humber an excellent technical infrastructure which presents a real opportunity to use technology to change the way in which services are delivered to patients.

2. Planned Progress in the Next Period

With effect from 1st April 2009 greater responsibility for deployment has been devolved by the SHA to PCTs and Trusts. The SHA NPfIT Programme Team has been restructured to operate on a locality basis to provide support to Local Health Communities.

The main focus of the SHA team is on using the existing technical infrastructure to maximise the delivery of benefits to clinicians and patients.

To this end the SHA NPfIT Programme team has set itself a number of key areas of focus :-

- To support the Quality, Innovation, Productivity and Prevention (QIPP) initiative, for which technology is a key enabler.
- To establish a Long Term Conditions and Tele-Health Care programme of work that supports the Long Term Conditions workstream, as set out in Healthy Ambitions and the innovations agenda. To roll out the TPP SystmOne Community module to 70% of community staff, and maximise the opportunities for changes to working practice.
- To deploy the Summary Care Record across Yorkshire and the Humber
- To deploy version2 of the Electronic Prescribing Service across Yorkshire and the Humber (which delivers significant benefits to GPs, patients and pharmacists)
- To enable access to TPP SystmOne in all A&E departments

3. Risks and Issues for the attention of the Board

The delivery of the Lorenzo strategic solution to time and to specification remains a significant risk to the success of the programme.

Lorenzo Release 1 is being piloted in 3 early adopter sites, including Bradford Teaching Hospitals NHS Trust, and is now live in each, on a limited basis. Release 1.9 which contains the Patient Administration System (PAS) functionality, is about to go into pilot stage in 3 organisations outwith Yorkshire and the Humber. The NHS Chief Executive has set the challenge that the full Lorenzo PAS product must be deployed within an acute Trust by 31st March 2010.

The Programme Team continues to work with Trusts to mitigate the impact of any further delay.

Nationally the NHS CIO, Christine Connolly, is working with SHA CIOs to manage these and any other risks in the programme.