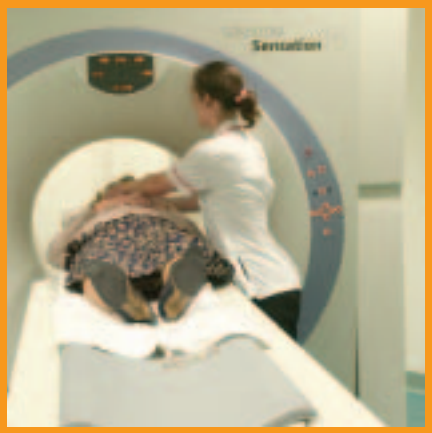
NHS
Connecting for Health



Business Plan 2005/2006

The genesis of NHS Connecting for Health

September 1998	The Department of Health strategy document *Information for Health* committed the NHS to lifelong electronic health records for everyone, with round-the-clock, on-line access to patient records and information about best clinical practice for all NHS clinicians.
July 2000	*The NHS Plan* outlined the vision of a health service designed around the patient and a new delivery system for the NHS.
January 2001	*Building the Information Core: Implementing the NHS Plan* outlined the information and IT systems needed to deliver the NHS Plan and support patient-centred care and services.
April 2002	*The Wanless Report* contained several key recommendations for IT in the NHS, based on comparison with improvements in performance and efficiencies gained from new technology seen in other spheres of industry and in other health services. It recommended an increase in IT investment; stringent, centrally managed national standards for data and IT; and better management of IT implementation in the NHS, including a national programme.
April 2002	*Delivering the NHS Plan* developed the vision of a service designed around the patient, offering more choice of where and when to access treatment. IT in the NHS would support this vision, with electronic records and electronic booking of appointments by 2005 and a full array of clinical applications and functionality from the electronic records available in all primary care trusts by 2008.
June 2002	*Delivering 21st Century IT Support for the NHS - a National Strategic Programme* laid out the first steps, including the creation of a Ministerial Taskforce and recruitment of a director general for the National Programme for Information Technology. It also established the Clinical Care Advisory Group, chaired by Professor Peter Hutton, chair of the Academy of Medical Royal Colleges, with representatives from many healthcare organisations.The main output from this group was the recommendation to create an NHS Care Record for each patient, with core information held in a national data repository.
October 2002	The National Programme for Information Technology (NPfIT) was established formally with Richard Granger's appointment as the Director General of NHS IT. Its task was to procure, develop and implement modern, integrated IT infrastructure and systems for all NHS organisations in England by 2010.
June 2004	*The NHS Improvement Plan: Putting People at the Heart of Public Services* set out the priorities for the NHS, including the purpose of the National Programme for IT.
July 2004	Following the Review of its Arm's Length Bodies (ALBs), the Department of Health announced the creation a new organisation, combining responsibility for the delivery of the National Programme with the management of the IT related functions of the NHS Information Authority, which would close. The Department's ALB review was a key response to the Treasury's Gershon Review, which had recommended the concentration of specialist services to create more efficient procurement and administration.
April 2005	NHS Connecting for Health was established as the single national IT provider for the NHS.
	NHS Connecting for Health would also provide the policy focus for the Department of Health on NHS information management and technology. This included shaping the strategic infrastructure to ensure integration where necessary and setting the standards required of any local IT applications where choice was available.

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Foreword by Chief Executive

The National Programme for IT has a strong record of achievement. For example, since our inception two years ago, we have mobilised a skilled workforce capable of meeting the challenge; awarded a series of major contracts embracing the Electronic Booking Service, the new National Network (N3) and the appointments of Local Service Providers and PACS' (Picture Archiving and Communications Systems) suppliers; established the Care Record Development Board; enabled the first online patient appointments from primary care; announced the Enterprise Wide Arrangements with key suppliers; launched QMAS (Quality Management and Analysis System) and the Contact email and directory Service; linked the first GP systems to the new National Network; and gone live with the Electronic Prescription Service.

These achievements should be viewed against the significant challenges we faced. An organisation had to be established swiftly with the necessary skills, abilities and support structures to deliver a transformation programme for the NHS of unprecedented scope and size. Historically, the NHS has not always used or developed IT as a strategic asset in delivering or managing healthcare. While there were good, usually local, IT initiatives, sponsored by enthusiastic visionaries, these were generally outweighed by an overall lack of investment given to IT at all levels. Good experiences were not captured and successful implementations were not scaled from their local beginnings to NHS-wide applications. This failure to capitalise on opportunities could not be allowed to continue.

The ten-year journey mapped out in the NHS Plan is now firmly underway, with IT as the catalyst for the creation of the kind of NHS to which we all aspire. It is pivotal to the delivery of choice and the provision of quicker access to safer and better care. This revolutionary change will be delivered through gradual changes rather than a single episode.

Despite our achievements, there is no room for complacency. We have taken the first steps on the journey to enable the transformation of the NHS. Combining the responsibilities for the delivery of the National Programme with the delivery of the systems delivered by the former NHS Information Authority into a single Agency, with the ability to combine private sector practices with public sector standards of governance, enables us to create a sound but flexible organisation through which we can enable the transformation programme.

I am pleased to be announcing the creation of NHS Connecting for Health and delivering its first Business Plan.

Richard Granger
Chief Executive

Section 1
Our mission, values and strategy

Our mission

- To put in place through the use of new technology, information systems that give patients more choice and health professionals more efficient access to information and thereby ensure delivery of better patient care;
- And, as part of the wider task of modernising public services, to help deliver a better NHS that gives public and patients services fit for the twenty-first century.

The investment is not purely an IT programme. We will deliver a twenty-first century health service through efficient use of information technology. IT is the underpinning enabler for the NHS modernisation and change programme.

Our values

We have adopted five core values, the themes of which run through everything we do:

We will put patients at the heart of everything we do

We will:

- make information available to medical professionals and patients alike
- provide the right information in the right place at the right time
- increase the speed of transmission of images such as x-rays
- provide the means for the electronic transmission of prescriptions
- assure information security and data protection.

Which will:

- improve the quality and convenience of care
- improve and aid earlier diagnosis
- reduce the incidence of medication labelling errors, missing information and adverse drug events
- ensure patient confidentiality.

We will introduce innovation and change

We will:

- create an environment which fosters active contribution from suppliers, employees, associates and users of the services we provide
- encourage innovative research and development
- provide an electronic booking system
- introduce systems that reduce administrative burdens.

Which will:

- enable the transformation of the NHS
- enhance patient choice
- provide patients with a choice of time, date and place for first outpatient appointments
- free medical staff time that they can spend with patients.

We will focus on delivery

We will:
- meet our targets
- deliver on our promises on time.

Which will:
- transform the NHS by turning the aspirations of patients and staff into reality.

We will emphasise professional competence

We will:
- create a highly skilled and motivated workforce and develop their skills for the future
- employ a mixed economy of public and private sector staff
- introduce HR policies appropriate to a fast moving and dynamic organisation including an effective staff appraisal system
- require our staff to behave in a professional manner.

Which will:
- ensure we have the right skills and experience available to deliver the transformation
- ensure individuals both internally and externally are treated with equality and respect.

We will demonstrate value through being effective, efficient and professional in our approach

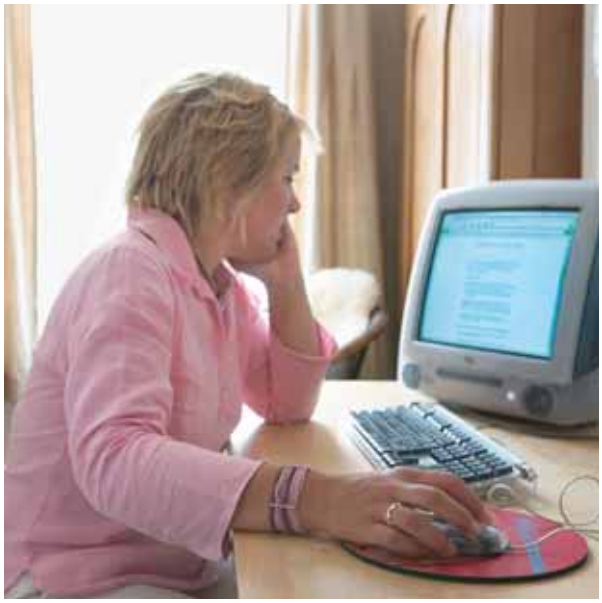
We will:
- create a fast moving, responsive and nimble organisation
- exercise effective controls over our use of resources and assets
- make full use of shared service opportunities.

Which will:
- reduce our overheads
- ensure value for money for the tax payer through the minimisation of our costs.

Innovation

Elsewhere in this plan, we outline a range of products and services that we will introduce to enable the transformation of the NHS. But the requirement is not static. The aim is to improve constantly as we move towards the vision of electronic healthcare records. We have adopted "innovation" as one of our core values and set it as a key component of the terms of reference for our suppliers.

- Technology, Innovation and Exploitation Forum - bringing together our key subcontractors and many of the wider range of suppliers with whom we have established Enterprise Wide Arrangements to develop innovative technologies to benefit patients and clinicians.
- e-health initiatives - taking the lead in harnessing the potential of the IT industry to develop innovative technology to promote telecare, telemedicine, self-diagnosis and remote medical care.
- Innovation in clinical system design - through the Common User Interface project (CUI) we are bringing together clinical and industry user experience to deliver high quality clinical system design standards. These standards will be delivered in incremental fashion through the publication of a design guide or as part of an IT development. Included in this project are specific customisations to the Windows operating system and the Microsoft Office set of products. The CUI project will review significant differences between clinical systems in order to produce a 'user interface risk model' that will allow us to prioritise work on the user interface differences and reduce potential patient risk.
- User Session Management – clinical workflows are complex and, as we implement increasing numbers of electronic clinical records, it is vital that we do not impede clinical utility and therefore increase the risks to a patient. One important focus of activity over the next year will be the development of a roadmap for technology implementation, to achieve increasingly faster log-in times, as well as session and desktop management systems appropriate to the tasks that clinicians need to perform.



- Meeting the Research Agenda with Clinical Innovation – implementation of an increasing number of electronic medical records and the availability of better data through the Secondary Uses Service will allow, for example, local audit, clinically relevant comparisons, practice based commissioning, wider commissioning and academic research, all of which will enhance the delivery of best practice.
- Innovation in Partnership – implementing a programme of this scale in an organisation the size of the NHS demands innovation in relationships and new partnerships to ensure not only the hardware installations, but that the clinical systems are used and support 21st century care. We will work closely with the national clinical leads on initiatives such as 'Do once and share' and 'The busy clinician'. We will also make early use of tools such as the Map of Medicine to ensure that our products meet clinical expectations.
- We will continue work with industry leaders to evaluate and drive innovation in hardware design as well as software development. Work will continue around auto-identification (for example barcodes and radio frequency ID tags) keyboard design and portable device design.

Developing our strategy

We will develop a three-year strategic plan for NHS Connecting for Health to develop and deliver the ongoing information systems strategy for the NHS. This will need to be aligned with the Government's Spending Review. Our strategy will also put our values into practice.

Our mission, values and strategy - our target for 2005/06

We will develop a strategic plan, aligned to the Government's Spending Review

Section 2
Our purpose and scope

Purpose

Our purpose is to deliver the National Programme for IT and to maintain the national critical business systems previously provided by the former NHS Information Authority. The purpose of the National Programme for IT was set out in the *NHS Improvement Plan*[1].

Accurate information is crucial if patients are to have choice and receive the right care at the right time. A key aim of the National Programme for Information Technology in the NHS is to give healthcare professionals access to patient information safely, securely and easily, whenever and wherever it is needed.

The National Programme for IT is an essential element in delivering The NHS Plan. It is creating a multi-billion pound infrastructure, which will improve patient care by enabling clinicians and other NHS staff to increase their efficiency and effectiveness.

It is doing this by:

- creating an NHS Care Records Service to improve the sharing of patients' records across the NHS with their consent
- making it easier and faster for GPs and other primary care staff to book hospital appointments for patients
- providing a system for the electronic transmission of prescriptions
- ensuring that the IT infrastructure can meet NHS needs now and in the future.

Better IT is needed in the NHS because the demand for high-quality healthcare continues to rise and the care now provided is much more complex, both technically and organisationally. There are over 300 million consultations in primary care annually. Last year, there were 650 million prescriptions dispensed in the community; nearly 5.5 million people were admitted to hospital for planned treatment; there were 13.3 million outpatient consultations; and nearly 13.9 million people attended A&E, of whom 4.3 million were emergency admissions.

In parallel, diagnosis and treatment are increasingly specialised. Managing many conditions can require a number of organisations and people to work together predictably, reliably and safely. Also, patients' knowledge and understanding has increased and many want more ownership of and involvement in the management of their care.

Traditional paper-based recording and storage systems have long since ceased to support the health service in an efficient and effective manner. As a result, many general practice surgeries and hospitals now have some form of personal care record that can be shared internally. But this information cannot currently be shared across the NHS.

The National Programme for IT is addressing these issues. The NHS will in this way take a major step towards providing seamless care for patients through GPs, hospitals and community health services. It will also provide fast, convenient public access to information and care through online information services and telemedicine, and ensure effective use of NHS resources by facilitating the secondary use of information, for example, for medical audit purposes.

Existing business critical systems

Details of the existing business critical systems are provided on pages 27–30.

[1] NHS Improvement Plan June 2004

For all this to happen, major co-ordinated investment and change must take place. Most existing IT systems in NHS trusts are based on either buildings or departments. They do not usually support the movement of information between buildings and departments. Consequently, within a single organisation, several records are often created for the same patient.

Similarly, in primary care, individual practices have their own IT applications and databases, so that personal care records are not easily transferred to other practices or care providers. As a result, the development and effective implementation of care pathways is inhibited. Many are still paper-based, delaying modernisation and the delivery of National Service Frameworks.

By creating world-class IT infrastructure and systems for the NHS, the National Programme for IT will ensure that organisations and staff can work together more effectively. This strategy has long been recognised as essential by many within the NHS, but achieving robust information systems, including personal care records, has proved difficult to achieve. However, there are now the resources and determination to achieve this goal.

Information technology is now being designed and delivered around the needs of patients and service users. A shift has begun from systems running along institutional lines, dealing only with a portion of patient interactions, to integrated health and social care community systems that track and record a user or a patient's progress in the NHS.

Creating a patient-led NHS

A patient-led NHS will require a far higher level of information and information technology than exists currently. The current investment through the National Programme for IT in infrastructure and information technology will enable patients to directly access a wider range of NHS services. Critically, all the new systems will contribute to ensuring safety and quality of care while helping improve efficiency.

Scope

The scope of the National Programme comprises clinical change, clinical systems and the underlying infrastructure for the NHS in England. In terms of clinical activities requiring technology services and support, in a typical week[1]:

- six million people visit their GPs
- more than 250,000 people attend their first NHS hospital outpatient appointment
- over 80,000 people attend A&E, walk-in centres and minor injuries services
- around 360,000 people have an x-ray
- over 26,700 people are treated for cancer or suspected cancer
- NHS ambulances make over 64,500 emergency journeys
- NHS Direct nurses receive around 126,650 calls from people seeking medical advice
- pharmacists dispense approximately 13.2 million items on NHS prescriptions
- NHS surgeons perform around 1,600 hip operations and 5,740 cataract operations.

This equates to around three million critical processes per day. When supported fully by a single electronic records system, this could result in approximately 30 million transactions each day, on a 24 hours, seven days a week basis.

NHS Connecting for Health

NHS Connecting for Health has been established as the single national IT provider for the NHS, delivering the National Programme for the future and ensuring the maintenance, development and effective delivery of the IT products and services delivered by the former NHS Information Authority while these products and services are still required.

NHS Connecting for Health also provides the policy focus for the Department of Health on NHS information management and technology. This includes shaping the strategic infrastructure to ensure integration where necessary and setting the standards required of any local IT applications where choice is available.

NHS Connecting for Health's objectives support the NHS in its focus on quality, value for money and choice through, for example:

- making information available where and when it is needed
- harnessing central specialist knowledge to meet local purchasing needs (according to industry leading analysts, Ovum, the NHS has already saved some £4+billion as a consequence of centralised and professional procurement arrangements)
- the provision of IT systems and services that are built around patients.

[1] Source: Chief Executive's report to the NHS: Statistical Supplement May 2005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Section 3
Our organisation

NHS Connecting for Health is an Agency of the Department of Health. Our sponsor within the Department is the Group Director for Delivery who is also the Senior Responsible Owner for the National Programme for IT.

We are led by a Chief Executive, supported by a Board of Management.

Richard Granger
Chief Executive

Richard was appointed Director General of NHS Information Technology in October 2002. He has extensive experience of delivering IT systems and services in the public sector and, prior to his appointment, was the lead Client Service Partner for the UK Government at Deloitte Consulting.

Gordon Hextall
Chief Operating Officer

Responsible for all operational matters, Gordon chairs the National Programme's operational management team which monitors the National Programme's progress and manages and mitigates risks and issues. Gordon also chairs the national supplier board to ensure co-operation and collaboration between suppliers and encourage innovation.
A career civil servant, Gordon has wide management experience across a number of challenging roles. He was previously Chief Operating Officer for the Programme and Systems Delivery Group, overseeing the delivery of the modernisation programme in the Department for Work and Pensions (DWP).

Richard Jeavons
Director of Service Implementation

Richard was appointed as Director of the Service Implementation Team in May 2005. He was previously Senior Responsible Owner for the North East Cluster of NHS Connecting for Health, and Chief Executive Officer of the West Yorkshire Strategic Health Authority.

Helen Pedley
Finance Director

Helen leads a team responsible for the financial due diligence of the core contracts, and the cost control of the delivery and control activity. Helen previously spent 15 years with The Post Office, (now Royal Mail Group) in various locations and divisions within the retail arm responsible for the network of post offices, Post Office Ltd.

Andrew Griffiths
Director of Corporate Services

Andrew is a career civil servant currently working for the Department of Health with wide experience of policy development, and operational management processes of central government.
As Director of Corporate Services he has responsibility for establishment, governance and corporate service provision for the Agency.

Management of NHS Connecting for Health

The Board of Management is responsible for the corporate and strategic management of the organisation. Day to day operational management of the National Programme's progress and delivery of other key products and services provided to the NHS is managed through an Operational Management Team. Our organisational structure is shown in Annex 2.

We operate through a mixed economy of staff drawn from across the NHS, civil service, academia and the private sector. We utilise this rich diversity of experience, encompassing management, IT, clinical and medical skills, to deliver the National Programme for IT and thereby improve services to patients.

Location

Our headquarters are in Leeds with bases in Exeter and London. For an interim period, we will also operate from the former NHS Information Authority locations in Birmingham and Newcastle upon Tyne.

Five regional cluster offices direct local implementation of the National Programme for IT.

Locations of NHS Connecting for Health sites are shown in Annex 3.

Trades Unions/Staff Consultation Forum

We work with our host employer the Prescription Pricing Authority (PPA) and the Department of Health to ensure that the Agency's views are properly represented at their joint negotiating committee councils or equivalents.

As soon as possible, during 2005/06, we will establish a NHS Connecting for Health staff forum where issues specific to our organisation can be discussed.

Section 4
Our products

4.1 - NHS Care Records Service

The NHS Care Records Service (NHS CRS)

The NHS CRS will provide a live, interactive patient record service accessible 24 hours a day, seven days a week, by health professionals whether they work in hospital, primary care or community services. It will enable clinicians to access patients' records securely, when and where needed, via a nationally maintained information repository. When implemented fully, the NHS CRS will function across care settings and organisations and will support planned, emergency and unscheduled care.

Patients will benefit because the NHS CRS will improve the quality and convenience of care by ensuring that the right information is available to the right people at the right time, including patients themselves. It will also improve choice for patients and, in due course, will allow them easy, secure access to their NHS Care Record.

Clinicians will benefit from being able to access patient information wherever it is needed. It is estimated that around 80 per cent of decisions for diagnosis or treatment of patients are based on information, for example, medical history. This means better access to a patient's records will improve diagnosis. With less time spent chasing records and test results, clinicians will also have more time to concentrate on providing quality care for patients.

The NHS will benefit through better collection and analysis of information, enabling resources to be used more efficiently, and allowing the NHS to plan better for the future.

The Spine - supporting the National Programme for its key services

The Spine is the name given to the national database of key information about patients' health and care. It forms the core of the NHS CRS. It will also support other key programmes of the National Programme for IT, such as Choose and Book and Electronic Transmission of Prescriptions (ETP), each of them using the Spine's messaging capabilities as part of their own services. The Spine will have a number of applications, including:

- Personal Demographics Service (PDS), holding demographic information for every patient covered by the NHS in England, for example, their address, held nationally and accessible through local systems
- Access Control Framework (ACF), registering and authenticating users, including patients, and providing a single log-in and a record of each professional accessing a NHS Care Record
- Transaction Messaging System (TMS), processing and routing data messages, for example, from a GP to a hospital or from one GP to another
- Spine Directory Services (SDS), holding reference data such as users and locations
- Secondary Uses Service (SUS), providing the NHS with higher quality data to enable investigation of trends and emerging health needs which can inform public health policy. The data extracted will provide better information to support performance improvement and assessment, clinical audit and governance, monitoring and benchmarking, surveillance, research and planning
- Personal Spine Information Service (PSIS), providing personal health information for a patient, for example, drug allergies, details of operations and/or conditions, medication history, pathology, radiology and other results, as well as a summary of contacts with care providers
- Clinical Spine Application (CSA), allowing patient information on the Spine to be viewed on a personal computer; users can view and update patient information.

Implementation of the NHS CRS

The NHS Care Records Service will continue to develop over the life of the Programme to deliver the full set of patient benefits and clinical improvements to the NHS.

The first four elements, the Personal Demographics Service, Access Control Framework, Transaction Messaging System and Spine Directory Services, went live in July 2004 to support Choose and Book.

The first stage of the Secondary Uses Service went live in June 2005 to support Payment by Results.

We will set our business imperatives on an annual basis to ensure that we address key targets. We will ensure that the deployment timetable delivers the best improvements in clinical care and business efficiency. We will also build on the infrastructure put in place last year, ensuring the Spine achieves service levels and is ready to take on volume deployments by Local Service Providers, Choose and Book and Electronic Transmission of Prescriptions.

Dependencies

Our implementation plans for 2005/06 are dependent on:

- Delivery by our supplier of a highly reliable and highly resilient Spine Service Application that ensures delivery of live services
- Delivery by our suppliers of the required releases during 2005

NHS CRS - our targets for 2005/06

- To deploy a service enhancement programme to ensure highly available and highly resilient live systems, to be delivered in several phases
- To deploy a Spine release to support Choose and Book application Release 2 in June 2005, enabling the NHS to meet DH Choice targets
- To deploy a Spine release to implement part of the Secondary Uses Service in June 2005, enabling Payment by Results
- To deploy a Spine release by the end of December 2005 to enable significant progress to be made against targets for the Electronic Transmission of Prescriptions Service and LSP deployments

4.2 - Choose and Book

Choice in the NHS

Several surveys have indicated that patients want to be more involved in taking decisions and making choices about their healthcare[1]. They want services shaped to fit with their lives.

The NHS is changing to give patients a greater say in how they are treated. This includes giving access to a wider range of primary care services and increasing choice of where, when and how to get medicines, treatment and care.

Choose and Book is one of the first initiatives that will bring about this change and put the patient first.

The new service

Research has shown that patients want to choose the hospital where they are to be treated and to book appointments at a time that suits them[2]. Choose and Book is a new service that will, for the first time, combine electronic booking and a choice of time, date and place for first outpatient appointments.

Primary care trusts will support choice by commissioning a range of services so that patients have four or five hospitals or other appropriate services from which they can choose. At the same time information will be provided so that patients can make an informed choice of hospital. This information can be obtained from www.nhs.uk.

The benefits of Choose and Book

Choose and Book will transform patients' experience of the NHS:

- patients will have a greater opportunity to influence the way they are treated by the NHS
- patients will be able to discuss their treatment options and experience a more personalised health service
- patients will experience greater convenience and certainty, which will reduce the stress of referral
- patients will have a choice of time and place, which will enable them to fit their treatment in with their life, not the other way round.

Clinicians and NHS staff will also see real benefits:

- general practitioners and their practice staff will have much greater access to their patients' care management plans, ensuring that the correct appointments are made
- general practitioners and practice staff will see a reduction in the amount of time spent on the paper chase and bureaucracy associated with existing referral processes
- consultants and booking staff will see a reduction in the administrative burden of chasing hospital appointments on behalf of patients
- the volume of Did Not Attends (DNAs) will reduce[3], because patients will agree their date, and consultants will have a more secure referral audit trail.

[1] For example: MORI (October-November 2003): Choice Responsiveness and Equity National Consultation. Research study conducted for the Department of Health.

[2] Picker Institute (March 2004): Interim Report Hospital Choices: Patients' Experience of the London Patient Choice Project.

[3] Department of Health electronic booking pilots showed DNAs reduced from 15 per cent to 2 per cent for clinics booked electronically. South East London Enterprise Community reported an average 10.6 per cent reduction in DNAs across all specialties during September 2000 – March 2002 as a result of patients being offered a choice of time and date for their appointments.

Implementation of Choose and Book

The Choose and Book application went live in July 2004, together with components of the Spine, integrating with existing systems in the NHS. The system is therefore available now to patients in certain parts of the country. The intention is for widespread rollout during 2005 and 2006.

We are providing the processes, procedures and equipment that enable the local Registration Authorities, who determine the levels of access, to issue smartcards to general practitioners. We are also working with the suppliers of GP IT systems to help them get their systems compliant. We have entered a deployment agreement with the market leaders of GP systems for the delivery of compliant systems during 2005.

Future releases of the Choose and Book application are planned to meet a number of additional requirements that have been identified by users. We introduced the first of these in May 2005. Subject to the time of receipt of the detailed requirements, a further release will be introduced during 2006.

Dependencies

Widespread roll out of Choose and Book is dependent on:

- The technical readiness of NHS acute trusts and primary care trusts (PCTs), including availability of computers of appropriate specification, appropriate network capacity, data configuration and readiness, and the enabling of the associated infrastructure (e.g. firewall configuration)
- The organisational readiness of NHS acute trusts and PCTs, including executive sponsorship, appropriate resourcing including a dedicated project manager, clinics being described and appointment slots available, commissioning rules established and service selection guidance established
- Successful completion of deployment activities by PCTs, including establishing a Registration Authority and the issue of smartcards to registered users
- The engagement of clinicians trained in the use of Choose and Book and associated business processes, as we have no control of GP take-up, consultants' diaries or the nomination of the specialties to which Choose and Book is extended
- The deployment of compliant IT systems in sufficient volumes by existing suppliers. PCTs must place orders for upgrades in the near future to ensure upgrades ahead of December 2005.

Choose and Book - our targets for 2005/06

- To deliver Release 2 of the Choose and Book application, live and available for use during the summer of 2005, providing enhancements to the current functionality
- To supply the material and equipment to enable 30% of GPs to be issued with smartcards by July 2005
- To provide technical support to the Department and NHS implementation teams, enabling any technical issues to be resolved as they arise

4.3 - Electronic Transmission of Prescriptions (ETP)

The Electronic Prescription Service

The Electronic Prescription Service allows prescriptions to be sent electronically from the prescriber to the dispenser and then to the Prescription Pricing Authority, reducing reliance on paper prescriptions. This is a huge task, as over 325 million prescriptions are issued each year, with over 650 million prescribed items.

In time, the service will cover all primary care prescribing and dispensing (including repeat dispensing) and the supply of medicines, drugs, chemical reagents and appliances. There is the potential to extend the service to include secondary care prescribing where prescriptions are issued for dispensing in the community.

Improving patient safety

Research has highlighted both the potentially fatal consequences of adverse drug reactions and the avoidable nature of many such events[1]. Reports such as *Building a safer NHS for patients; Improving Medication Safety*[2] in the UK and *To Err is Human*[3] in the USA have highlighted the need to focus more effectively on the issue of patient safety. The Electronic Prescription Service should therefore be viewed in the wider context of efforts to improve the quality of patient care.

The service will contribute to patient safety in two ways.

- It will provide both prescribers and dispensers with more information about what medication a patient is taking. This will be achieved by populating the patient's medication record on the NHS Care Records Service with information about what has been prescribed and dispensed for the patient. This will allow those healthcare professionals with approved access and within appropriate care settings to view a patient's medication history, supporting the decision on what further or alternative treatment should be provided in the light of what the patient has already received.
- By using electronic systems and communication, patients' demographic and medication details will not have to be interpreted from hand writing, or re-keyed, reducing labelling errors and the times when medication information, such as dosage or strength, is missing.

Improving patient choice and convenience

The Electronic Prescription Service will improve patient choice and convenience. Over time, where patients have indicated a preferred dispenser, they will no longer need to attend their GP surgery to order and collect their repeat prescriptions. The nominated dispenser will be able to access the prescription before the patient comes to collect it, order any stock required and prepare the prescription for collection (or in some cases where the pharmacy offers a home delivery service, the medication can be delivered directly to the patient without them visiting or contacting the pharmacy). If a patient chooses not to nominate a particular pharmacy, they will be able to collect their medication from anywhere, just as they can now.

Reducing the administrative burden

The Electronic Prescription Service will reduce the administrative burden on GPs and pharmacists. For example, the need to manage paper based repeat prescriptions within GP practices will be greatly reduced. This will result in less need for patients to attend the surgery to obtain repeat prescriptions and will reduce the pressure on GPs and other staff in the practice. There will also be benefits for pharmacies as they will not need to key in prescription details again and, where patients have nominated, they will be able to prepare prescriptions in advance, allowing better phasing of work.

Electronic Transmission of Prescriptions will also facilitate the re-engineering of reimbursement processes to improve capacity within the Prescription Pricing Authority.

[1] For example, Adverse drug reactions as cause of admission to hospital: prospective analysis of 18,820 patients Pirmohamed, M. et al., BMJ (2004)

[2] Building a safer NHS for patients; Improving Medication Safety, Smith, J., Department of Health, (2004)

[3] To Err Is Human - Building a Safer Health System, Kohn, L.T., Corrigan, J.M. and Donaldson, M.S. (Editors), Committee on Quality of Health Care in America, Institute Of Medicine, National Academy Press, (2000)

Implementation of the Electronic Prescription Service

The Electronic Prescription Service is being tested initially at a small number of sites. This is proving the technical stability of the system and is allowing local prescribing and dispensing processes to be re-examined, ensuring the potential benefits of the service for patients, GPs and community pharmacists are realised in full.

General practitioners and pharmacy user groups have been established to review the impact of the new service at the initial sites and to provide advice and guidance on local design and process issues. A patient user group is being established to provide input from the patients' perspective.

We are developing the strategy for the wider introduction of the service. An implementation reference panel, consisting of representatives from primary care trusts and strategic health authorities, will help with this.

Timescales for the Electronic Prescription Service

The initial implementation of the service began in Keighley, West Yorkshire, during February 2005 and there have been several thousand successful live transactions. The service was extended to a number of other sites during spring 2005, prior to the commencement of its wider introduction later in the year.

Dependencies

Widespread roll out of ETP is dependent on:

- The degree to which pharmacists and GPs adopt the new system
- The deployment of compliant IT systems in sufficient volumes by existing suppliers
- Successful completion of deployment activities by PCTs, including the issue of smartcards to registered users

ETP - Our targets for 2005/06

- Subject to reaching deployment agreements with system suppliers and the completion of deployment activities by PCTs, we aim to ensure that 50% of the National Prescription Service is in place by the end of 2005

4.4 - New National Network (N3)

The new National Network for the NHS (N3) is providing IT infrastructure, network services and broadband connectivity to meet NHS needs now and into the future.

It will link all NHS organisations in England, enabling reliable and secure exchange of data. N3 provides continuity of service from the existing NHSnet and will satisfy the current and future wide area networking requirements of the NHS. Already, in excess of 9,500 locations are linked to N3.

The N3 service provider acts as an integrator, responsible for integrating an end-to-end service from a number of subcontractors procured by them. The service provider is responsible for bringing together the separate elements into a complete and seamless network. They also manage the national services needed to manage the network smoothly, for example, fault reporting and customer relationship management. It is estimated that delivering N3 services in this way can save the NHS an estimated £900m over seven years, relative to previous NHSnet contracts.

Benefits of N3

N3 is vital for the delivery of the National Programme's initiatives, which require bandwidth in excess of that provided by NHSnet. The new network is providing the essential technical infrastructure through which the benefits to patients and staff from the National Programme's initiatives will be realised. It is providing all NHS organisations with access to a broadband connection and will underpin the systems and services being implemented by the National Programme.

N3 will:

- provide a fast and reliable network for NHS organisations, so that current and new systems and services can run smoothly and quickly
- be flexible enough to cater for future as well as current needs of the NHS
- provide networking solutions and services tailored to the needs of individual organisations
- provide NHS organisations with sufficient bandwidth to implement new approaches to healthcare, for example the fast transmission of digital images via PACS
- allow the NHS to take early advantage of updates and improvements in networking technology
- speed up the delivery of images - such as x-rays.

Implementation of N3

All 18,000 NHS sites will be connected to the new network by 31 March 2007.

During the implementation period, sites are being prioritised for migration according to a variety of factors, including the need to support the roll out of other National Programme initiatives and the potential for making cost savings on network provision.

By prioritising, we will meet the service requirements of each customer and allow maximum cost savings to be obtained as quickly as possible.

N3 - our targets for 2005/06

- We will deliver a plan that will allow the service provider to connect all GP main practices to the N3 network (approx. 8,600 sites) by the end of summer 2005
- We will endeavour that by 31 March 2006 the service provider will have connected any trust to the N3 network, where this is needed to support the priority requirements for Choose and Book, ETP, PACS and Local Service Provider rollout.
- We will ensure the service provider connects a minimum of 12,000 sites to the N3 network by 31 March 2006

4.5 - Picture Archiving and Communications Systems (PACS)

For the past 100 years, film has been almost the exclusive medium for capturing, storing, and displaying radiographic images. The implementation of PACS computer technology will enable a near filmless operation. This will support clinicians in performing their roles and create the efficient processes required by a twenty first century health service.

PACS capture, store, distribute and display static or moving digital images such as electronic x-rays or scans, enabling more efficient diagnosis and treatment. Digital images will form an essential part of every patient's NHS Care Record, removing the need to print on film and to file or distribute images manually.

The images can be sent and viewed at one, or across several, NHS locations. The capacity of diagnostic services will increase and test results and diagnoses will be available more quickly. Patient care will benefit as clinicians and care teams work together viewing common information across one or more locations. PACS will provide full access to digital images in NHS organisations throughout England.

Benefits for patients:

- more effective care as clinicians and care teams work together in one or more locations
- faster access to medical imaging services and results, reducing diagnostic waiting times
- reduced re-testing due to loss of film and, therefore, a reduction in radiation dose
- quicker discharge from hospital and better care planning resulting from easier access to images and test results
- fewer appointments and operations postponed because of non-availability of x-rays.

Benefits for clinicians:

- improved image quality and viewing capability
- reduction in time looking for lost images
- images available 24 hours a day, seven days a week
- simultaneous image viewing across multiple sites and locations
- quality images for teaching and presentation.

Benefits for the NHS:

- more efficient use of facilities and staff
- reduced expenditure on films, chemicals, transport and storage - with benefits for the environment
- easier retrieval of stored images if they are required subsequently.

Implementation of PACS

The aim is to make PACS available progressively to NHS organisations in England, completing the bulk by 31 March 2007.

PACS is being procured through the five Local Service Providers' (LSPs) contracts as an additional element of the NHS CRS business case. Local equipment and infrastructure will be funded by NHS trusts, using the National Programme's central procurement.

The need for images to transfer across the NHS as quickly as written care records has led to the recognition of the need for similar cluster based storage for the images. This element will be funded as part of the National Programme.

The Department of Health has appointed a PACS National Implementation Director to help ensure that plans are delivered by PCTs. In addition to this, we will work with strategic health authorities, their constituent bodies and LSPs, supporting local planning and the delivery of the service as required by the clusters and in line with national targets. We will also provide support to SHAs and LSPs to define financial and business case requirements.

Dependencies

Local implementation of PACS is dependent on:

- Technical evaluation of the local technology infrastructure and completion of upgrades
- The production of local business cases by PCTs and their approval by SHAs, matched by the provision of local funding
- In some places, completion of the procurement process
- Suppliers putting cluster data standards in place and meeting the implementation schedule

PACS - Our targets for 2005/06

- We will achieve partial deployment of PACS and develop firm plans for completing the bulk of the deployment by March 2007

4.6 - General Practitioner payments

The General Medical Services (GMS) Contract and Quality and Outcomes Framework (QOF)

The new GMS contract was introduced on 1 April 2004. A key component was a quality and outcomes framework of national achievement targets describing how GP practices would be rewarded financially, based on their achievement in up to four domains – clinical, organisational, patient experience and additional services.

This is a unique development with the eyes of the world upon it, not least because of the underpinning information requirements. The collection of the carefully constructed dataset, combining both organisation and clinical indicators, brings a new approach to incentivising the delivery of quality patient care. The 98 per cent take up in use of the system, identifies how close IT and clinical engagements leads to successful business and system implementation across England.

The QOF measures achievement against a scorecard of 146 evidence-based indicators, for which points are awarded. Practices are paid for the points they achieve. The aim is to recognise achievement and provide incentives to drive up standards. Substantial financial rewards are provided to practices providing high quality care. Participation in the QOF is voluntary. At the beginning of the financial year, practices and PCTs agree a target or 'aspiration' for each practice. Practices receive a part of their 'aspiration' in advance as an 'aspiration payment'. The remainder is paid when the actual achievement is known.

Quality Management and Analysis System (QMAS)

To support the QOF and the GMS contract, the National Programme for IT developed a single, national IT system, known as the Quality Management and Analysis System (QMAS). This enables individual practices and PCTs to receive feedback on their QOF aspiration and achievement. It collects national achievement data, computes national disease prevalence rates and calculates the points and payment value earned. QMAS allows GP practices to analyse the data they collect about the services and the quality of care they deliver, such as maternity services or chronic disease management clinics.

Benefits of QMAS

As GP practices are rewarded financially according to the quality of care they provide, it is essential that the payment rules that underpin the GMS contract are implemented consistently across all systems and all practices in England.

QMAS supports GP practice and PCT financial planning around likely end-of-year achievement levels. The data also enables practices to calculate their quality points so that progress against aspiration can be monitored. With this information, practices are able to channel their resources towards providing the quality of care and achieving the financial rewards to which they aspire.

The data across the ten clinical disease areas provides an epidemiological dataset which will be of immense value in the planning of future healthcare, and in understanding the prevalence and distribution of major clinical conditions. There is no other dataset with comparable breadth and depth.

Making payments to GPs

Payments to GP practices under the GMS contract or the Personal Medical Services (PMS) contract in England, Wales and Isle of Man are made through existing IT systems known as National Health Applications and Infrastructure Services (NHAIS). The functions include payment of appropriate remuneration, maintenance of superannuation details and provision of statistical information. NHAIS interacts with QMAS to make both aspiration and achievement payments.

In England 8,706 open GP practices are registered with the NHAIS system. Of these, all 5,020 GMS practices and most of the 3,686 PMS practices are paid via the NHAIS system. These payments involve approximately 30,000 GPs. QMAS was used to calculate and approve payments totalling over £1.3 billion for 2004/05, expected to rise to £1.8 billion by April 2006.

Development of the systems

The project delivering the supporting IT solutions was initiated in August 2003 to design, develop and implement the required changes to the payment system in April 2004 and the new QMAS system in August 2004. This was against a background of ongoing negotiation and definition of the business requirements to support the Quality and Outcomes Framework policy initiative.

The implementation of QMAS was completed in February 2005, allowing payment to be made for April 2005. A further release planned for September 2005, will provide some enhancement.

Further enhancements to both NHAIS and QMAS will be required to support any changes necessary following the re-negotiation of the GMS contract and the review of the payment formula and QOF framework. We will work with employer organisations and the Department to define these requirements and take appropriate action to ensure their delivery.

Service delivery

Core hours for the availability of QMAS are from 0700 to 2200 Mondays to Fridays, during which there is a service availability target of 99.86 per cent. Service availability during the last quarter of 2004/05 (the busiest period of the year leading up to end of year processing and payment for achievement levels) was 100 per cent.

Service level agreements for the NHAIS system are in place with the 83 payments agencies. Dedicated support teams are in place to ensure the services meet the required standards and to deal promptly with any issues.

General Practitioner payments - our targets for 2005/06

- We will meet the service availability target of 99.86% for QMAS

4.7 Contact - the email and directory service for the NHS

There are many, different local email systems operating in the NHS. The quality and reliability of the services vary substantially and they incur substantial costs. In addition, none of the services are secure enough to allow the transmission of patient information, resulting in information being sent frequently via mail or fax and incurring further costs for paper, printing and postage as well as slowing down the process.

Contact is a new email and directory service. It provides a central, secure email service reducing the overall cost to the NHS and providing a swift and secure means of exchanging information across the NHS.

Contact offers a business standard email account to all staff working within the NHS. This includes all the expected functions, such as a full electronic calendar that can be shared with colleagues across the NHS, as well as additional functions, such as the ability to send fax or SMS messages from email.

The email account is accessible through a variety of options, including the Internet. It can be used with normal email software such as MS Outlook or with a web browser like Internet Explorer.

The Contact directory contains the professional contact details of all staff in the NHS. The directory can be easily searched or browsed to find people, organisations or departments. The directory is available to all staff even if they do not have a Contact email address. However, it cannot be viewed on the Internet unless the member of staff is a registered user.

Benefits of Contact

- Contact provides staff with an easy to remember email address for the duration of their career within the NHS.
- Service levels are guaranteed, so staff can be confident in the availability of the service and the delivery times for messages, for example, the agreed service level for availability is 99.99 per cent; 100 per cent of calls to the helpdesk will be answered in 70 seconds; and users sending messages can expect 100 per cent message integrity.
- Patient information can be exchanged securely by email instead of fax or mail and many processes, such as cancer referral schemes, will be faster and provide a more efficient service to patients.
- Staff can check the free/busy time of colleagues across the NHS in order to set up meetings or plan other work.
- Staff can access their Contact account from any computer connected to the NHS network or the Internet, enabling remote access for staff who work across multiple organisations or are community based.
- Contact can be linked to the NHS Care Records Service (NHS CRS) to enable a single sign-on to all National Programme for IT applications.
- In the medium term staff will be able to access their Contact account via portable devices such as Blackberries.
- The Contact service was procured against advantageous national commercial terms and will save the NHS money by allowing the decommissioning of local email servers.

Implementation of Contact

Cables and Wireless was awarded the contract to deliver Contact on 1 July 2004. Sixteen weeks later the Contact service was launched on 23 October 2004. It is available for all staff to register at www.nhs.net

At the beginning of 2005/06 there was an active user population of over 50,000. We estimate that some 3,000 people will register themselves each month and that a further 3,000 will join each month as part of a managed migration strategy. By the end of 2005/06 Contact will therefore have some 120,000 active users.

By March 2006, we will enhance the service by the provision of an archive facility, which is frequently unavailable on current local services. This will allow users to manage their email folders. The archive service will also allow the imposition of quotas on user mail-files, enabling a greater degree of control over costs associated with ever-expanding mail-files.

As part of the development of the system, we plan to replace 80 of the connectors provided by the previous supplier of the email service. Connectors are software components which pull data from local systems to populate the national directory with names, contact details, organisation details etc. The replacements, using new connector technology, will facilitate a more robust connector platform and a more homogeneous platform for support and maintenance purposes, as well as allowing a greater degree of flexibility.

The current contract to provide the Relay Service expires on 31 October 2005. This service provides routing for all NHS local email services and routing for emails to the Internet. It handles approximately 500 million emails per year. The Relay Service also provides anti-virus and anti-spam protection. Under the Contact contract, the new supplier will be replacing the current Relay Service with a service of equivalent functionality. It is critical that the Relay Service is replaced successfully, on time. The nature of the technology means that a 'big bang' approach is necessary. We will build a period of contingency into the project plan.

Contact - our targets for 2005/06

- We will endeavour to replace all 80 legacy directory connectors by 31 October 2005
- We will decommission the BT provided Relay Service and replace it with a new service by 31 October 2005
- We will ensure the Contact service can support the 120,000 active users expected to be registered by March 2006
- We will provide an email archive facility by 31 March 2006

4.8 - Delivering existing IT products and services to the NHS

As well as delivering the National Programme for IT, we are responsible for the continued delivery of an existing range of IT products and services on which patients, the public and NHS staff rely. These include:

nhs.uk - which provides the official Internet gateway to the NHS. It allows anyone with Internet access to obtain information on all local NHS services and also health advice, medical conditions, NHS job vacancies, how the NHS works, travel health, NHS charges, health policies and reports. It was introduced in 2000 and now has around 500,000 visitors each month.

National Library for Health (NLH) - which provides a specialised service, accessed via the Internet, for patients and the public to access a source of accredited information and advice on medical conditions and also link to other related web sites. Part of the site "Treatment Notes" has been developed in conjunction with Which? Ltd to offer patients, carers and members of the public access to high quality health information in a concise, easy-to-read format. The National Library for Health is also used by NHS professionals to obtain rapid access to information and the latest evidence on treatment to support their work. User sessions exceed 10,000 a day.

NHSnet - provides a secure national IT network enabling information to be exchanged and shared across the NHS. The service manages around 40 million email messages each month. NHSnet will be replaced by the new National Network (N3), which is faster and better able to deal with current and future ways of delivering care, for example sending digital x-rays from one hospital to another.

NHS-wide Clearing Services - is used by the NHS to collect and store information about activity in the NHS. This information is used to monitor current activity such as waiting times, and also to plan for future healthcare needs. The information does not identify individual patients.

NHS Strategic Tracing Service - supports the delivery of patient care by allowing NHS staff to accurately identify patients using the NHS number (a reliable, unique identifier that provides a common link between a patient's records across the NHS). There are 800,000 on-line traces and 18 million batch traces each month, the latter enabling hospitals to ensure that the information they keep is as up to date as possible.

NHS Numbers for Babies - enables an NHS number to be issued to babies immediately after their birth. A lot of vital tests and medical treatment may be administered in the first six weeks of life, at a time when name and address changes are very common, and so the need for a definitive identifier is crucial. The early use of the NHS number makes the process of building a true life-long electronic health record possible.

NHS European Computer Driving Licence Scheme - provides access for NHS staff to on-line IT skills learning packages. At a time when IT is used more and more to support the delivery of high quality patient care it is essential that NHS staff have access to the appropriate learning packages. The availability of these packages on-line allows flexibility around shift patterns etc. The system has the capability to support up to 450,000 staff.

Development and support of clinical terminologies and standards - provides a standardised way for GPs to record the information obtained during a consultation with a patient and is key to the development of electronic patient records.


WelchAllyn

National Health Applications and Infrastructure Services (NHAIS) – provides support to the delivery of primary care.

The NHAIS team's responsibilities include development, assurance and service support for a portfolio of 36 products and services. The staff have considerable delivery and implementation expertise and an excellent NHS delivery pedigree.

The core NHAIS IT systems:

- Provide up to date information on patients registered at each general practice, helping to ensure accurate registration and facilitating the transfer of clinical records between GPs. These systems operate in over 300 primary care trusts and have over 1000 users each day.
- Manage payments to GPs and opticians for delivering care in the NHS. Payments are made to some 9,000 practices and 30,000 GPs, amounting to around £5 billion a year.
- Use information provided by GP practices to manage and maintain the call and recall processes for the cervical and breast screening programmes. The systems issue letters to patients, maintain the results and generate statistics. Around four million tests are conducted annually.

The NHAIS team has also developed a series of applications that utilise the valuable demographics data held within the NHAIS core system, for example:

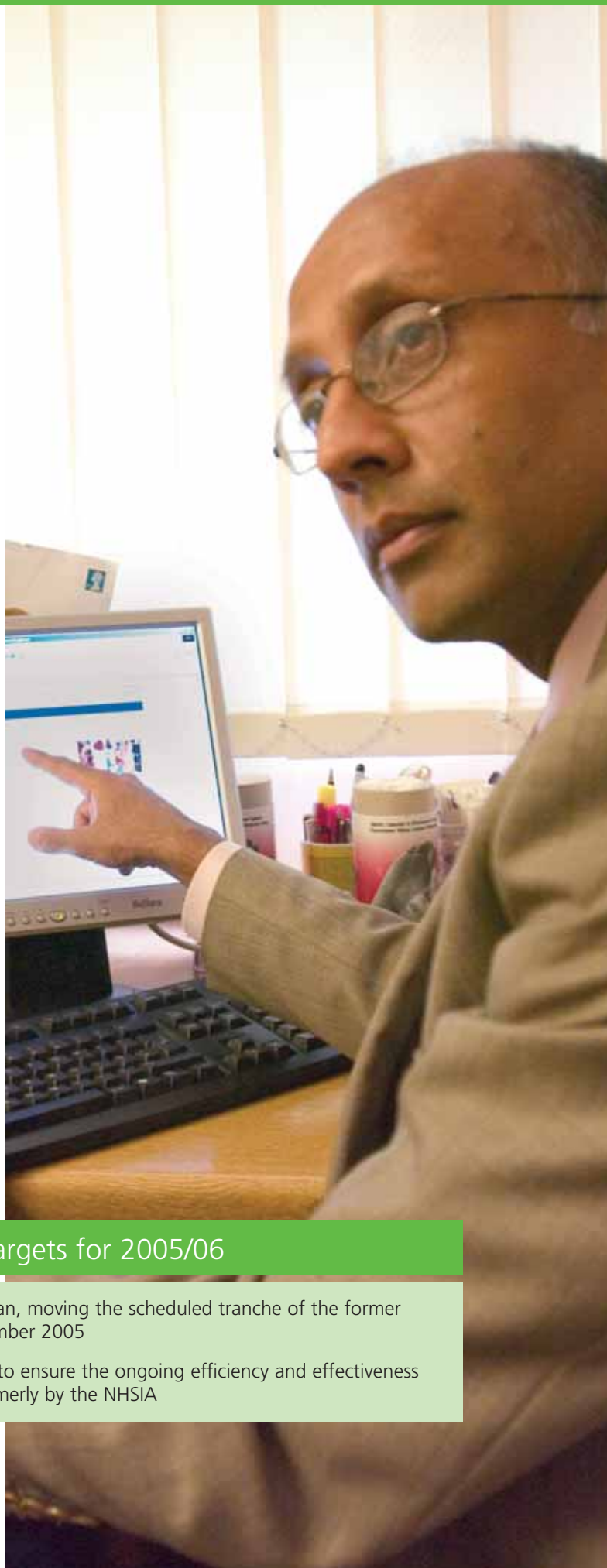
- Patient Mortality - reports of all deaths in England and Wales are received from the Office for National Statistics and traced on the National Strategic Tracing Service and the NHAIS core system. The results are aggregated to GP, Practice and PCT level and made available to authorised users. The system holds over 1.2 million death records, recorded since April 2002.
- Ophthalmic Payment system - nearly 1,000 users in PCTs and agencies throughout the country process more than 13 million claims a year, with a total value in excess of £320 million. Statistical information is collated automatically. To protect against fraud, the information on the claims is matched against the demographic information in the NHAIS core system.
- National Blood Service - NHAIS works closely with the National Blood Service to support their services:
  - Records of more than 2.3 million potential blood donors are held in the NHS Blood Donor Register. Changes to demographic details are made automatically through the provision of information used for updating the records on NHAIS. This prevents donors from being lost to the service and avoids the need for information to be re-entered.
  - The National Blood Service records haematology results from their laboratories on the NHAIS infrastructure. Each year, more than 350,000 results are made available to 580 authorised clinicians in hospitals throughout England through secure and encrypted connections via NHSnet.
  - The National Blood Service uses the NHAIS systems to help with their management of the British Bone Marrow Register.
- NHS Organ Donor Register - changes to the demographic details of registered potential donors in the NHAIS core system are sent daily to UK Transplant to help maintain their register.
- Bowel Screening - the NHAIS team is developing a system to manage a National Bowel Screening Programme.
- Tracking Database - this is a national web based application used by NHS Connecting for Health and other NHS organisations to record IT assets and performance management information in respect of national projects. During 2005/06 the existing functionality will be enhanced. There will also be a focus on interfacing the Tracking Database with other key systems, such as programme planning tools.

Maintaining service delivery

In total, responsibility for some 51 individual products and services transferred to NHS Connecting for Health from the NHSIA on 1 April 2005. Initially, these are being delivered from their original locations but the intention is to migrate them over time to operate from two locations, Leeds and Exeter.

The physical migration of work from the former NHSIA sites to the two NHS Connecting for Health locations is taking place in a number of phases, with completion by 30 September 2006. The phasing has been designed to protect business continuity. The first two phases have been delivered successfully. The penultimate phase is due for completion by September 2005. A Migration Implementation Programme Board has been established to manage this process.

We have reduced the number of staff deployed on the functions transferred from NHSIA, achieving significant financial savings. During 2005/06 we will introduce a range of performance measures to ensure the ongoing efficiency and effectiveness of our operations in this area.



Existing products and services - our targets for 2005/06

- We will complete the next phase of our migration plan, moving the scheduled tranche of the former NHSIA's functions to their new location by 30 September 2005
- We will introduce a range of performance measures to ensure the ongoing efficiency and effectiveness of the delivery of products and services delivered formerly by the NHSIA

Section 5
Regional clusters

The procurement process undertaken by the National Programme set new standards for the public sector, creating a blueprint embodied in Office of Government Commerce guidance for others to follow. It also achieved major savings for the NHS on hardware and software. We awarded contracts of some £6 billion for the delivery of the NHS Care Records Service, Choose and Book and the new National Network.

Suppliers are contracted to develop exclusive solutions for the NHS that are safe, resilient and fully functional. The scale and complexity of the National Programme requires the integration of different solutions from different suppliers. These suppliers are now working in partnership with the National Programme and the NHS to achieve successful implementation.

Because the National Programme is such a huge undertaking, for implementation purposes the Strategic Health Authorities (SHAs) are grouped into five areas, known as clusters. The contracts awarded to Local Service Providers (LSPs) relate to systems and services within a cluster. No single entity in the UK marketplace had the capacity to deliver more than two clusters.

Annex 4 provides a map of the clusters with Local Service Providers and SHAs.

National Application Service Providers

BT
NASP NHS CRS, NISP N3
BT is a national telecommunications and IT business with well-established links with the public sector, particularly the NHS. BT is the NASP for the NHS Care Records Service and is also the National Infrastructure Service Provider for N3.
www.n3.nhs.uk

Cable & Wireless
Contact
Cable & Wireless is a leading international telecommunications company, with customers in 80 countries. Cable & Wireless has been working with the NHS both at the national level and with individual trusts for many years providing services such as NHSnet and a variety of voice data and IP services. It is currently delivering the NHS email and directory service known as Contact.

Atos Origin
NASP Choose & Book
A leading international information technology services company employing 45,000 people in 50 countries, Atos Origin is a global provider of business consulting, technology integration services and managed services. The company has participated in IT programmes at the heart of modernising health services around the world including, in the UK, Electronic Patient Records Systems, the NHS Strategic Tracing Service and NHSScotland.
www.atosorigin.com

Local Service Providers

CSC Alliance
LSP North West and West Midlands Cluster
The CSC Alliance comprises: Computer Sciences Corporation (CSC), iSoft, Hedra and SCC. CSC is a leading provider of IT services and solutions to industries and governments worldwide. The CSC Alliance brings together capability and expertise in consulting, systems integration and managed services.
www.cscalliance.com

Accenture
LSP North East and Eastern clusters
Accenture is a global management consulting, technology services and outsourcing company. Committed to delivering innovation, Accenture has deep industry and business process expertise, broad global resources –100,000 people in 48 countries – and a proven track record.
www.accenture.com

The Fujitsu Alliance
LSP Southern Cluster
Fujitsu is responsible for programme management across the cluster and at a local level. With expertise in HR and training, system integration and healthcare solutions, the Fujitsu Alliance will provide a service to trusts in the Southern Cluster.
uk.fujitsu.com

Capital Care Alliance
LSP London Cluster
BT will design, deliver and operate integrated local patient record applications and systems for the whole of the London care community. It will work with a number of companies with world class experience in the development, deployment and operation of healthcare systems.
www.btcapitalcarealliance.co.uk

Successful implementation relies on the thousands of NHS staff working in local project teams, clinical groups or as recipients of new IT services.

The LSPs work directly with NHS front line services in their cluster to deliver IT systems to support the modernisation of the NHS. The clusters provide a critical focal point in bringing together the efforts of the National Application Suppliers (NASPs), LSPs and NHS service organisations.

Our cluster teams coordinate the implementation of many thousands of IT installations designed to improve the safety, efficiency and quality of patient care. They work with staff across the NHS to upgrade the many thousands of existing systems in support of the introduction of Choose and Book and the Electronic Transmission of Prescriptions. Each cluster team is led by a regional implementation director (RID).

All of the contracted suppliers - NASPs, N3 service provider and LSPs - are members of the National Supplier Board that meets monthly in a spirit of collaboration to identify and address issues affecting the supply chain for the National Programme. The terms of reference also include the requirement for innovation.

During 2005/06 the clusters will:

- begin the deployment of PACS
- implement new GP systems in an estimated 350 GP practices, enabling access to hospital appointments, electronic prescriptions and in some areas improved access to hospital discharge information
- install a new patient administration system in 50 hospitals and community units, as an upgrade to an existing clinical administration system in preparation for electronic records.

Other parts of the NHS will also be receiving new services such as support for child health, community services, assessments (supporting the Single Assessment Process), improved access to information and knowledge on best practice and support for ambulance services. During 2005/06, 160 NHS trusts will benefit from these new services.

An estimated 350,000 NHS clinicians and their support staff will be affected by the systems installed and the changes to working arrangements to improve patient care. Our aim is to maximise the number of local deployments, the plans for which will be published on a rolling 12 week basis.

Regional clusters - our targets for 2005/06

- We will work to maximise the number of local deployments and publish a rolling 12 week implementation schedule

Section 6
Service implementation

The Service Implementation team

While local IT managers and teams are crucial in bringing about the success of what is the world's largest civil IT programme, we also have to widen the focus and reach out to people who actually use the technology – GPs, chief executives, hospital doctors, porters, surgeons, receptionists etc – everyone who works in the NHS.

The creation of the Service Implementation team is designed to do this. Our aim is to connect with the people who will, in their day to day work, use the technology to:

- practice better medicine - for example capturing and storing x-rays digitally through PACS
- improve patient safety and clinical governance - for example through the electronic transmission of prescriptions and the NHS Care Record
- achieve better outcomes with the same resources - including a modern email service - Contact
- bring real improvement to every patient's experience of care - for example enabling patients to book a convenient hospital appointment.

Our goals

The goals of the Service Implementation team are to:

- make life easier - for staff at all levels, for example by assessing and sharing the benefits that NHS organisations are already reaping and helping organisations to train their staff so they have the skills they need to achieve the benefits set out in local delivery plans
- listen to what staff say - our clinical leads will establish strong networks and channels of communication with frontline clinicians and professional organisations and we will connect to non-clinical stakeholders through our stakeholder engagement team
- help staff to prepare for change - providing a clear idea of the potential of the new technology
- keep people informed - as well as producing a stakeholder newsletter, Making IT Work, we will work with professional bodies to develop specialist advisory groups to ensure communication is two-way
- help staff and patients to use technology to avail themselves of knowledge and information to improve care and treatment.

What service implementation will deliver:

- the Map of Medicine - setting out care pathways and linking them to general and local knowledge
- better knowledge for healthcare communities - making knowledge available in a way that supports healthcare communities
- guidance on benefits planning - informed by the experiences of the pilot programmes
- support for all healthcare communities in producing robust and realistic service improvement plans
- standard set of measures - to compare benefits planned and realised
- Frontline Connect - engaging the NHS staff (managers, clinicians or technologists) who will play key roles in the implementation of the National Programme.

Our clinical leads

We have seven clinical leads responsible for involving key clinical communities in the design of the National Programme technologies and developing their understanding of what benefits can be expected in their areas of clinical practice.

Hospital doctor lead - Ian Scott, medical director and director of information at the Ipswich Hospital NHS Trust and chairman of the East Suffolk National Programme Implementation Board

Hospital doctor lead - Dr Simon Eccles, a consultant surgeon and chairman of the Junior Doctors Committee of the British Medical Association.

Allied health professionals lead - Jan Dowsett, clinical services manager with Southampton University Hospitals NHS Trust

Nurse lead - Heather Tierney-Moore, chief nurse for the Sheffield Teaching Hospitals NHS Foundation Trust

Nurse lead - Barbara Stuttle, executive nurse, chair of the Association of Nurse Prescribing and director of integrated care at Castle Point and Rochford Primary Care Trust in Essex

GP lead - Professor Mike Pringle, a GP of 26 years standing and Professor of General Practice in the University of Nottingham

GP lead - Dr Gillian Braunold, a general practitioner in Kilburn and Deputy Chair of the BMA's IT Committee

Service implementation - our targets for 2005/06

- For the Department of Health and NHS, we will provide support, based on best practice, to enable all local health communities to produce robust service improvement plans, that include evidence-based projections of the quality, safety and productive time benefits to be realised from the deployment of the National Programme, by their March 2006 deadline
- We will deliver 44 Do Once and Share (DOaS) projects and evaluate the DOaS methodology as part of the strategy to get best current knowledge to where it is needed, the point of care
- We will create and implement a plan to involve patients and the public in the work of NHS Connecting for Health which will enable them to have influence in system design and development and therefore help secure maximum benefit from the National Programme
- We will ensure that clinical involvement in system development and design is supported effectively and managed with clearly defined objectives and outputs
- We will embed service implementation in the work of NHS Connecting for Health and the NHS through the optimal use of project and programme management
- Ensure that communication and stakeholder engagement activity supports service implementation

Section 7
Communication and engagement

The National Programme must engage and enthuse the public and stakeholders, such as staff, patients and carers, in the changes and benefits it will bring. We must also engage effectively with the news media. We are doing this directly and by supporting the many people and organisations throughout the NHS that need to communicate about the Programme.

We have four key areas of work:

Corporate communications - co-ordinating the National Programme's communications and information across the NHS. The team is working to ensure that everyone who communicates about the Programme works together - whether based centrally, in the clusters, in SHAs or in local NHS organisations. We are a central source of communications materials and are constantly monitoring the information produced about the Programme. We also manage internal communications across the teams delivering the National Programme.

Stakeholder engagement and service implementation support - focusing on NHS staff and their representative bodies, we aim to involve everyone within the Health Service in the improvements which technology can bring about, building support for the new systems and the new ways of working. Our stakeholder team also reaches out to non-clinical stakeholders, including the IT community, administrative and clerical staff and managers, drawing in their views through meetings, networks, conferences and focus groups.

Public engagement - is about making the public aware of the impact new technology will have on their health and the choices that the National Programme opens up for them. Our public engagement team works with patients and their representative groups to help design the Programme's products and processes, solve difficult problems and identify barriers to progress. We use that information to improve the new technologies and services - and especially to ensure that vulnerable groups can benefit from them.

Media relations - striving to build relationships with media to ensure that reporting is accurate and fair. We will deliver a programme of pro-active engagements with national press, specialist press and broadcasters. We will respond effectively to media enquiries.

Communications - what we will deliver

- Communications materials - including brochures, fact sheets, posters, articles and communications toolkits, for use by a variety of organisations, including SHAs and the Royal Colleges, and for a wide range of purposes including websites, internal communications, seminars, conferences and events.
- Improved links with communications and stakeholder leads - in SHAs, clusters and professional bodies.
- The Making IT Work stakeholder newsletter - a quarterly newsletter to update stakeholders on progress - widely distributed and published on the NHS Connecting for Health website.
- Better research - tracking awareness of the Programme among NHS staff and the public.
- A programme of meetings - with key stakeholder and patient and public groups, working with colleagues in the clusters and SHAs.
- Support for the National Clinical Leads and for the Care Record Development Board.
- Maintenance of appropriate networks.
- A public information campaign - to help prepare the NHS and inform the public about the NHS Care Records Service and patients' rights.
- Media visits and briefings for key reporters; media training for programme staff; maintenance of a responsive press office and creation of suitable articles.

Section 8
Programme governance

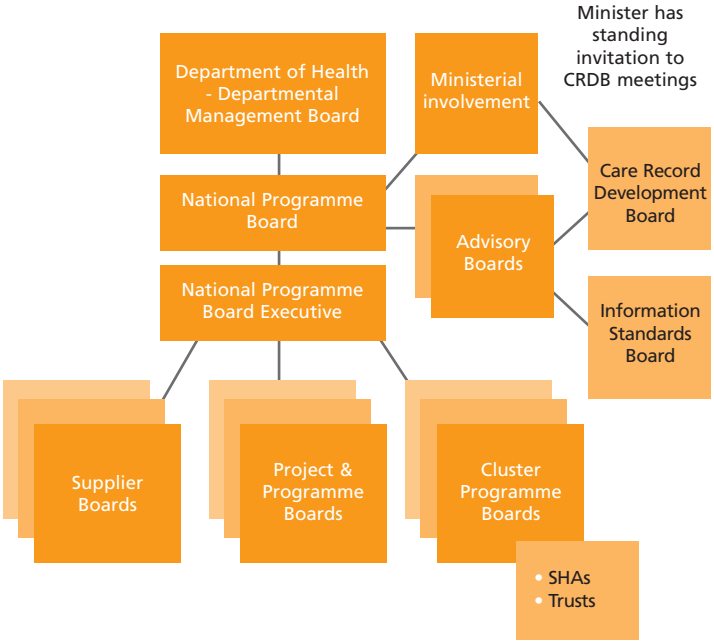
Governance and accountability

Governance and accountability for the National Programme operates at three levels with clear reporting lines and links to other groups.

The top level of governance is provided by the Department of Health Departmental Management Board (DMB), which is chaired by the DH permanent secretary. The DMB is the senior decision making body within the DH and is the sponsor of the National Programme for IT.

The overall Senior Responsible Owner (SRO) is the Department of Health Group Director for Delivery who is a member of the DMB and who chairs the National Programme Board. He also chairs the National Programme Board Executive which is an executive sub-group attended by all SROs for individual programmes and workstreams.

Management of the National Programme on a day to day basis is carried out by the operational management team, chaired by the Chief Operating Officer, who reports to the National Programme Board and its Executive and who also chairs the National Supplier Board.



Whilst not part of the National Programme, agencies that audit or review it also form part of the governance structure. These include HM Treasury, the National Audit Office and the Office of Government Commerce, all of which are represented on the National Programme Board.

The National Programme is also regularly reviewed by a cabinet office committee monitoring all government IT projects. The committee is chaired by the Chief Secretary to the Treasury.

Care Record Development Board

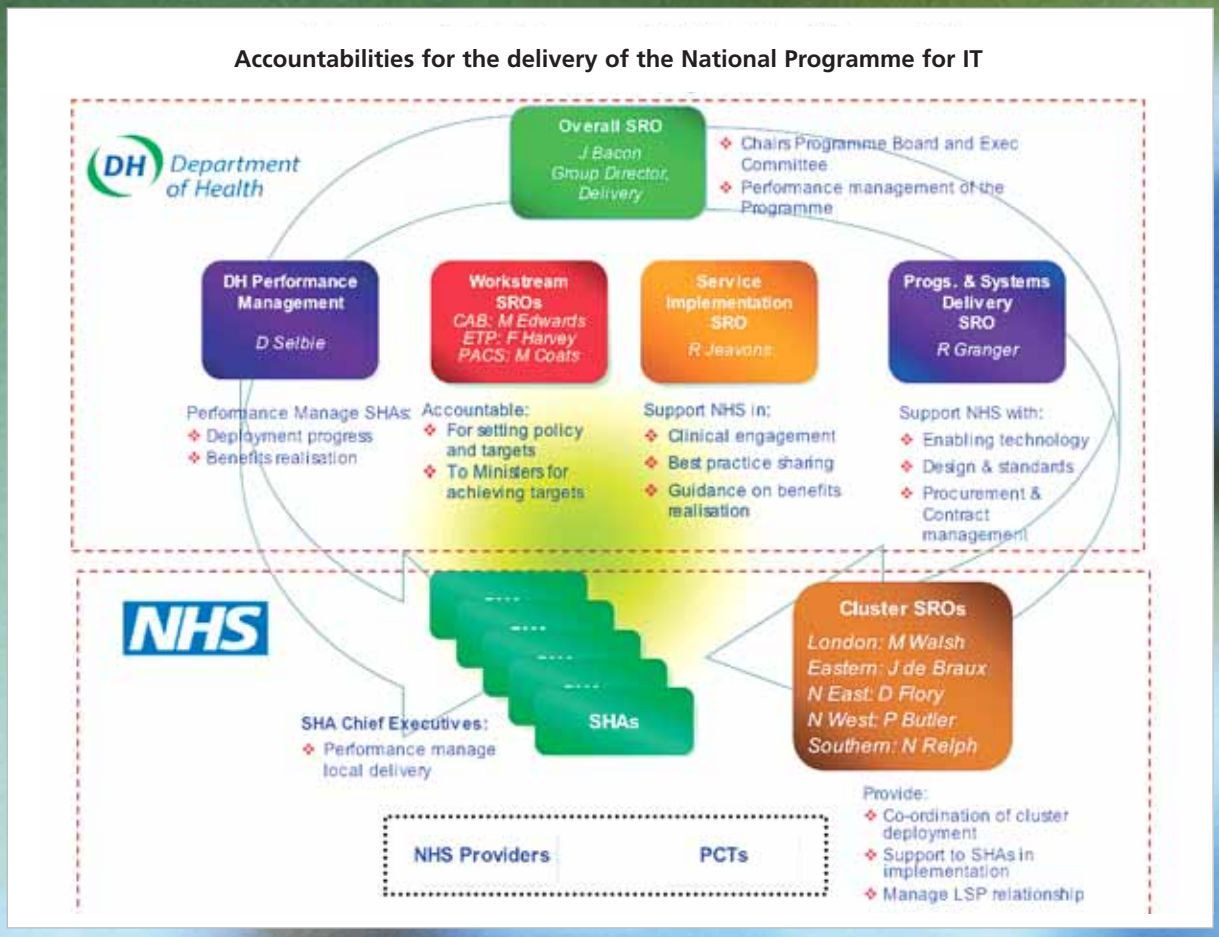
The Care Record Development Board was established to give clinicians, patients and the public the opportunity to have their say on the development of the National Programme for IT and the NHS Care Records Service.

The board is also ensuring that standards are maintained during the development and implementation of the National Programme.

The board brings together patients and the public as well as social and healthcare professionals. It has built on the work of the previous Patient Advisory Board and National Clinical Advisory Board. Chaired by Harry Cayton, the Department of Health's Director for Patients and the Public, the board's main role is to identify the values, principles and processes of care, as well as the risks and difficulties with managing information. It ensures these are taken into account when IT systems are implemented. It also ensures ethical issues are adequately addressed. It reports to the National Programme Board.
www.connectingforhealth.nhs.uk/crdb

Members of the National Programme Board not pictured opposite:

Department of Health Head of Secondary Care and SRO PACS **Matthew Coats**, Department of Health Director of Finance **Richard Douglas,** Department of Health Director of Access and SRO Choose and Book **Margaret Edwards,** South East London SHA Chief Executive and SRO London Cluster Dr **Michael Walsh,** NHS Connecting for Health Head of Public Engagement **Marlene Winfield**, Cabinet Office Head of e-Government Unit **Ian Watmore**, Cabinet Office Director of Departmental Support, Office of e-Government **Chris Thirkell** (observer), NHS Connecting for Health Director of Corporate Affairs and Secretary to the Board **Andrew Griffiths**, National Audit Office Director of Health Value for Money and Private Finance Initiative/Public Private Partnerships **Chris Shapcott** (observer), Department of Health Workforce Capacity Portfolio Director **Rob Webster**.



The National Programme Board

Left to right, front to back

National Audit Office Assistant Auditor General **Anna Simons** (observer), Director of IT Service Implementation and SRO for Service Implementation **Richard Jeavons**, Department of Health Director for Patients and the Public and Chair of the Care Record Development Board **Harry Cayton**, Department of Health Group National Director of Health and Social Care Services Delivery **John Bacon**, Chief Executive NHS Connecting for Health, Director General of NHS IT and SRO for Programme and Systems Delivery **Richard Granger**, NHS Connecting for Health Chief Operating Officer **Gordon Hextall**, Director of Social Services Devon County Council and Chair of the Association of Directors of Social Services Standards & Performance **David Johnstone**, Head of SRO Support Office **Andrew Larter** (observer), Bedfordshire and Hertfordshire SHA Chief Executive and SRO East Midlands & Eastern Cluster **John De Braux**, NHS Connecting for Health Director of Communications **James Herbert** (observer), Office of Government Commerce Executive Director **Bob Assirati**, HM Treasury Senior Policy Advisor - Health John Curnow, Northumberland, Tyne and Wear SHA Chief Executive and SRO North East Cluster **David Flory**, Thames Valley SHA Chief Executive and SRO Southern Cluster **Nick Relph**, Department of Health Pharmacy and Industry Group Head of Medicines and SRO Electronic Transfer of Prescriptions Dr **Felicity Harvey**, Cumbria and Lancashire SHA Chief Executive and SRO North West and West Midlands Cluster **Pearse Butler**, Professor of Healthcare for Older People and Chair of the Information Standards Board **Martin Severs**.

Section 9
Procurement and contract management

NHS Connecting for Health will provide effective and ongoing management of the National Programme contracts. We will also provide a purchasing and procurement function to enable the provision of timely, effective and value for money goods and services, along with management of supplier relationships and commercial negotiations.

Procurement

We will provide advice and guidance on best practice, public sector procurement thereby contributing to greater certainty of success. Our procurement processes are robust, fair and transparent.

To this end, we will support delivery of business by:

- a thorough understanding and articulation of our business requirements
- confirmation of necessary assumptions
- scrutiny of obligations required of the public sector
- compilation of appropriate contracts through consultation and negotiation
- assurance of the quality and content of evaluation criteria, the evaluation process and the selection process
- provision of a "lessons learnt" report.

We will provide suppliers participating in the procurement process with:

- the best available information on which to base their solutions
- responses to their questions in a clear, complete and timely manner
- briefing meetings to help inform their responses
- a detailed, honest and complete debriefing on their performance in the procurement process.

Contract management

We will support delivery of the National Programme for IT by managing contracts to ensure:

- that all parties understand the consequences of their contractual obligations
- provision of interpretation of contract terms
- that contract deliverables are monitored and reported on
- management of dispute resolution process
- pursuit of contract remedies for service failure
- facilitation of audit and bench marking exercises
- reporting on value for money throughout the contract term
- effective management and assurance of the contract change process
- effective management of the currency and integrity of the contract baseline.

Resources

We will provide suitable procurement and contract specialists to give support in the procurement and contract management activity.

Section 10
Corporate services

10.1 Human Resources

Our value: emphasis on professional competence. We will create a highly skilled and motivated workforce and develop their skills for the future.

The NHS Connecting for Health workforce comprises a mixture of civil servants, NHS staff, secondees from academia, contractors and consultants. They bring a rich synthesis of skills and experience and all are required to work flexibly.

Staff are deployed within the Agency through a range of mechanisms including permanent or fixed term contracts, secondments, loan, attachment and also procured contractor or consultant services. Permanent employees are appointed either as Department of Health civil servants or NHS employees depending upon the nature of their work. All permanent NHS staff are employed through the NHS Prescription and Pricing Authority (PPA), which acts as the host organisation for contract of employment purposes.

This diverse mix of personnel and employing authorities presents a range of organisational and governance challenges which will be met through the adoption of common principles and policies by the Agency.

HR policies

- During 2005/06 we will assess the HR policies inherited from our predecessor organisations to ensure they are right for our new organisation. We will review all HR policies which transferred as part of the TUPE transfer to the PPA; 50 per cent will be completed by 30 September 2005 and the remainder by 31 March 2006.
- We will review the recruitment contract arrangements inherited from our predecessor host organisation and establish new recruitment contract arrangements that meet the Agency's needs.
- We introduced from April 2005, a six-month probationary period for all staff permanently employed by the Agency.

Workforce planning and management

- We will establish a workforce planning management system recording all permanent resources and contractor or temporary resources filling a permanent vacancy. This became operational in July 2005.
- We will ensure there is effective governance around 'starters and leavers' to the organisation.
- We will keep permanent staffing numbers to the minimum necessary to provide our services professionally and flex with temporary resources to cover peaks in implementation activity.
- We will ensure that all constituent programmes and function areas within the Agency have approved organisation charts and that these are published on the Agency's intranet by summer 2005.
- We will meet the headcount requirements of the Department of Health's ALB Review. We are committed to a cumulative reduction of ten per cent for each of the next three years in respect of the number of whole time equivalent posts previously employed on the core functions transferred to us from the former NHSIA. The cumulative reductions required are 54/103/147 posts. We will achieve the first tranche of 54 reductions by March 2006.
- We will introduce a robust reporting and monitoring process for staff absence and will develop targets in the light of known data informed by best practice.
- We will endeavour to redeploy as many displaced staff as possible with suitable posts in the NHS and will aim towards achieving a success target of ten per cent of displaced staff.

Staff development

Our staff are our most valuable asset. We will develop policies and provide opportunities to maximise that investment, both in terms of personal development for staff and the business needs of the organisation. We will do this by:

- Developing a training and personal development strategy that will help staff develop their careers within the Agency or within the professional discipline they have chosen.
- Inviting staff who show exceptional ability to join the Agency's Leadership Scheme, which gives junior and middle level staff early exposure to the skills and experience necessary to operate effectively at the highest levels within the Agency. Membership of the scheme will be through an annual selection process.
- Establishing mandatory corporate training during 2005/06 in induction training, health & safety, staff appraisal and assessment and line management skills training.
- Ensuring that staff who have elected to remain with the Agency on an interim basis have the opportunity to receive advice from a suitable professional organisation specialising in dealing with staff who are displaced during organisational change. We will review the current arrangements inherited from our predecessor host organisation and let a new contract to meet the Agency's future needs by March 2006.

Appraisal

- We will introduce an effective appraisal process for all staff by autumn 2005 and we will require all managers to confirm that their staff have personal and business objectives and that regular performance review arrangements have been agreed.
- Our staff will have a minimum of one performance review meeting a year with their line manager. Many staff will have two. Staff within their probationary period will have more regular reviews.

Remuneration

- We will establish a Remuneration Committee to ensure that payments of premia and bonuses to staff are applied fairly and equitably, mindful of budgetary requirements, across the Agency. The Committee will also consider pay equitability across the Agency to ensure common standards. This was put in place in April 2005.
- We recognise the Government's commitment to introduce Agenda for Change across the NHS and we will make every endeavour to deliver its broader requirements. The skill requirements of staff deployed within NHS Connecting for Health however, are not readily replicated elsewhere and this presents the Agency with particular challenges in managing the pay and grading issues of Agenda for Change. We will therefore work with our host organisation (PPA) and the Department of Health to reach an equitable solution ahead of the October 2005 target for introducing Agenda of Change.

HR - our target for 2005/06

- We will establish the HR policies and practices set out in our Business Plan by 31 March 2006

10.2 - Corporate Services: Diversity and Equality

Diversity

Everyone who works for NHS Connecting for Health, irrespective of their employing authority should be treated fairly, and with respect. This is regardless of race, nationality, ethnicity, personal beliefs, colour, gender, sexual orientation, disability, age, responsibility for dependents, working patterns or position within the organisation.

- We will seek to enact this ethos by embedding it within all our policies and encouraging it through our management practice.
- We will ensure that our management policies and practices, and their implementation, create an environment where our staff are able to maximise their potential.
- We will reflect the diversity of the people we serve.

Race equality

We will comply with the Department of Health's Race Equality Scheme and provide the Department of Health with a report annually.

We will pay due regard to the need to:

- eliminate unlawful discrimination
- promote equality of opportunity
- promote good relations between people of different racial groups.

In doing so, we will:

- assess our functions and policies which are relevant to the general duty
- assess and consult on the likely impact of proposed policies on race equality
- set out arrangements for monitoring proposed policies for any adverse impact.

Our Race Equality Policy will be placed on the Agency's intranet.

Staff complaints

We will review our policy, by March 2006, to ensure there is a proper and widely publicised procedure available to staff for voicing complaints or concerns about maladministration, breaches of corporate governance procedures and other concerns of an ethical nature. We will promote a climate that enables staff to have confidence in the fairness and impartiality of procedures for registering their concerns.

Working Time Regulations

We subscribe to the principles of the Working Times Regulations. We recognise that this legislation contributes to the Government's policy to support family life. Our managers will embrace the spirit of the Regulations and take positive steps to make the need to work long hours the exception rather than the rule.

We will issue guidance to managers and staff.

Flexible working arrangements/teleworking

We support fully the Government's commitment towards more flexible, family friendly working arrangements to improve working lives. We will develop and issue guidance to our managers and staff setting out the flexible working principles we will adopt. This will include teleworking as well as other flexible working facilities which take account of those who have to work shifts or whose job has a heavy peripatetic component. Our aim is to ensure all have the opportunity to establish a working pattern which suits their personal preferences but mindful at all times of the overriding business needs of the Agency.

Diversity and equality - our targets for 2005/06

- As a new organisation, we will examine our policies and procedures to ensure we are compliant fully with legal and Departmental requirements on diversity and equality
- We will develop an action plan to resolve any problems which are identified

10.3 - Other Corporate Services

HR and finance transactional support services

To ensure we are focused on the delivery of our core services, and to reduce our costs, transactional support for our HR and finance functions is obtained through a shared service centre, initially the Prescription Pricing Authority (PPA).

We will ensure that the services provided by the PPA meet the quality and delivery standards required by the protocol and service level agreements. An escalation route to handle issues of dispute is in place.

We will ensure:

- monthly service level management meetings take place between PPA and Agency operational managers for the different areas of works covered by the agreements
- quarterly meetings at director level take place between the PPA and the Agency to ensure processes are operating effectively and to resolve any areas of difficulty
- an annual meeting is held between the Chief Operating Officer and the Chief Executive of the PPA to review performance and issues of the past year. The first meeting will take place before 31 March 2006.

Business facilities and estate services

NHS Connecting for Health manages directly its estate, facilities and IT support.

Estates

We will deploy staff in locations that best meet our business needs, using Leeds and Exeter as our main locations. We will continue to use the former NHSIA's estate in Birmingham, Newcastle-Upon-Tyne and London for an interim period. Service implementation work will be undertaken from our cluster organisations.

We will ensure that our estate is managed cost-effectively. We will seek to dispose of unwanted office space as quickly and economically as possible.

- Tavistock Square, London - all staff will be vacated from this building by 31 March 2006. During the course of 2005/06 we will seek an arrangement to dispose of this accommodation by 31 March 2006.
- Aqueous II, Birmingham - a suitable tenant has been found to take over the existing lease and staff based at Aqueous II will relocate to Brindley Place, Birmingham, in the Autumn.
- Newcastle - we will keep the need to retain office space at Newcastle under regular review.
- Exeter - we will ensure maximum use is made of the space available and that it is best suited to meet the business needs. We will withdraw from Kew3 into Hexagon House by September 2005, and are in negotiations with a suitable tenant to assign the first floor of Hembury House. We will monitor space requirements in the light of staff numbers deployed at Exeter.
- Leeds - we have leased a new building, Vantage House, from 1 August 2005. This will provide 333 work stations, plus hot desks and ancillary space until 2010. We will, during 2005/6, review holdings in Princes Exchange and Whitehall to determine the way forward given that our current tenancy agreements in these buildings expire on 31 December 2006.
- Clusters - we will work with the cluster offices to ensure their office provision is adequate for their needs. We will aim to support the relocation of the NWWM cluster to new premises during 2005.

Facilities services

We will ensure all offices have effective office support, the standard of which is monitored and audited on a regular basis.

We will ensure that corporate policies such as clear desk requirements are enforced through regular spot check audits.

Information, telecommunications and technology (ICT) services (internal)

We will ensure our staff have effective ICT services delivered in accordance with an agreed service level agreement. We will undertake the following activities:

- reorganise the ICT department, centralising the teams where possible to ensure the effective delivery of services
- migrate our wide area network services onto N3 where it is cost effective to do so
- implement a new corporate standard PC and laptop image providing improved services to the end user
- implement voice over IP telephony systems to provide one corporate telephony system across the organisation (subject to landlords' consent)
- implement ICT management tools to aid the pro-active management of ICT services, resolving faults before service is impacted
- replace Digital Workplace with an off the shelf tool that meets the needs of the business, supplying for example, IT support for administrative functions such as finance, staff directories and booking of facilities
- make HP Openview available as an organisational wide service management tool, allowing effective reporting and management of IT incidents.

Health & safety

We will ensure that by September 2005 all our offices have either an IOSH qualified person on site or access to someone suitably skilled in health and safety matters.

Other corporate services - our targets for 2005/06

- We will review our estates requirements and plan any necessary changes by 31 March 2006

Section 11
Managing our resources

Funding for the National Programme for IT

As an initial step, £2.3bn was earmarked in Spending Review 2002 for expenditure on the National Programme over the following three years. This enabled the set up of the programme and external contracts worth £6.2bn to be put in place covering procurement, development and delivery of National Programme core systems over the ten year lifetime of the project.

The central contract expenditure of £6.2bn will be complemented by local baseline IT spending in the NHS - already around £1bn a year and likely to rise in line with Wanless' recommendations. This will be available within the NHS to support local implementation of the National Programme. The National Programme will also generate headroom to fund local implementation within the existing baseline, by providing lower cost and higher specification systems either as part of the core contracts or by procuring Enterprise Agreements for the NHS to utilise.

Significant local benefits will also accrue from modernisation of working practices as part of the implementation of the National Programme, as it frees doctors and other staff from unnecessary and time-consuming administrative tasks. Common systems will also lead to significant reductions in retraining costs of staff.

Expenditure in 2005/06

Our budgets and additional tolerances for 2005/06 are:

Capital	Revenue	Total
£1208m	£925m	£2133m

Efficiency and economy

We will manage our organisation efficiently and keep our costs low. We are committed to making the efficiency savings and cost reductions required by the Departmental Review of its Arm's Length Bodies in respect of the functions transferred to us from the former NHSIA. We have already contained the costs of the reorganisation within existing baselines by making efficiencies and we have secured additional savings that are reflected in our allocation for 2005/06.

We are further committed to reducing our staffing numbers and the staffing related budgets in respect of these functions by a further ten per cent during each of the three years to 2007/08. This reduction, of 54 posts by the end of 2005/06, will reduce our costs by £2.16m in 2006/07.

Payment of invoices and supplier relationship

Our financial transactions are carried out via two accounting services - Department of Health and the Prescription Pricing Authority. Irrespective of the accounting route, we commit to meeting PSA target 29 of 1998 for payment of all undisputed invoices within 30 days or the agreed contractual terms if otherwise specified (measured by percentage of payments paid on time).

The nature of the National Programme is such that advanced payments may also be made to suppliers within the contractual terms. These payments are subject to stringent security measures and are within the guidance issued by the Office of Government Commerce (OGC).

Resources - our targets for 2005/06

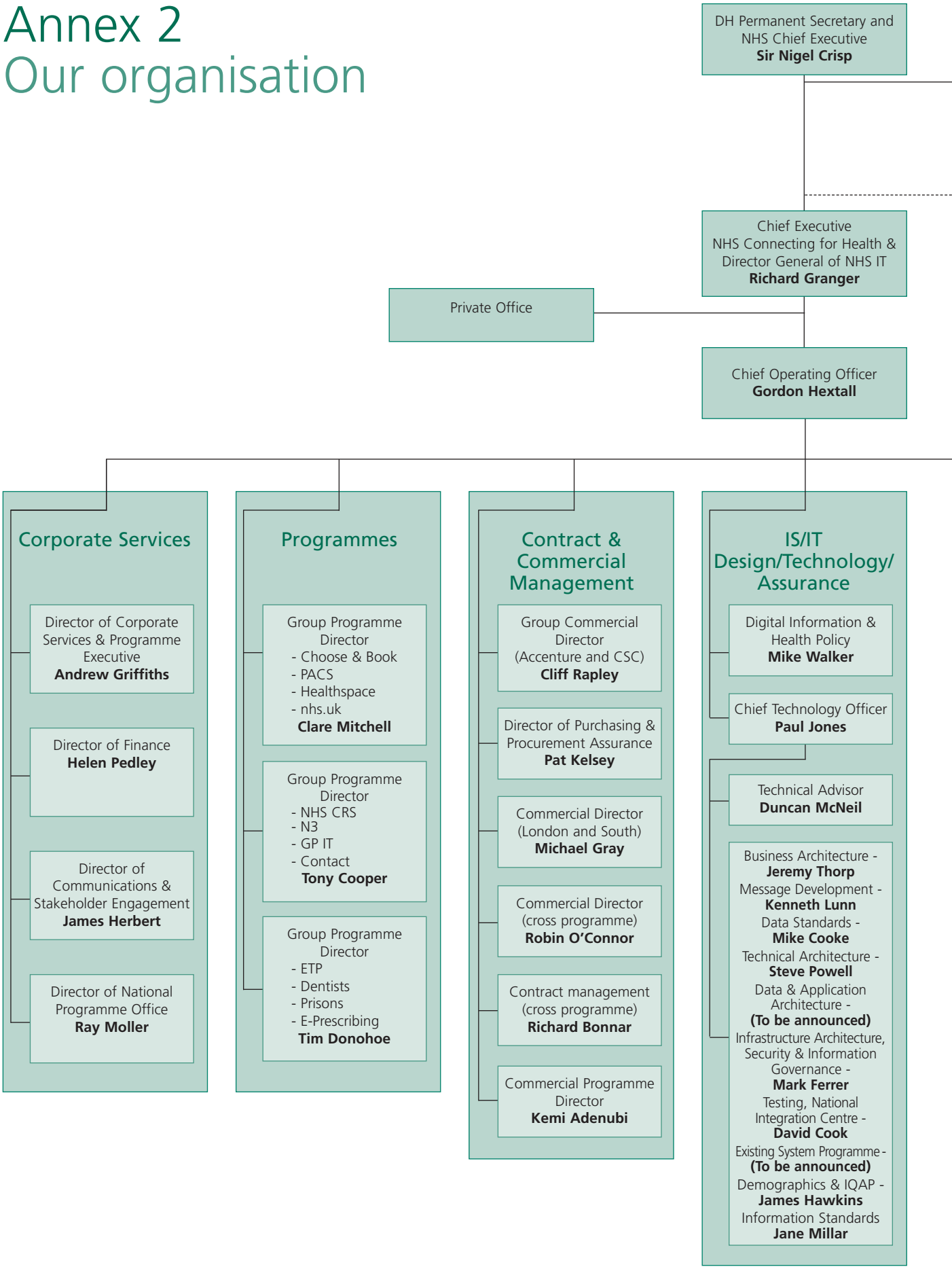
- We will manage our expenditure within the agreed budget and additional tolerances
- We will reduce the staffing numbers (602 posts) employed on those functions transferred to us from NHSIA by 54 posts and exit the year at 548 posts or less employed on these functions
- We will pay all undisputed invoices within 30 days or the agreed contractual terms if otherwise specified (measured by percentage of payments paid on time)

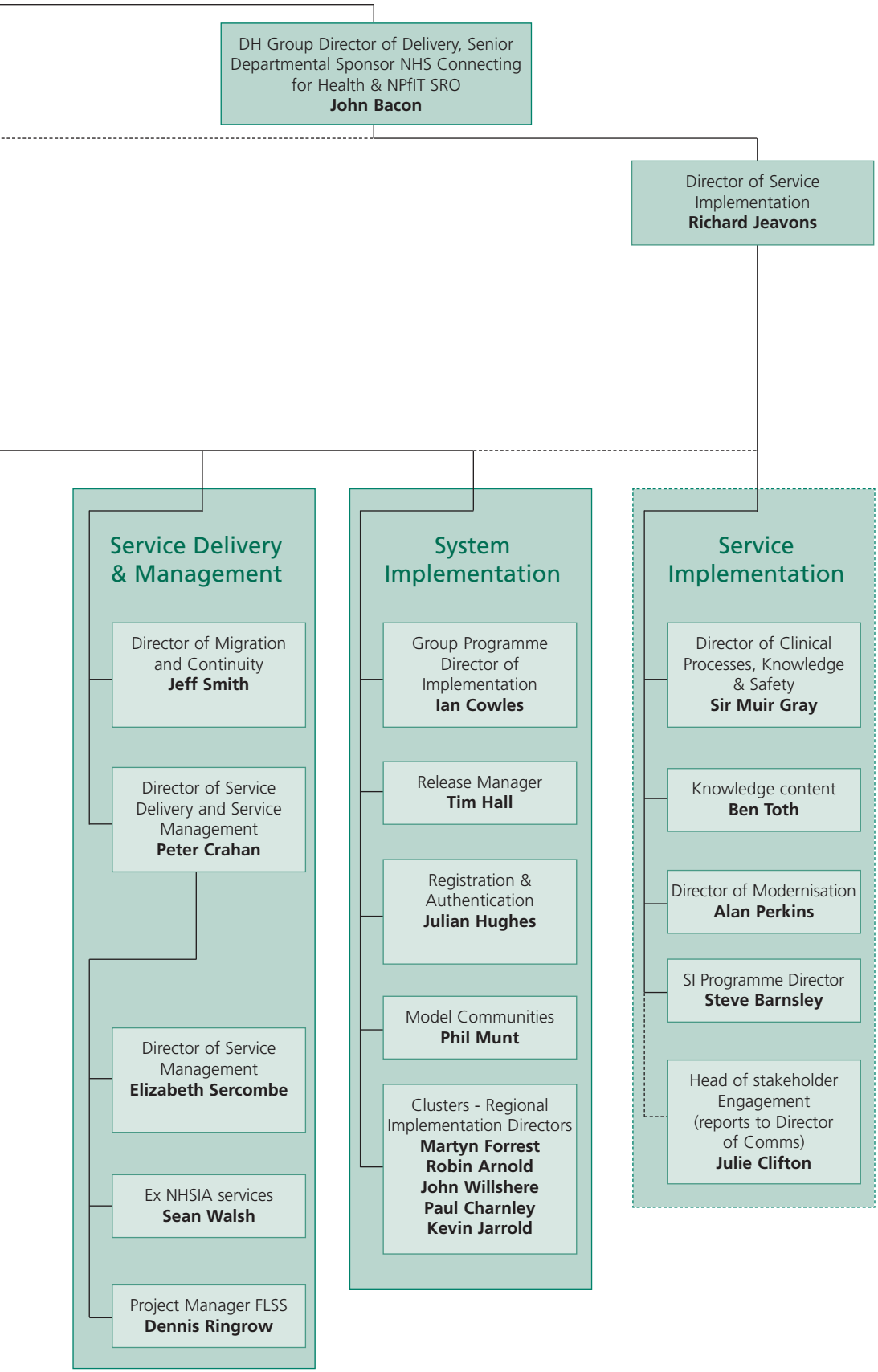
Annex 1
Summary of our targets for 2005/6

Area	Ref No.	Target
Strategy	1	We will develop a strategic plan, aligned to the Government's Spending Review
NHS Care Records Service	2	To deploy a service enhancement programme to ensure highly available and highly resilient live systems, to be delivered in several phases
	3	To deploy a Spine release to support Choose and Book application Release 2 in June 2005, enabling the NHS to meet DH Choice targets
	4	To deploy a Spine release to implement part of the Secondary Uses Service in June 2005, enabling Payment by Results
	5	To deploy a Spine release by the end of December 2005 to enable significant progress to be made against targets for the Electronic Transmission of Prescriptions Service and LSP deployments
Choose and Book	6	To deliver Release 2 of the Choose and Book Application, live and available for use during the summer of 2005, providing enhancements to the current functionality
	7	To supply the material and equipment to enable 30% of GPs to be issued with smartcards by July 2005
	8	To provide technical support to the Department and NHS implementation teams, enabling any technical issues to be resolved as they arise
Electronic Transmission of Prescriptions	9	Subject to reaching deployment agreements with system suppliers and the completion of deployment activities by PCTs, we will ensure that 50% of the National Prescription Service is in place by the end of 2005
National Network	10	We will deliver a plan that will allow the service provider to connect all GP main practices to the N3 network (approx. 8,600 sites) by the end of summer 2005
	11	We will endeavour that by 31 March 2006 the service provider will have connected any trust to the N3 network, where this is needed to support the priority requirements for Choose and Book, ETP, PACS and Local Service Provider rollout
	12	We will ensure the service provider connects a minimum of 12,000 sites to the N3 network by 31 March 2006
Picture Archiving and Communications Systems	13	We will achieve partial deployment of PACS and develop firm plans for completing the bulk of deployment by March 2007
GP payments	14	We will meet the service availability target of 99.86% for QMAS
Contact	15	We will endeavour to replace all 80 legacy directory connectors by 31 October 2005
	16	We will decommission the BT provided Relay Service and replace it with a new service by 31 October 2005
	17	We will ensure the Contact service can support the 120,000 users expected to be registered by March 2006
	18	We will provide an email archive facility by 31 March 2006

Area	Ref No.	Target
Existing products and services	19	We will complete the next phase of our migration plan, moving the scheduled tranche of the former NHSIA's functions to their new location by 30 September 2005
	20	We will introduce a range of performance measures to ensure the ongoing efficiency and effectiveness of the delivery of products and services delivered formerly by NHSIA
Clusters	21	We will work to maximise the number of local deployments and publish a rolling 12 week implementation schedule
Service implementation	22	For the Department of Health and NHS, we will provide support, based on best practice, to enable all local health communities to produce robust service improvement plans, that include evidence-based projections of the quality, safety and productive time benefits to be realised from the deployment of the National Programme, by their March 2006 deadline
	23	We will deliver 44 Do Once and Share (DOaS) projects and evaluate the DOaS methodology as part of the strategy to get best current knowledge to where it is needed, the point of care
	24	We will create and implement a plan to involve patients and the public in the work of NHS Connecting for Health which will enable them to have influence in system design and development and therefore help secure maximum benefit from the National Programme
	25	We will ensure that clinical involvement in system development and design is supported effectively and managed with clearly defined objectives and outputs
	26	We will embed service implementation in the work of NHS Connecting for Health and the NHS through the optimal use of project and programme management
	27	Ensure that communication and stakeholder engagement activity supports service implementation
Human Resources	28	We will establish the HR policies and practices set out in our Business Plan by 31 March 2006
Diversity and equality	29	As a new organisation, we will examine our policies and procedures to ensure we are compliant fully with legal and Departmental requirements on diversity and equality
	30	We will develop an action plan to resolve any problems which are identified
Estates	31	We will review our estates requirements and plan any necessary changes by 31 March 2006
Managing our resources	32	We will manage our expenditure within the agreed budget and additional tolerances
	33	We will reduce the staffing numbers (602 posts) employed on those functions transferred to us from NHSIA by 54 posts and exit the year at 548 posts or less employed on these functions
	34	We will pay all undisputed invoices within 30 days or the agreed contractual terms if otherwise specified (measured by percentage of payments paid on time)

Annex 2
Our organisation




DH Group Director of Delivery, Senior Departmental Sponsor NHS Connecting for Health & NPfIT SRO
John Bacon
Director of Service Implementation
Richard Jeavons
Service Delivery & Management
Director of Migration and Continuity
Jeff Smith
Director of Service Delivery and Service Management
Peter Crahan
Director of Service Management
Elizabeth Sercombe
Ex NHSIA services
Sean Walsh
Project Manager FLSS
Dennis Ringrow
System Implementation
Group Programme Director of Implementation
Ian Cowles
Release Manager
Tim Hall
Registration & Authentication
Julian Hughes
Model Communities
Phil Munt
Clusters - Regional Implementation Directors
Martyn Forrest
Robin Arnold
John Willshere
Paul Charnley
Kevin Jarrold
Service Implementation
Director of Clinical Processes, Knowledge & Safety
Sir Muir Gray
Knowledge content
Ben Toth
Director of Modernisation
Alan Perkins
SI Programme Director
Steve Barnsley
Head of stakeholder Engagement (reports to Director of Comms)
Julie Clifton

Annex 3
Our locations

Leeds
NHS Connecting
for Health
Vantage House
40 Aire Street
Leeds LS1 4HT

Leeds
NHS Connecting
for Health
Princes Exchange
Princes Square
Leeds LS1 4HY

Leeds
NHS Connecting
for Health
1 Whitehall
Leeds LS1 4HY

NE Cluster
Princes Exchange
Princes Square
Leeds LS1 4HY
0113 280 6507
necluster@cfh.nhs.uk

Leeds
Quarry House
Quarry Hill
Leeds LS2 7UE

Eastern Cluster
2nd Floor
Titan Court
3 Bishops Square
Hatfield AL10 9NA
01707 226062
eastern@cfh.nhs.uk

Media enquiries
Please contact
0113 280 5816
pressoffice@cfh.nhs.uk

Local enquiries
Please contact your local cluster using the details given here

All other enquiries
Please contact
0113 280 6366 or
support@cfh.nhs.uk
and your enquiry will be forwarded to the relevant department

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Richmond House
79 Whitehall
London SW1A 2NS

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50 Eastbourne Terrace
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New Kings Beam House
22 Upper Ground
London SW1 9BW

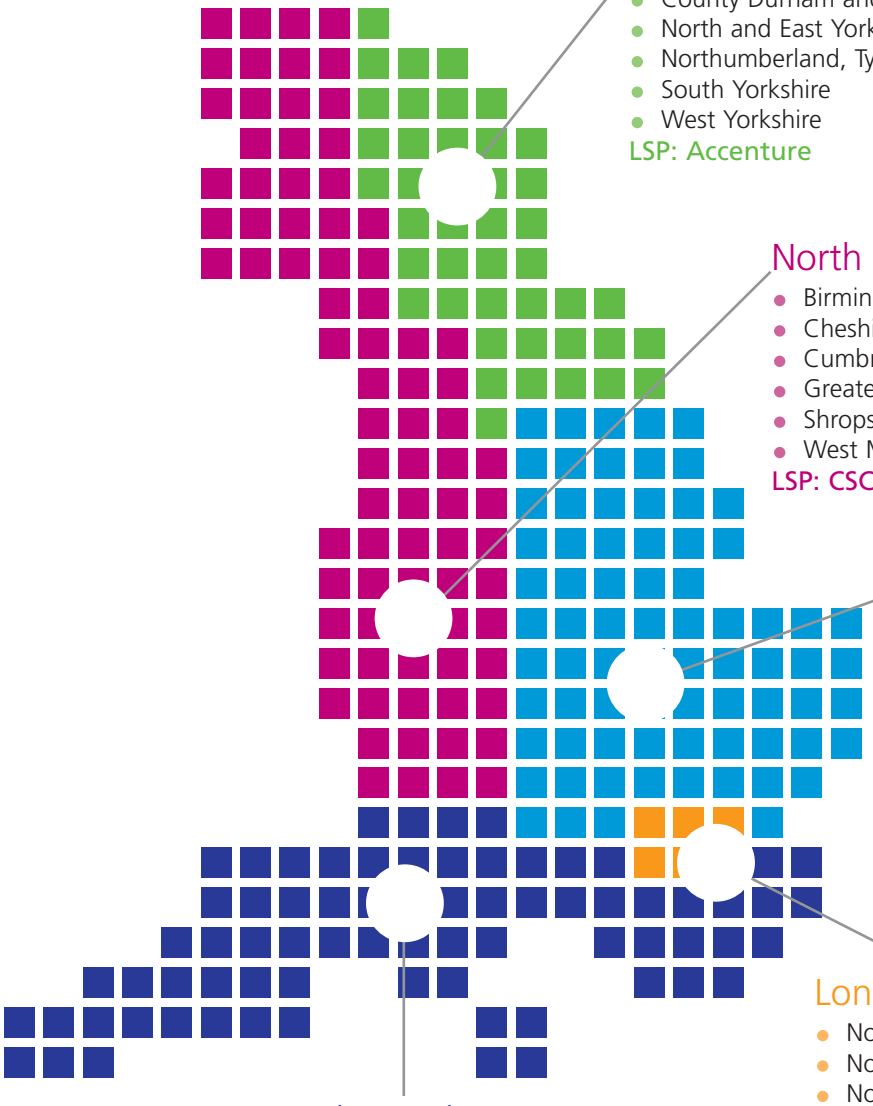
Exeter
Hexagon House
Pynes Hill
Exeter
Devon EX2 5SE

NWWM Cluster
Ground Floor
Aqueous II
Aston Cross
Rocky Lane
Birmingham B6 5RQ
0121 333 0392
nwwmenquiries@cfh.nhhs.uk

Southern Cluster
Jubilee House
5510 John Smith Drive
Oxford Business Park South
Cowley
Oxford OX4 2LH
01865 337147
southernclusterfeedback@cfh.nhs.uk

Annex 4
Map of the clusters

The National Programme is a huge undertaking. For implementation purposes, England has been broken down into five areas, known as clusters. The five clusters are made up of groups of strategic health authorities:



North East Cluster

- County Durham and Tees Valley
- North and East Yorkshire and Northern Lincolnshire
- Northumberland, Tyne and Wear
- South Yorkshire
- West Yorkshire

LSP: Accenture

North West & West Midlands Cluster

- Birmingham and Black Country
- Cheshire and Merseyside
- Cumbria and Lancashire
- Greater Manchester
- Shropshire and Staffordshire
- West Midlands South

LSP: CSC Alliance

Eastern Cluster

- Bedfordshire and Hertfordshire
- Essex
- Leicestershire, Northamptonshire and Rutland
- Norfolk, Suffolk and Cambridgeshire
- Trent

LSP: Accenture

London Cluster

- North Central London
- North East London
- North West London
- South East London
- South West London

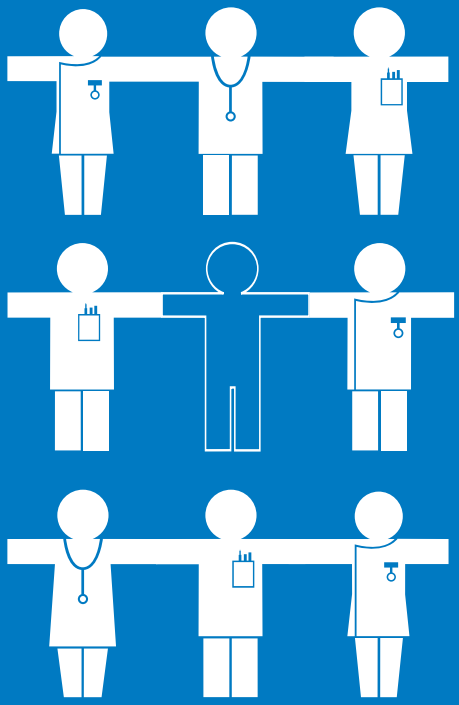
LSP: Capital Care Alliance

Southern Cluster

- Avon, Gloucestershire and Wiltshire
- Dorset and Somerset
- Hampshire and Isle of Wight
- Kent and Medway
- South West Peninsula
- Surrey and Sussex
- Thames Valley

LSP: Fujitsu Alliance

NHS
Connecting for Health



For more information about NHS Connecting for Health please visit
www.connectingforhealth.nhs.uk

To request printed copies of this Business Plan, please call
08453 660066 or email ***information@cfh.nhs.uk***
Quoting reference number 2039

Gateway reference number 5290