The Go-Between would like to hear from potential contributors. Articles should be on health informatics related matters and around 250-400 words in length. Copy deadline for Issue 96 is 20 September 2010.

For contributions etc. please write to the Editor (address on back page).

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NHS Information Revolution
The Coalition Government’s White Paper “Equity and excellence: Liberating the NHS” sets out plans for “An NHS Information Revolution”. The new commissioning arrangements and revised regulatory framework introduced in the White Paper will require robust information to enable it to function effectively. The implications for NHS IT systems and infrastructure are not yet fully understood. This article summarises the main aspects of the “Information Revolution”

Outcome Measures
There is a shift in measuring performance and targets in terms of outcome measures. This will affect the way information is collected and analysed and may require new data items to be introduced.

Information for patients
More information to be made available to patients on all aspects of healthcare, for example services, treatments, outcomes, performance.

On-line service
A range of on-line services will be introduced such as enabling patients to communicate with their clinicians remotely.

Patient Feedback
There will be much wider use of effective tools like Patient-Reported Outcome Measures (PROMS), patient experience data, and real-time feedback. Patients will rate services and clinical departments according to the quality of care they received.

Public Accountability
Information will be used to improve accountability; the public will be able to see where unacceptable services are being provided and to exert local pressure for them to be improved. Clinical teams will be provided meaningful, risk-adjusted assessment of their performance against their peers, and this assessment should also be placed in the public domain. More information about commissioning of healthcare will also improve public accountability.

In future, there will be increasing amounts of robust information, comparable between similar providers, on:
- Safety: for example, healthcare-associated infections, adverse events and avoidable deaths;
- Effectiveness: for example, mortality rates, emergency re-admission rates; and patient-reported outcome measures; and
- Experience: including waiting times; opening hours and clinic times; cancelled operations.

Health Records
Patients will be given control of their health records. This will start with access to the records held by their GP and over time this will extend to health records held by all providers. The patient will determine who else can access their records and will easily be able to see changes when they are made to their records. Consultation on arrangements, including appropriate confidentiality safeguards, is expected later this year. The intention is that people should be able to share their records with third parties, such as support groups for patients.

Summary Data to Third Parties
Aggregate data will be made of available in a standard format to allow intermediaries to analyse and present it to

Continued on page 2.
Making the MOST of IT

MOST – the NHS Microsoft Office Skills Training Programme – was established in April 2010 to increase NHS employee productivity when using the Microsoft Office applications Word, Excel, PowerPoint, Outlook and Access. MOST was created to support NHS organisations that want to offer official Microsoft skills training and specialist certification.

The Programme is free-of-charge to NHS employees and NHS contractors, including learning materials, practice exams and certification exams; offering an opportunity for staff to acquire IT skills that allow them to increase their productivity. The Microsoft IT Professional Certification is not included in the Programme, but exams and learning materials are available at heavily discounted rates.

Trainer resources have been developed for NHS organisations to use: course preparation guides, lesson plans, PowerPoint slides, student exercises and courseware mapping. Many of the courses are available as e-learning and can be accessed via the Microsoft NHS Resource Centre at www.microsoft.com/uk/nhs.

Exams are currently available in Microsoft Word, Excel, PowerPoint, Outlook and Access in Office 2003 and 2007. Exams for Office 2010, MS Project and SharePoint are being developed. Exams can be taken at a number of NHS MOST test centres across the country. NHS organisations can also apply to be a test centre.

More information: www.nhsmost.co.uk

Printer, Copier & MFD IG Risks

The Department Health has drafted guidance on the associated risks for maintenance and disposal of digital printers, copiers and multifunction devices (MFDs).

Digital printers, copiers and MFDs share much of their technology with computers and operate by scanning documents into onboard electronic memory before printing. A particular concern is that scanned documents or images may be retained on the storage disc of the device or in electronic memory before printing. Such devices also present additional risks. Maintenance staff or support staff may need to connect a laptop or other diagnostic device and this may create the opportunity for sensitive or confidential data to be transferred or copied to any network that the laptop or diagnostic device is subsequently connected.

Manufacturers may incorporate erasure and encryption technologies to protect data, however, care is necessary as such measures may not have been independently evaluated, verified and assured.

NHS organisations are advised to undertake and document a formal local information risk assessment whenever such...
digital devices are to be procured or leased and deployed. This is particularly important where patient or other sensitive or confidential information is likely to be involved. Encryption and inbuilt security measures including data erasure may be possible solutions. Equipment should be sited in supervised environments or in separate rooms where access may be controlled. To prevent unauthorised use, photocopying equipment should be locked or disabled when not required. Take needs to be taken when disposing of devices.

More information: https://www.igt.connectingforhealth.nhs.uk/

ESR Interface with RA

Northampton General Hospital NHS Trust has successfully implemented an ESR (Electronic Staff Record) interface to User Identity Manager (UIM) during April 2010. The Trust is now realising the full benefits of this achievement including reduced duplication in workforce / RA (Registration Authority) processes, productivity gains and, most importantly, strengthened governance controls over access to patient data.

The ESR interface is triggered by changes made to an established position within an employee’s assignment and automatically updates an individual’s access rights to NHS Care Record System compliant systems, reflecting the requirements of their new position. It enables the management of access control by a single point of data – the change to the employee’s position within ESR.

The key benefits realised by Northampton General Hospital following the implementation are:

- New Starters have their identity checks recorded in ESR and then linked to the corresponding record on the NHS Spine via the interface.
- Access rights to electronic care records are automatically assigned based on posts in the ESR.
- Access to electronic care records is now revoked immediately following the termination of employment in ESR. Prior to the implementation this took an average of 15 days to achieve.
- Analysis has shown that improvements in data quality have been achieved following the activation of the interface: data integrity between ESR and the Care Record System has improved by 28% as personal data is synchronised between the two systems.
- A saving of just under 1,000 hours per year across HR and RA functions.

The interface will be now be made available to all NHS organisations in England from September 2010.

More information: www.esrsolution.co.uk/iim

Info Governance Toolkit

The Information Governance (IG) Toolkit has been in use in the NHS for over 7 years. Whilst providing information and guidance on information governance issues it is the main vehicle for monitoring adherence to IG standards and good practice.

Version 8 of the IG Toolkit has recently been launched and is a major update. There are significant changes to virtually all parts of the system including a major consolidation of the IG requirements themselves. A key improvement was to make the system more intuitive. There is also a new evidence-based approach where organisations have to upload evidence in support of their self-assessment scores. In version 8, evidence is mandatory for all trusts and SHAs, but optional for others.

The final submission deadline for version 8 assessments for all organisations is 31st March 2011. A Baseline and Performance Update submission is also required by 31st October 2010, effectively creating a two-stage assessment.

The requirement set has been consolidated with the removal of and/or merging of duplicate or obsolete requirements. There are also some new requirements. Two requirements are completely new to the IG Toolkit: 8-323 (encryption and physical security) and 8-324 (pseudonymisation and anonymisation).

The requirement, guidance document and checklists have been merged into a single on-line document for each item. The format includes details of relevant IG Training Tool modules and an on-line glossary. Each requirement now includes a built-in checklist of criteria for each attainment level. On completing the assessment the system automatically determines the attainment level. The criteria are cumulative – in order to achieve level 2 all the criteria for level 1 must first be achieved.

Features have been added to facilitate planning of improvements. Improvement actions can be defined against each requirement to achieve the target level. Requirement owners can also be assigned to each requirement. Reminder emails can be sent to requirement owners with incomplete evidence and/or actions.

More information: https://www.igt.connectingforhealth.nhs.uk/

ContactPoint

The Coalition Government instigated the closure of the ContactPoint database and has initiated the development of an alternative signposting approach targeted at vulnerable children.

Frontline practitioners need to be able to provide support for the most vulnerable children when they move across local authority boundaries or access services in more than one area. Experience shows the potential value of a quick and reliable means of discovering whether another professional has worked with such a child.

Ministers did not consider that ContactPoint was the right solution. Instead the practicality of a national signposting approach will be explored, focusing on helping a strictly limited group of practitioners to find out whether a colleague elsewhere is working, or has previously worked, with the same vulnerable child.

The ContactPoint database was switched off at noon on 6 August 2010 and no longer accessible to users or to data administrators. Decommissioning the database will take longer and will be done in compliance with Government security and operational standards.

The roll-out the Electronic Common Assessment Framework (eCAF) is continuing. Closing down and decommissioning ContactPoint has some implications for eCAF. Accordingly, changes will need to be made to the eCAF system, processes and supporting documentation.

More information: www.everychildmatters.gov.uk/deliveringservices/contactpoint/
News in Brief

Benefits of PACs
Case studies where clinicians, patients and managers discuss the benefits of PACS (Picture Archiving And Communication System) – digital x-rays – are available on the NHS Connecting for Health website. See: http://www.connectingforhealth.nhs.uk/systemsandservices/pacs/casestudies.

Summary Care Records
NHS Connecting for Health sought guidance from the Information Commissioner's Office (ICO) in May 2010 about GPs considering opting out all their patients from the SCR. The ICO has advised that GPs should take reasonable steps to ensure that the majority of their patients are informed about their intentions to opt them out. This is because patients may have assumed an SCR has been created, given the letter they received suggested it would be, unless they took steps to opt out.

Facing the Dark Clouds ….
The ASSIST London & South East event on 22nd September 2010 is entitled “Facing the Dark Clouds and Winning”. Subjects covered include lean thinking, getting return on investment, cloud computing, and developing IT skills. Further information and booking form from elly.stimpsonduffy@hq.bcs.org.uk.

Dr Foster
The future of Dr Foster Intelligence – one of the UK’s main providers of health and social care information and analysis, and of which the Department of Health owns a 48.75 per cent stake – is under review. See: http://www.dh.gov.uk/en/MediaCentre/Pressreleases/DH_18452.

CfH Service Management
For major incidents affecting Care Record Service and national applications Incident Reports and Root Cause Analysis Reports are now available on-line: Incident Reports http://www.connectingforhealth.nhs.uk/servicemanagement/status/reports/ Root Cause Analysis Reports: http://www.connectingforhealth.nhs.uk/servicemanagement/about/problem/management/trackers

NHS Operating Framework
The 2010/11 Operating Framework for the NHS has been revised following the change of Government. The key areas to note are that it:
- clarifies that no other changes will be introduced at this time, and that SHAs and PCTs should continue their reporting and monitoring roles until directed otherwise.
- introduces changes to the tier 1 of the vital signs (and associated reporting).

Open Source Workshop
Data Standards & Products, of the Department of Health Informatics Directorate, is currently working in partnership with York University to stimulate open source software in the healthcare market. A consultation workshop is being held at the University of York on 21st September, 2010 to elicit views on the challenges and issues surrounding open source and how best to develop a contributing community. To book a place e-mail ying.liao@nhs.net.

Electronic Health Records
An International Conference on the Implementation of Electronic Health Records is being held on 26 October 2010 in Westminster. Presentations include the findings of two national evaluations on the NHS Connecting for Health’s implementation of Electronic Health Records. See: http://www.crfr.ac.uk/events/iehr/home.html.

Microsoft Licence Agreements
The Enterprise Wide Agreements with Microsoft for the provision of desktop and server application of software licences for the NHS in England expired on 31st May 2010 and it will not be renewed. Individual local organisations are now responsible for all aspects of funding, purchase and management of all Microsoft licences. However, under the former Agreements a number of perpetual licences were purchased on behalf of the NHS by the Department of Health. These licences permit the NHS to continue current use, at current volumes and versions of the software and to upgrade to Windows 7 and Office 2010. See: www.buyingsolutions.gov.uk/mou/softwarelicence/microsoft

Diary

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22 Sep 10 ASSIST “Facing the Dark Clouds and Winning”, London (see “News In Brief”) (elly.stimpsonduffy@hq.bcs.org.uk)
11 – 13 Oct 10 BCS Primary Health Care Subgroup 30th Annual Conference, Crewe Hall, Chester (http://www.phcsg.org/)

Address for correspondence:
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