The Go-Between
Information for Information Users

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The Go-Between would like to hear from potential contributors. Articles should be on IM&T related matters and around 250-400 words in length. Copy deadline for Issue 77 is 20 July 2007.

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

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No-One Said It Was Going To Be Easy

The speakers at the ASSIST conference, organised in partnership with NHS Connecting for Health – “No-one Said It Was Going To Be Easy” – included Lord Hunt (DH Minister of State for Quality), Richard Granger (Chief Executive, NHS Connecting for Health), Professor Denise Lievesley (Chief Executive, Information Centre for Health and Social Care) and Professor Bernard Crump (Chief Executive, NHS Institute for Innovation and Improvement).

Lord Hunt said “IT is not just tagged onto NHS reform” making it plain that health informatics, and health informatics professionals, are at the heart of delivering safe, high quality, accessible patient services. He stressed that now was the time for the profession to hold its nerve, to realise the full benefits of massive investment in the National Programme for IT.

Richard Granger reflected on how hard it was trying to hit a continually moving target. He cited some on-going problems:

- the level of involvement of people delivering infrastructure in management decisions is inadequate;
- as the IM&T community controls the productivity so IM&T at senior level needs to be in the Board Room;
- Social care is now within scope but the implementation of ContactPoint – the child index – is a challenge.

- Choose and Book is a political imperative but had an unfortunate starting point and ideally should have come later in the Programme;
- CfH need to do better in linking things together – for example staff details on the NHS Spine and the Electronic Staff Record (ESR);
- Trusts need to address local infrastructure issues: network problems but also power supply and generator testing.

Mr Granger announced that after 5 years the National programme is to be refreshed.

Two prototype mobile devices to be used in clinical settings were at the conference. They included flat screens, flat keyboards, barcode readers, Bluetooth wireless, speech recognition, and handwriting recognition. They are easy-clean with alcohol wipes (meeting infection control standards) and lightweight.

An Infrastructure Maturity Model was launched. This a self-assessment tool for Trust to identify weaknesses in their IT infrastructure.

The conference celebrated some of the informatics profession’s many successes. The ‘NHS Leadership in Health Informatics Accolade Scheme’ awards highlighted a wide range of direct benefits to patients from the practical application of informatics skills and tools. The top award was won by Marple Cottage GP Surgery, Stockport for a secure online asthma consultation system.

ASSIST held its AGM during the conference Brian Derry, Director of Informatics at The Leeds Teaching Hospitals NHS Trust, was elected as Chair of ASSIST, succeeding Andrew Haw, who completed his 3-year term.

More information:
http://www.assist.org.uk/

Neither Rome nor the National Programme was built in a day. But sustainability is key – see Page 2.
Information Security Management Code

The Department of Health (DH) has published the Information Security Management: NHS Code of Practice which is a guide to the methods and required standards of practice in the management of information security for those who work within or under contract to, or in business partnership with NHS organisations in England.

NHS organisations need robust information security management arrangements or the protection of their patient records and key information services, to meet the statutory requirements set out within the Data Protection Act 1998 and to satisfy their obligations under the Civil Contingencies Act 2004. These aims are also consistent with the UK Strategy for Information Assurance published by the Cabinet Office.

Without effective security, NHS information assets may become unreliable and untrustworthy, may not be accessible where or when needed, or may be compromised by unauthorised third parties. All NHS organisations and those who supply or make use of NHS information therefore have an obligation to ensure that there is adequate provision for the security management of the information resources that they own, control or use.

The Code of Practice is based on current legal requirements, relevant standards and professional best practice. It replaces HSG 1996/15 – NHS Information Management and Technology Security Manual. The Code provides a key component of information governance arrangements for the NHS. It is part of an evolving information security management framework because risk factors, standards and practice covered by the Code will change over time. The guidelines contained within the Code apply to all types of NHS information assets.

This policy correctly applied and adhered to, will achieve a comprehensive and consistent approach to the security management of information throughout the NHS, ensure continuous business capability, and minimise both the likelihood of occurrence and the impacts of any information security incidents.

The Code is driven by Department of Health policy that:

- a comprehensive, systematic and reliable programme for NHS information security management is established and maintained, based upon the principles identified within the Code of Practice and as may be periodically updated;
- threats to NHS data shall be appropriately identified and based upon robust risk assessment and management arrangements, and shall be managed and regularly reviewed;
- relevant regulatory and legislative requirements shall be achieved;
- NHS organisations shall have in place organisation-wide business continuity plans for their information systems;
- relevant information security training and awareness will be available to all staff;
- all breaches of information security, actual or suspected, shall be recorded, reported to and investigated by an appropriately experienced and skilled Information Security Officer;
- all organisations that use NHS network infrastructure or digital services provided under a national contract shall satisfy and maintain the NHS information governance conditions for their provision;
- adequate audit provision, based upon robust risk management arrangements, shall be made to ensure the continuing effectiveness of NHS information security management arrangements; and
- annual reporting of attainment is provided through the NHS Information Governance Toolkit for all participating organisations.

More Information:
Info Security Management: NHS Code of Practice

UK Strategy for Information Assurance

Sustaining the CRS

The main focus of the National Programme for IT has been on the implementation of the Care Record Service, Choose & Book, N3, PACS and other national applications. Now that systems are starting to be used on a day-to-day basis the focus needs to shift to supporting and developing these systems. This article offers twelve major challenges that need to be addressed in order to sustain the Care Record Service (CRS).

1. Effective Clinical Engagement
Clinicians need to be actively involved in CRS after its implementation. It is so difficult these days to find clinicians interested in IT. One of the challenges is to engage the wider clinical community and not just the IT enthusiast. This can be achieved through local and regional system user groups, updates to clinical networks, and by training local “superusers”.

2. IT Infrastructure
Not all Trusts have an IT infrastructure suitable for real-time clinical record systems and paperless or paper-light working. Investment may be needed to improve networks, computers and printers.

3. Mobile Devices
For CRS to be a truly real-time system clinicians will need mobile computing to access and update clinical records – both on hospital sites and in the community. Mobile technology is widely used in other sectors and the challenge for health is to procure devices which can handle complex systems, have reliable connections, are portable and meet infection control requirements.

4. Power supply
Much of the NHS estate is still composed of old buildings, some Victorian or earlier. The electrical infrastructure and the reliability of power supply often falls below that needed for an electronic environment. Generators do not cover all locations and the testing of those generators can cause computers to crash.

5. IT Service Support
The move to paperless / paper-light working means more reliance on IT and therefore a need for more IT support. Trust IT service desks typically are not 24/7, but there needs to be in place at least an on-call IT service to cover IT emergencies at nights and weekends. Trusts will need to consider extending IT support, perhaps, by collaborating with other Trusts.

6. LSP Service Support
LSPs (Local Service Providers) are the suppliers providing support to the CRS software and system performance. LSPs need to have a full understanding of the business
rather than an overhead, it is going to be difficult to move IM&T is now being increasingly viewed as an investment gains but mostly this will be non-cash releasing. Although difficult. Effective use of the CRS will lead to efficiency deficits and the need to make a surplus this is going to be challenges discussed above. Within the climate of Trust first prize in the NHS Health Informatics Accolade Award. Marple Cottage GP. Surgery, Stockport recently gained Consultations On-line Remote Sustained local investment is required to meet many of the 10. Training There is still a wide range of IT literacy in the NHS. The effort of delivering and maintaining a training programme to so many staff is a major undertaking. 11. Senior Commitment Trust Boards and senior management are increasingly aware of the potential of IM&T in improving clinical outcomes, improving the patient experience. However, commitment at senior level is needed to drive the realisation of benefits. 12. Local investment Sustained local investment is required to meet many of the challenges discussed above. Within the climate of Trust deficits and the need to make a surplus this is going to be difficult. Effective use of the CRS will lead to efficiency gains but mostly this will be non-cash releasing. Although IM&T is now being increasingly viewed as an investment rather than an overhead, it is going to be difficult to move money from direct patient care to IM&T. Contact: david.green@swlstg-tr.nhs.uk.

On-line Remote Consultations
Marple Cottage GP. Surgery, Stockport recently gained first prize in the NHS Health Informatics Accolade Award.
The Practice team’s aim was to provide a mechanism for remote asthma reviews, to build upon services already offered to patients. This new secure online service needed to include: – patient’s ability to ‘push’ information to the GP/nurse, which was simultaneously documented in their medical record – GP/nurse single entry consultation in the patient’s medical record, including personalised self management plan.

Several years ago they developed a website for patients. Since then they have been keen to use the website for patients to communicate electronically. Patients have also enjoyed the use of the on line EMIS Access facilities including appointment booking and prescription ordering.
The Practice persuaded EMIS to come on board by extending EMIS Access to include asthma “remote consultation”. The obstacle of secure e-communication for

patients was overcome by working in partnership with EMIS to be able to add remote consultation to the EMIS Access technology. Once tested with patients, EMIS will be able to offer it to other practices as a ready product. In addition, it is simple to apply to other long term conditions as well as health screening data.

More information: www.emis-online.com/products/access/.

eTriage for Sexual Health Clinics
Chelsea and Westminster ■ Introduction NHS Trust eTriage is a novel, web-based appointment system which has helped to increase patient access to the sexual health clinics. They chose sexual health as it has been highlighted as an area in urgent need of central and local investment and modernisation.

Launched in October 2006, this service is designed specifically to increase access to clinics for patients aged 16 and above.

Designed in conjunction with the IT Company Mikkom, the Trust’s medical and reception teams, with patient input; it facilitates direct access to Genito-Urinary Medicine (GUM) appointments. Patients enter the system via the Internet or the web function of mobile telephones after logging onto the service through the hospital website (www.chelwest.nhs.uk) or the site specific address (www.sexualhealthappointments.chelwest.nhs.uk).

The eTriage website sustained 1516 hits over a four month period. This culminated in the distribution of 909 appointments, of which, 460 (51%) were made out of hours. The average waiting time from logging on to the system and actual appointment was 2.6 days (inclusive of weekends). For notification and subsequent appointment reminder, the majority favoured a text message.

Complementing the existing booking systems, eTriage has served to increase patient choice and has proved to be an efficient, effective means of improving patient access (including out of hours), with high levels of patient satisfaction. It serves as an excellent example of the collaboration between IT and health providers, in accordance with the targets laid out in the NHS Plan. They hope to roll out this system in GUM clinics across the country.

More information: www.chelwest.nhs.uk

News in Brief
Patients See Records On-Line
Bolton residents are to be the first patients who will be able to view their medical records at home on their computers. Around 14,500 patients will have two months to see their records and put any concerns they might have to their doctor. They will be able to see data such as test results and discharge notes and to add information such as whether or not they need wheelchair access for appointments. It is expected that the NHS Care Records Service will be rolled out nationwide in due course.
N3 and Mobile Technology Event
The ASSIST - London & SE event on 19 July 2007 in central London is on the topic on N3 developments and mobile technology. For information on ASSIST and this event contact: elly.stimpsonduffy@hq.bcs.org.uk.

Computer Analyses Vital Signs
A new hi-tech portable device could help to improve patient care, as well as reduce costs for health providers. The VitalPAC, developed by The Learning Clinic alongside Microsoft, has been tested by Portsmouth Hospitals NHS Trust on one ward since March 2005 with positive results. The handheld device is capable of quickly analysing a range of vital patient signs such as pulse, blood pressure and respiratory rate and will also be able to store previous readings. This will allow clinicians to monitor their patients in real-time throughout their hospital admission. Early results indicate that VitalPAC, which uses wireless technology, could save the Trust around £1 million a year.

Kent Service Desk Accredited
The Service Desk of the Kent & Medway Health Informatics Service (KMHIS) is the second in the country to win accreditation from Connecting for Health (CFH). This means the KMHIS will help trusts to save money by logging incidents for national applications directly with suppliers. Accreditation is a robust audit process requiring evidence of policies, processes, procedures and quality standards.

On-Line Trauma Database
The Trauma Audit and Research Network (TARN) has launched a new online database, which aims to help clinicians analyse and improve their response to and care of trauma patients. Physical injury is the leading killer of under-40s in the country and the vast number and seriousness of cases mean it is imperative that patients receive the best care possible. The database brings together different aspects of the treatment received by patients. The paperless system enables the research network to collate a larger amount of more accurate information. Through this system, it can help suggest improvements which will enable clinicians to bring down the number of fatalities among trauma patients.

Service Desk Charging Delayed
The NHS CFH Service Desk is now provided by Fujitsu Services. From 1 April 2007, a charge for NHS CFH Service Desk use would be levied to Trusts on a ‘per incident’ basis. This was based on a number of assumptions, some of which are yet to be tested fully. Processes to improve service (response and incident resolution) and to increase the knowledge base are underway. As a result the charging mechanism is to be reviewed before being introduced.

Hospital Episode Statistics
The Information Centre’s revamped website now includes improved access to a wider range of information from the Hospital Episods Statistics (HES). In the ‘self-service’ area of HES website, users can now create and download custom tables of HES data simultaneously broken down by organisation and clinical classifications. See: www.ic.nhs.uk/statistics-and-data-collections/hospital-care/hospital-activity-hes.

NHS Data Dictionary Open Day
The NHS Data Model & Dictionary Service is holding a series of ongoing open days to discuss the latest developments and proposed changes to the NHS Data Model and Dictionary. These open days also provide an opportunity for NHS staff and Service Providers to raise ideas and any concerns they have for the NHS Data Dictionary and proposed changes. The next session will be held in Exeter on 10 July 2007. Further details: http://etdevevents.connectingforhealth.nhs.uk/1019 or email to datastandards@nhs.net.

18 Weeks Referral to Treatment
To support delivery of 18 weeks, the Department of Health published national data on Referral to Treatment Times for the first time on 7th June 2007. The data looks at referral times for admitted patients (those requiring admission to hospital) who completed treatment during March 2007. Data from: http://www.performance.doh.gov.uk/rtt/. Further information: http://www.18weeks.nhs.uk/public/default.aspx?load=ArticleViewer&ArticleId=943

Care Record Service in Kent
The Kent and Medway Domain Programme Office (KMDPO) has been set up to support the delivery of the successful management and deployment of all NHS Care Records Service related programmes and projects. The key role is to support NHS organisations in Kent & Medway in the governance and overarching management that organisations need and help deployment families to realise the benefits of the deployment and associated change management. Contact: eck-pct.kmdpo@nhs.net.

Copyright & Scanning Licence
The Copyright Licensing Agency Ltd. (CLA) and the NHS have agreed a central photocopying and scanning licence for the NHS in England.

Diary
10 Jul 07 “10 Ways to Succeed in Major Health Informatics Projects” Oxford (www.informatics.nhs.uk/news/events.htm)
19 Jul 07 ASSIST “N3 Developments & Mobile Technology”, London WC2 (elly.stimpsonduffy@hq.bcs.org.uk)
21 Sep 07 “Collecting Information Near the Patient” Conference, Portsmouth (www.chmi.port.ac.uk/sihi/sihi2007/index.htm)

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