

TO: West Gloucestershire Primary Care Trust Board

FROM: Mike Theelke, Director of Finance

DATE: 19th January 2006

SUBJECT: CONNECTING FOR HEALTH UPDATE

1. INTRODUCTION

- 1.1. The purpose of this paper is to update the Board on recent progress towards the local implementation of Connecting for Health (CfH) projects in Gloucestershire.

2. NHS CARE RECORDS SERVICE (NCRS)

- 2.1. NCRS is a key part of the Connecting for Health project (formerly the National Programme for Information Technology) and will replace the current EDS Patient Administration System (PAS), A&E, Maternity, Theatre, Pathology and Pharmacy systems in use at locations within Gloucestershire including Gloucestershire Royal and Cheltenham General Hospitals, across the community hospitals within Cheltenham & Tewkesbury, Cotswold & Vale and West Gloucestershire PCTs and Gloucestershire Partnership Trust locations. "Release 0", the stage currently underway, replaces basic PAS facilities.
- 2.2. An outline Business Case for the implementation of NCRS R0 was considered by the Board in May 2005, and was approved, subject to finalisation of the financing arrangements.
- 2.3. Since then, considerable progress has been made in reviewing the financial model, and the following principles replace those originally envisaged:

Each organisation will, at each stage of implementation, provide its own local infrastructure including PCs from its own capital programme (rather than this be centrally managed with a resultant bidding process).

Each organisation will contribute to the central revenue costs of each release according to the number of users of that release that its employs. These costs will normally be relatively small, because the majority of core services are nationally funded. However in instances where a module is optional and therefore not funded centrally, these costs will be substantial. This will happen for the first time when the Pathology module is implemented.

- 2.4. The application of this principles to R0 mean that the costs for West Gloucestershire PCT will be considerably less than those originally envisaged because the number of users was based on the assumption that the majority of PCT staff would require access to NCRS; in fact the number, which is still being finalised, will be around 50. An estimate of the saving is included in the Financial Recovery Plan.
- 2.5. A countywide Project Board has now been established, chaired by Dr Sally Pearson from Gloucestershire Hospitals Trust, and has met twice. Mike Theelke, Dr Andrew

Rigby (GP, Cheltenham & Tewkesbury) and Julie Goodenough (Matron/Manager, Cotswold & Vale) represent the three PCTs at this stage.

- 2.6. The Project Board has established separate workstreams looking at the following areas in detail:

Change Management

IT infrastructure

Interfaces

Training

Reporting

Data Migration

Testing

Service Management

Business Continuity

System Configuration / Set up

The PCT will nominate representatives to join these workstreams when appropriate.

- 2.7. The target date for implementation of R0 is July 2006, but it is recognised that this is challenging, given that the project arrangements were only finalised in November 2005.

3. OTHER IMT PROJECTS

- 3.1. The **Choose and Book** project has required considerable investment in primary care infrastructure, and the majority of the PCT's capital programme for 2005/06 has been deployed in this area. Nineteen practice servers have been replaced or substantially upgraded; 304 PCs and 45 printers have also been replaced. Unfortunately, technical difficulties with the national system resulting in unsatisfactory response times have meant that limited use has been made of the new equipment for electronic booking so far.

- 3.2. The **PACS (Picture Archiving and Communications System)** went live within Gloucestershire Royal Hospital in November, and specialties will be moving to PACS and consequently reducing use of x ray films in the coming months. Cheltenham General Hospital will follow shortly, and community hospitals will be included when network issues have been addressed. It is currently not clear whether the bandwidth of the NHS Network will be adequate when PACS have been implemented nationally, and in any case, implementation of the upgraded network is slow.

- 3.3. A project board has also been established for the **Electronic Staff Record (ESR)** project, which will replace the current payroll and manpower systems. As is the case with a number of national projects, the Gloucestershire health community has been allocated an implementation slot in the national timetable, rather than it choose a convenient date for implementation; in this case the implementation date allocated is March 2006. The county's Directors of Finance have jointly expressed considerable concern about the impact on year end accounts of this decision, particularly if as seems likely at this stage the system will not be fully free of problems at the time of implementation. The Department of Health are insisting that the timetable should be met, and that there will be financial penalties if the deadline is missed; for this reason system testing is proceeding for the time being.

4. IT SHARED SERVICE

- 4.1. The Board will be aware that for some time it has been planned that a single shared service would be established for IT services in Gloucestershire, to replace the current separate arrangements in the GHT IT department, the GPT / PCTs shared IT service based in the Partnership Trust, and the county IMT Strategy team hosted by Cotswold & Vale PCT.
- 4.2. This project has a target date for implementation is 1st April 2006, and this is currently expected to be achieved. A further progress report will be brought to the board when available.

5. RECOMMENDATION

- 5.1 The Board is asked to note this update report on IT issues.

Mike Theelke
Director of Finance

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