

**Yorkshire and the Humber Strategic Health Authority**

6 February 2007

**National Programme for IT – Update**

**Purpose of this paper**

The purpose of this paper is to update Board members on progress with the National Programme for IT (NPfIT).

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# **NHS Yorkshire and the Humber National Programme for Information Technology (NPfIT)**

## **Programme Status Report**

### **1. Background**

The overall aim of the National Programme is to provide better information for health, where and when it is needed. Over the duration of the programme NPfIT will provide modern computer systems which will improve patient care and services. The aim is to connect information on all levels of care together to support the transformation of the way in which the NHS works.

NPfIT is a programme of work that is managed by NHS Connecting for Health, which is itself preparing to become an agency of the Department of Health. NHS Connecting for Health has awarded a series of contracts to private sector partners to deliver local and national IT services, including a new national network (N3).

To enable the delivery of NPfIT, the NHS in England has been divided into 5 Clusters. A private sector consortia, Local Service Provider (LSP), has been appointed to each Cluster to provide and implement appropriate IT system solutions on a service basis. NHS Yorkshire and the Humber is part of the North East Cluster, and Accenture was appointed as the LSP on a 9 year contract in December 2003 and replaced by Computer Sciences Corporation Alliance (CSCA) on 8<sup>th</sup> January 2007. Accenture have retained responsibility for the deployment of Picture Archive and Communications Systems (PACS).

LSPs work in conjunction with Strategic Health Authorities to deliver the programme to the local NHS. The LSP is responsible for delivering the set of products that will comprise the local Care Record Service.

### **2. Highlights for the period**

Over 25% of general practices have now migrated to the NPfIT LSP service. This equates to roughly £1m+ annual maintenance savings across Yorkshire and the Humber.

In the past 4 weeks there have been 16 successful GP go-lives in Yorkshire and The Humber. GP Practice systems continue to be deployed at the rate of 3 per week.

Rotherham PCT went live with the TPP Community system on 16<sup>th</sup> January 2007.

Kirklees PCT successfully achieved a TPP child health technical “go-live” on Wednesday 17th January 2007.

Scarborough and North East Yorkshire Healthcare NHS Trust went live with a new Radiology Information System (RIS) on 22<sup>nd</sup> January.

**Table 1 Summary of Progress**

<b>System</b>		<b>Potential</b>	<b>Completed to date</b>	<b>In Progress</b>
GP – TPP	GP practice	831	217	14
Child Health	PCT	14	5	1
Community Care	PCT	14	10	0
SAP	PCT	14	6	0
Mental Health	Provider	9	2	0
PAS	Acute Trust	14	1	2
A&E	Acute Trust	14	1	0
Theatres	Acute Trust	14	1	0
Radiology Information System (RIS)	Acute Trust	14	5	1
Picture Archive and Communications System (PACS)	Acute Trust	14	5	6
Electronic Prescribing Service	GP practice	831	281	
Electronic Prescribing Service	Pharmacy	1041	270	
Choose & Book – PAS compliance	Provider	15	10	5

### **3. System Development**

Excellent progress has been made in implementing NPfIT systems in primary care. The number of NPfIT GP systems in certain PCTs, which have also implemented NPfIT Community and Child Health systems mean that we can now start to explore the benefits to clinical care from the more effective sharing of patient-based information (subject to the appropriate security and confidentiality processes and safeguards).

The story is very different however in secondary care. Most Yorkshire and the Humber Trusts had anticipated that by now their core Patient Administration System (PAS) would have been replaced by the LSP system, and a number of departmental systems would also have been implemented.

Only one Trust has so far been able to take this first step (Scarborough and North East Yorkshire Healthcare NHS Trust) and two more (Bradford Teaching Hospitals NHS Foundation Trust and Airedale NHS Trust) expect to implement the LSP PAS by the end of this year. Others, for example Mid Yorkshire Hospitals NHS Trust and Weston Park Hospital (part of Sheffield Teaching Hospitals NHS Foundation Trust) have had to roll out existing systems.

The causes of these disappointments have been widely documented. However, support for the National Programme remains largely undiminished across Yorkshire and the Humber and the system developments overseen by CSC are eagerly awaited.

It is anticipated that the new Lorenzo system will start to become available during the latter part of 2008 and that Trusts will be able to plan for the introduction of the most up to date software from then onwards. In the meantime some Trusts will take the interim LSP products in Theatres and Maternity, etc. and others will continue the successful development of their existing systems to help meet new initiatives such as the 18 week target.

#### **4. Future Planning**

In line with these changes, and with the NPfIT Repositioning Programme, the Department of Health has recently issued new guidance for the development of local implementation plans. By March 07 PCTs and Trusts will need to have agreed plans that cover the period 2007-11, to be signed off by the SHA. Work is already underway to support this process, including the associated financial and staff resource planning.

#### **5. NPfIT Repositioning Programme**

The Board received a report at its last meeting outlining the essential features of the NPfIT Local Ownership Programme (NLOP) and a number of associated projects. The aims of these developments are to ensure that NPfIT roles and responsibilities are aligned with mainstream NHS business. SHAs are to become responsible for the delivery of the National Programme, with a particular emphasis on ensuring that the Programme is meeting the needs of Trusts, and in return that NHS organisations are exploiting the benefits of NPfIT products to the full.

Work is still underway to determine the precise roles to be carried out by

- CfH
- SHAs individually
- SHAs acting in common, where appropriate

This also involves the associated realignment of financial and human resources, and the establishment of new governance arrangements. Further meetings to progress these issues will be held during the week commencing the 29<sup>th</sup> January and a further update will be provided at the Board meeting.

#### **6. Recommendation**

The Board is recommended to note this report.