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1 Introduction

This Informatics Planning guidance is published alongside the NHS Operating Framework for 2010/11, to provide detailed guidance regarding the informatics elements of local operating plans.

The NHS Operating Framework for 2010/11 sets out the key health informatics themes to support transformation of health services, and in particular to take forward the Quality, Innovation, Productivity and Prevention (QIPP) agenda: connecting all, supporting new models of care, impacting transaction costs and integrated planning and performance.

Informatics strategy

A more ambitious and innovative approach to using digital technologies across health and social care is needed to underpin delivery of strategic business and service objectives, and primary care trusts (PCTs) should be actively addressing this in their operating plans for 2010/11. To support the NHS in a coordinated national approach, an updated strategic direction for informatics will be developed over the coming months in collaboration with the NHS and its partners, to move from a 'replace all' to a 'connect all' philosophy. Success will depend upon strict adherence to already agreed standards for data and infrastructure to create a strong foundation on which to build for the future.

Informatics delivery

Alongside this, we need to ensure that we deliver existing commitments, building on progress made and tackling inhibitors to progress in key areas.

A new direction for the National Programme for IT has been agreed which will give the NHS more involvement in decision-making with respect to scope and timing of implementations. The NHS will need to meet its responsibilities to agree detailed deployment plans with suppliers; build sufficient capability and capacity to support those deployments; and honour its obligations to deliver the deployment plans in partnership with suppliers once agreed.

PCTs, supported by strategic health authorities (SHAs), will continue to lead the local health informatics agenda: ensuring understanding and ownership by senior management and clinical leaders; expediting deployment of centrally and regionally provided applications; maximising utilisation and benefits realisation from informatics investments; and tracking the costs and benefits from these investments appropriately.

Health informatics is defined as:

'knowledge, skills and tools which enable information to be collected, managed, used and shared to support the delivery of healthcare and to promote health.'

2 Purpose

In the context of the NHS Operating Framework for 2010/11, this document aims to provide more detailed guidance to support regional and local health community (LHC) informatics planning as a key component of their 2010/11 operating plans. It builds on and updates the Informatics Planning guidance for 2009/10.

SHA regional guidance for PCTs' 2010/11 operating plans is expected to take account of this document, as well as addressing requirements for specific regional informatics initiatives.

All the key informatics aspects of 2010/11 operating plans are expected to be addressed in the main body of local operating plans. These plans will indicate the informatics components underpinning delivery of all the national policies, regional initiatives and PCT strategies which they contain. They should also indicate how key digital initiatives and capabilities are being developed and pursued for clinical and citizens' benefit. In addition, informatics should be referenced appropriately in commissioning strategic plans and workforce development plans.

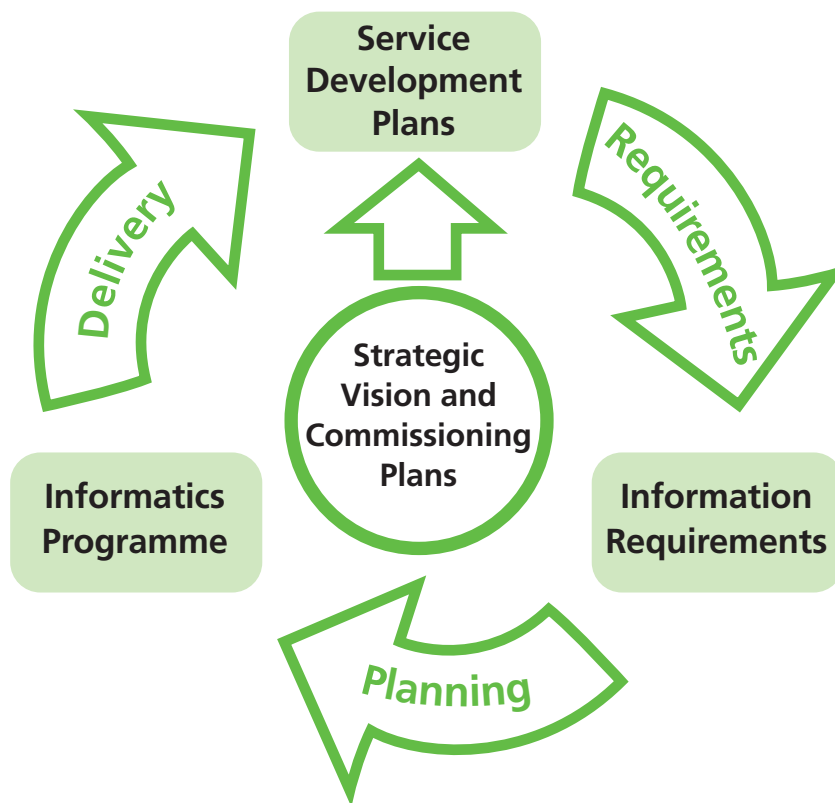
3. Planning responsibilities

It is the responsibility of clinical and management leaders to ensure that health informatics is positioned to enable effective policy making, planning for change and frontline delivery; and it is health informatics professionals' responsibility to ensure they directly support the NHS core agenda and actively promote emerging digital strategy.

PCTs, supported by SHAs, will continue to lead the local health community in its approach to the health informatics agenda.

Those leading informatics planning should ensure that planning is led by business need and information, not by systems; that regional and local health community governance for informatics is robustly integrated with mainstream governance; and that the capability and capacity of the NHS general workforce and of health informatics professionals are effectively promoted and developed.

Figure 1: Integrated local planning



Responsibilities for the informatics planning process remain as previously and they are explicitly repeated here for ease of reference.

PCT Commissioners

PCT Commissioners will provide leadership through LHC-wide governance arrangements for the coordination of informatics planning that includes the participation of provider organisations. PCT Chief Executives will continue to provide overall leadership to ensure that informatics planning is aligned as an enabler of service transformation. Where there is more than one commissioning PCT within an LHC, it is strongly recommended that a lead commissioner be identified.

PCTs will want to ensure that LHC informatics planning:

- fits with the local strategic commissioning agendas;
- adopts an approach that is inclusive of all key organisations within the LHC;
- embraces the key themes outlined in section 4 of this document;
- sets out how the national expectations (see Annex 1) will be achieved;
- establishes a commitment to the funding and resources required; and
- ensures that local plans include the identification, baselining, measurement and reporting of local costs and benefits in terms of appropriate metrics.

All providers of NHS-funded care

All providers of NHS funded care should be actively involved in the informatics planning process for their LHC, including PCTs in their provider role for primary care services, Acute Trusts, Mental Health Trusts, Ambulance Trusts, social care services and where appropriate non-NHS providers and voluntary or third sector organisations.

The development of informatics solutions that deliver patient-centred information across care pathways can only be achieved through integrated and participative local planning and the deployment and utilisation of integrated solutions. All providers of NHS funded care will therefore benefit from full participation in the local informatics planning process.

Strategic health authorities

SHAs have an assurance role in respect of LHC informatics planning. In particular, they will assure themselves that:

- an integrated approach has been taken to LHC service transformation and informatics planning;
- the information requirements of local service plans have driven informatics planning;
- LHC informatics planning includes all key organisations;
- LHC informatics planning demonstrates the capability and resources to deliver the informatics developments and solutions required to underpin service plans; and
- local business cases and project documentation include the identification, baseline, measurement and reporting of local costs and benefits in terms of appropriate metrics.

Feedback on their informatics planning will be provided to LHCs by SHAs.

SHAs have a critical role in ensuring that organisational and LHC informatics planning is appropriately reflected in the detailed implementation plans (DIPs) agreed through regional governance arrangements in respect of nationally agreed programmes and contracts.

Informatics planning process and timetable

The informatics planning process and timescales will be agreed by SHAs with their LHCs as part of their mainstream planning, such that the process can be concluded in accordance with the timetable set out in the NHS Operating Framework for 2010/11.

4 Key themes

This section reiterates the key messages about the four main health informatics themes indicated in the NHS Operating Framework for 2010/11. More specific expectations for underpinning success in progressing them are to be found in Annex 1.

Connect all

To support the empowering of patients and staff to drive improvements in their health services and to increase productivity, we will focus on identifying and making use of familiar technologies which will enable people to use their preferred communication channels to access health services and to connect people, in particular:

- connecting citizens with information;
- connecting patients with clinicians;
- connecting clinicians with each other; and
- connecting clinicians with information.

PCTs should ensure that local community operating plans for 2010/11 demonstrate how digital capabilities, for clinical and citizens' benefit, are being actively developed to support improved patient experience. This greater focus on digital technology will sit alongside existing national commitments such as implementation of the summary care record (SCR), GP to GP record transfer and the Electronic Prescription Service (EPS).

The success of such an approach depends on the establishment of and compliance with standards and architectures that allow disparate systems to join together; and these must be underpinned by robust information governance, ensuring the security and confidentiality of information. PCTs should ensure that their 2010/11 operating plans

demonstrate how local communities will achieve compliance with key standards in commissioning contracts for patient services, including:

- the National Infrastructure Maturity Model (NIMM);
- consistent and widespread use of the NHS number;
- the Information Governance Toolkit; and
- incorporation of information standards set by the Information Standards Board for Health and Social Care (ISB).

Support new models of care

We need to realise the available benefits and fully use the potential of existing technology and systems in combination with process redesign to deliver improved models of care. Systems such as Map of Medicine, Picture Archiving and Communications System (PACS), Choose and Book, underpinned by the Secondary Uses Service (SUS), the Personal Demographics Service (PDS) and available information and analyses provided by NHS Evidence, the NHS Information Centre (NHS IC) and Quality Observatories should be used appropriately and effectively to improve management, enable change and support delivery of World Class Commissioning (WCC).

Innovative use of new and emerging technology and systems design can be used to challenge and transform existing models of care and self-care, and to support the radical thinking required for delivery of QIPP, more personalised care and greater integration of health and social care.

Recent pilots have successfully demonstrated innovative use of such technologies and it is proposed to extend these in partnership with local health communities to include accelerated evaluation and rollout of assisted

care pilots, extraction of learning from the National Pandemic Flu Service and exploration of mobile working for community staff.

In line with this PCTs should ensure that local community operating plans for 2010/11 show explicitly how informatics will be used to underpin delivery of key service developments and improved commissioning processes.

Impact transaction costs

Effective use of technology can make a significant impact on reducing costs, by removing geography and time constraints, delivering transactions online, increasing convenience, enabling disintermediation ('cutting out the middle person'), and shortening the supply chain. The NHS needs to ensure that it identifies, adapts and adopts such technical innovation as well as maximising the leverage of investments already made, to reduce transaction costs. It also needs to consider the most effective and efficient models for delivery of informatics and technology services to local communities, which include shared health informatics services (HIS).

PCTs should ensure that operating plans for 2010/11 set out clearly how the utilisation of informatics, including digital capabilities, will deliver increased efficiency, productivity and reductions in the total cost of ownership of technology in the LHC. Plans should also address:

- moving all organisations to NHSmail;
- timelines for achieving utilisation and wider exploitation of Choose and Book for all referrals;
- increasing utilisation of products available via NHS enterprise wide agreements (EWAs); and

- local proposals for driving out full benefits from national applications such as the EPS, SCR, PACS and Map of Medicine.

SHAs should ensure that LHCs promote the benchmarking and accreditation of health informatics services and consider larger scale health informatics management such as an HIS-based approach to back office technology services.

Integrated planning and performance

PCT operating plans for 2010/11 should describe, as an integrated element of their mainstream plans, how informatics will be used to maximum effect to enable delivery of key national policies, as well as regional and local initiatives in their LHC, and how they will lead on the development of an integrated and service-driven enterprise information architecture across the LHC.

SHA Chief Information Officers in co-production with clinical and business leaders have identified their top priority informatics high impact change initiatives to support QIPP. In line with this, SHAs will want to sponsor and lead regional informatics initiatives to address these priorities.

In addition to the elements detailed above, there should be clear plans for ongoing development of the informatics capability of the general and management workforce and strengthening the capacity of the specialist informatics workforce.

Progress against key informatics elements of the PCT-led local community operating plans for 2010/11 will be monitored centrally in conjunction with SHAs, and compliance with key standards will be expected by

all reviewing bodies. To enable this, PCTs should make this expectation clear and, via their commissioning processes, ensure systematic monitoring and reporting of the cost and benefit of informatics activities and investment across LHCs.

A set of resources to support a benefits-led approach for all informatics planning and business case development is to be found in the Benefits of Informatics Zone at www.connectingforhealth.nhs.uk/thebiz

5 Progress monitoring

It is expected that this guidance will be adopted by SHAs and incorporated, as appropriate, in their regional guidance to PCTs on implementation of the Operating Framework in their respective local health communities.

SHAs will be expected to assure the department of progress by providing sight of their:

- regional guidance for PCTs on development of operating plans (in so far as this relates to informatics) – *by 11 January 2010*
- summary of each of their LHCs' progress, key issues and risks in addressing informatics in PCT operating plans – *by 1 February 2010*
- regional strategies for informatics to enable delivery of the NHS Operating Framework (including matters described in this guidance), QIPP, WCC, the Next Stage Review and their other key regional initiatives – *by 29 March 2010*

The approach to and progress of integrated planning for informatics is a component of the Department of Health's SHA Assurance Framework and will form part of an annual review of each SHA.

More specific information on the process and form of in-year progress measurement will be developed and agreed between the department and SHAs for implementation by April 2010.

Annex 1 National expectations

This Annex describes national expectations for informatics development and planning as part of operating plans for 2010/11, in order to underpin successful progress across four key themes.

Connect all

Digital capabilities in operating plans

PCTs should ensure that local community operating plans for 2010/11 demonstrate how digital capabilities, for clinical and citizens' benefit, are being actively developed to support improved patient experience.

Improving patient experience

This can be supported through:

- developing and publicising means for patients to obtain access to information to help in choosing and managing their care, including NHS Choices; and
- tools to help clinicians and managers to use feedback, including real-time patient feedback, to improve quality and measure service user satisfaction.

Updated priorities for rollout of national applications and services

A number of national priorities were identified in the 2009/10 Operating Framework. As compliant software is now more widely available, these have been updated for 2010/11 as follows:

a) *Electronic Prescription Service Release 2*

PCTs, as commissioners, should agree a timeline with their SHA to meet the EPS Stages of Implementation published on the NHS Connecting for Health (NHS CFH) website (see Annex 3). The timeline must include:

- completion of the Foundation Stage of the EPS implementation approach to prepare the PCT for the enablement of EPS; and
- planned dates for PCTs to ask to be listed in the Primary Medical Services (Electronic Prescription Service Authorisation) Directions 2008 as amended ('the EPS Authorisations Direction 2008'), before authorising their GP practices to an EPS Release 2 compliant system. SHAs and PCTs need to follow the published process (See Annex 3).

b) *Summary Care Record (SCR)*

- PCTs, as commissioners, should agree a timeline with their SHA for the creation of SCRs at all SCR-compliant GP practices in the financial year 2010/11.
- Subject to the business case being approved, PCTs should agree an implementation plan for the care settings that will realise the benefits of access to SCRs, including timeframe and approach to undertaking a Public Information Programme.

c) *'Clinical 5'*

Risk-assessed plans for how and when each of the Clinical 5 (see Annex 4) will be used by all clinicians in the respective providers in each LHC, whether systems procurement is via Local Service Provider (LSP), Additional Service Capability and Capacity (ASCC) or local.

SHAs should ensure that there is transparency of projected revenue and capital expenditure for local costs for all national applications and services, with annual figures for 2010–15 for all NHS

providers in each LHC, demonstrating sources of funding and any gaps.

SHAs and LHCs will be required to provide complete and accurate information about local expenditure, deployment progress and benefits realised in respect of the implementation of national applications and systems, including data for inclusion in national reporting on informatics investments.

Developing maturity of technical infrastructure

The NHS should seek to underpin implementation of all informatics programmes with a robust and effective local technical infrastructure. Technical infrastructures should use appropriate current technologies and have robust plans for their development and maturation to match the needs of local, regional and national programmes and to underpin and enable the achievement of other national expectations such as information governance and pseudonymisation. In particular, the NHS should ensure that it has plans, programmes, capability and capacity to:

- increase the maturity of infrastructure management in Trusts, including more efficient use of technology with lower environmental impact. NHS organisations should publish their current position on the NIMM and determine the priority elements of infrastructure for analysis using the NIMM, aiming to achieve at least Level 3 and ideally Level 4 of the NIMM across the priority elements of its technical infrastructure within the next 12 months;
- establish Local Area Network (LAN) and Wide Area Network (WAN) infrastructures (including, where appropriate, local Wi-Fi

services) which are robust enough to support critical clinical applications; and

- ensure that its legal obligations and reputation for integrity are maintained by implementing and operating robust software licence management.

This is in order to ensure that all NHS organisations' technical infrastructures have both the capability and the readiness ('technical readiness') to underpin other, higher-level informatics programmes in support of local and national plans for service transformation.

Conforming with approved national information standards

The NHS and social care services should meet their responsibility to adhere to ISB approved information standards by meeting both the implementation and full conformance dates set out in the official notification for each standard. This notification is currently called a DSCN (Data Set Change Notice), which is being renamed in 2010 as an Information Standards Notice (ISN) to more accurately describe its content.

Sustaining robust information governance (IG)

Connecting patients with clinicians places increased emphasis on the security and confidentiality of information. While good progress has been made in improving IG across the NHS, it is essential that public and patient confidence in the way that the NHS handles health information is sustained.

- All NHS organisations need to continue to demonstrate compliance with the key IG standards through achievement of at least Level 2 performance in terms of the NHS IG Toolkit and plans should be in place to progress beyond this minimum where it has been achieved.

- Action plans for achieving the minimum of Level 2 performance against all remaining requirements should already be in place but must be implemented by 31 March 2011.
- All staff should receive annual basic IG training appropriate to their role through the online NHS IG Training Tool.
- NHS accounting officers must continue to report on the management of information risks in statements on internal controls and to include details of data loss and confidentiality breach incidents in annual reports.
- An IG audit utilising the centrally provided audit methodology should be included within the work plans of each organisation's auditors.

NHS Employment Check Standards

NHS organisations should develop Action Plans to utilise the tools that will be available in 2010/11 – the User Identify Manager (UIM) and Electronic Staff Record (ESR) Interface – to support compliance with the NHS Employment Check Standards and achieve the associated productivity gains.

Improving data quality

Good data is essential to underpin quality and safety, particularly when information is being shared and used across teams and organisations. This will continue to require significant and concerted attention in 2010/11.

Professional record standards The starting point for any clinical or clinically related information recording should be the professional standards which underpin the practice of clinicians throughout healthcare. These need to be realised in record standards that are developed, owned and maintained by the professions in line with clinical accountability. Record standards are being developed, and need to be related firmly

to the national care record data standards embodied in the Logical Record Architecture (LRA). This will support data quality in source systems, structuring the records so that information can be incorporated into electronic records; and interoperability between systems, so that information can be shared with other healthcare providers and analysed with confidence.

Managing Data Standards, including LRA. In 2008 the Informatics Review re-affirmed the commitment to standards as the foundation upon which interoperable healthcare systems and services depend. The LRA for Health and Social Care will provide the national care record data standards framework for documenting, using and re-using care record data. It is a repository with three types of content:

- precise and unambiguously articulated business requirements;
- computer-processable specifications of care record components with Systematised Nomenclature of Medicine Clinical Terms (SNOMED CT) terminology bindings; and
- computer-processable query, classification and grouping specifications.

As the LRA develops it is expected to emerge as an NHS Information Standard for use by commercial care system suppliers in their products. In 2010/11 NHS organisations should make themselves aware of the LRA programme and make plans for longer-term adoption within their own and commercial systems portfolios.

Governance of patient data for secondary uses It is NHS policy and a legal requirement that patient level data should not contain identifiers when they are used for purposes other than the direct care of patients, including local flows within or between organisations as well as data extracted from the Secondary Uses Service.

All NHS Commissioners and providers of NHS commissioned care should:

- complete implementation of pseudonymisation by March 2011 in line with plans submitted in October 2009;
- ensure that relevant staff are aware of and trained to be able to use anonymised or pseudonymised data;
- ensure appropriate changes are made to processes, systems and security mechanisms in order to facilitate the use of de-identified data in place of patient identifiable data; and
- use the latest IG Toolkit to assist in implementation and assessment of compliance with policy and legal requirements.

NHS Commissioners should ensure that organisations from which care is commissioned comply. SHAs should ensure that organisations within their health economies comply.

Improving clinical safety

All organisations should operate the patient safety management system for information systems development and operation, as defined in the standards:

- Application of Safety Risk Management to the Manufacture of Health Software (DSCN 14/2009); and
- Application of Patient Safety Risk Management to the Deployment and Use of Health Software (DSCN 18/2009).

Widespread use of the NHS number

PCTs should ensure that their 2010/11 operating plans demonstrate how local communities will achieve consistent and comprehensive use of the NHS number in all systems and communications of patient data, including patient wristbands. This is in accordance with the National Patient

Safety Agency safer practice notices and ISB standards.

Support new models of care

Innovative use of new and emerging technology

PCTs should ensure that local community operating plans for 2010/11 show explicitly how informatics will be used to underpin delivery of key service developments and improved commissioning processes.

Process redesign using existing technology

Technology is recognised as one of the key enablers to improving efficiency and quality. Service development and planning need to be based on good quality information and reliable evidence if they are to yield significant quality and productivity gains. Much useful and comparative information and analysis already exists, from national resources provided by NHS Evidence and NHS IC, and these key national resources should be systematically exploited to inform and support local improvement action. In 2010/11 we expect NHS organisations to significantly increase their use of these national resources in benchmarking, comparison and analysis and thereby inform and shape key improvement activities, and monitor their effective implementation.

Use of Indicators for Quality Improvement (Quality Accounts)

The Indicators for Quality Improvement (IQI) are a resource to support local quality improvement work. They are provided in the form of an online, searchable library of standardised indicators and indicator data which should be used by clinical teams to help benchmark their care against others. We envisage NHS organisations using these indicators routinely in their Quality Accounts,

Commissioning for Quality Improvement frameworks, Quality Observatory outputs and analyses, and other local care quality improvement initiatives.

Assisted care pilots

PCTs should ensure that operating plans reflect accelerated learning from Whole Systems Demonstrators and other pilots so as to increase adoption of tele-health and tele-care in ways which significantly improve quality of life and service efficiency.

Learning from the National Pandemic Flu Service

The experience of widespread beneficial use of highly cost-effective online algorithm-driven services will be assessed for appropriate opportunities for significant deployment in other areas.

Mobile working for community staff

It is expected that significant progress will be made in all LHCs investing in, and beneficial exploitation of, mobile technology to improve quality and productivity.

Impact transaction costs

Technical innovation delivering efficiency and productivity

PCTs should ensure that local community operating plans for 2010/11 set out clearly how the utilisation of informatics, including innovative digital capabilities, will deliver increased efficiency, productivity and reductions in the total cost of ownership of technology.

Robust benefits management from existing investment

All NHS organisations are expected to continue to adopt a systematic and robust approach to the management of benefits, which reflects recommended good practice.

This will include:

- identification and planning of anticipated benefits and associated costs aligned with strategic objectives and service outcomes, consistent with relevant guidance provided by the Office of Government Commerce;
- identification of specific metrics within the high-level benefits plan;
- embedding in the project life cycle the systematic measurement of quantifiable cash releasing, quantifiable non-cash releasing and qualitative benefits that demonstrate successful business change; and adopting tools and learning from the guidance, models and case studies that are currently available from the Benefits of Informatics Zone;
- identification of benefit owners and accountability for the realisation of these benefits; and
- undertaking thorough post-implementation and benefits reviews to ensure effective monitoring and performance management of the realisation of benefits expected from these investments.

Particular focus in 2010/11 operating plans should be given to demonstrating a commitment to realising the available benefits and potential for process redesign of existing technology and systems such as:

- *Choose and Book* – timelines for achieving utilisation of Choose and Book for all referrals;
- *PACS* – more innovative use of PACS, not just in acute radiology;
- *Map of Medicine* – evidence of best practice used to streamline processes; and
- *SUSINHS evidence to support more effective investment* – to implement

QIPP it is particularly important to link data across organisational boundaries and along care pathways. The Secondary Uses Service (SUS) now routinely provides a near real-time set of data relating to defined populations, regardless of where they are treated, and this is a key source of information to support for example, Joint Strategic Needs Assessment data sets. NHS organisations are encouraged to work closely with Public Health Observatories, the NHS IC and others to make more effective use of these information sources to support service improvements through World Class Commissioning (WCC).

Reduce the cost of technology

The NHS should ensure that it has plans to:

- Demonstrate alignment with the principles of Quality, Innovation, Productivity and Prevention (QIPP) by promoting the adoption of centrally provided and managed capabilities such as NHSmail and N3 VOIP telephony. Any proposed additional expenditure on locally hosted email services must be supported by a business case which compares the cost, security and functionality of the proposed service with that offered by NHSmail. The case should detail the full lifetime total cost of ownership of the proposed service (expressed as the cost per head), security rating and accreditation status, and service offering (expressed as guaranteed performance and availability service window and detailed service level agreements). Full details of the NHSmail service offering are available for comparison purposes.
- Deploy appropriate and supported operating system and application platform environments through the effective utilisation of NHS enterprise wide

agreements (EWA). NHS organisations should only undertake local purchase where there is no suitable product or service available through the EWA.

Cost effective delivery of health informatics services

LHCs should review the most effective and efficient models for delivery of informatics and technology services to local communities to reduce the total cost of ownership of technology. These models should include the shared health informatics services (HIS) approach to back office technology services. Benchmarking and accreditation of these services will be proactively promoted.

Integrated planning and performance

Informatics as an integral part of operating plans

In 2010/11 local communities, led by their PCTs, should include informatics planning as an integrated element of their mainstream plans, not as a separate document.

Informatics leadership development and capability

NHS local organisations, individually and collectively as LHCs, should:

- assess their capability to deliver local health informatics programmes, using the LHC Informatics Strategic Assessment (LISA) Tool or an alternative appropriate evidence-based tool, and put in place timely arrangements to address risks;
- ensure that governance of their change and informatics programmes is integrated, with functioning programme boards and strong senior responsible owners (SROs), supported by sound transformation skills and programme and project management disciplines;

- identify internal and external learning and sharing opportunities within an overarching knowledge management approach, focusing on where informatics can make a contribution to local QIPP initiatives;
- have in place workforce and people development plans that cover both the specialist informatics staff and informatics development requirements of clinical and managerial leaders and frontline staff. These should be fully integrated into the NHS organisations and LHCs' development and talent management plans; and
- review pre- and post-registration educational programmes for clinicians for appropriate informatics content.

Centrally, the preferred route for policy and development support in this area is co-production with NHS partners and the DH Workforce Directorate. NHS organisations will be able to access specialist support from the DH Informatics Directorate in the form of guidance, tools and, where appropriate, facilitation.

Systematic assurance and monitoring

PCTs should make it clear, via their commissioning processes, that systematic monitoring and reporting of the cost and benefit of informatics activities and investment across local health communities will be required. PCT-led local community operating plans for 2010/11, including key informatics elements, will be monitored centrally in conjunction with SHAs.

Annex 2 Building foundations beyond 2010/11

In the context of an updated strategic direction for informatics developed with the NHS during 2010/11, the following activities are expected to commence during 2010/11 and continue in subsequent years. NHS organisations will be expected to be aware of them and contribute to them wherever possible.

Data set changes

The following data sets will be submitted to the Information Standards Board for Health and Social Care (ISB) for approval.

Maternity/child health/CAMHS data sets

Data sets for maternity, child health and Child and Adolescent Mental Health Services (CAMHS) have been developed to facilitate planning, commissioning and monitoring of maternity and children's services and to support a range of policy initiatives, including *Healthy Lives, Brighter Futures: the strategy for children and young people's health*, published in February 2009. Subject to the business case for full national implementation being approved, data collection will commence in 2010 and will take up to three years to implement fully. PCTs should plan for full implementation of these data sets, generated in the main as a by-product of clinical activity to support robust direct comparisons and subsequent identification of service and productivity improvements in these areas.

Community data sets

Work is under way to scope and develop appropriate information standards for community services through the Commissioning Information for Community Services (CICS) Project. In 2010/11, attention

is focused on addressing the immediate needs of WCC and the Quality Framework indicators for community services. Those responsible for community services are expected to be aware of this initiative and engage with it in 2010/11 to shape the standards.

Mental health data sets

There will be significant changes in the use of the Mental Health Minimum Data Set (MHMDS) over the next few years with the introduction of Payment by Results (PbR) and the Standard Contract for Mental Health, including the MHMDS being collected by the independent sector for the first time.

The changes required for PbR will be announced via the Information Standards Board Advance Notification process in early 2010/11. Trusts are expected to make preparations for PbR in their current collections and returns for diagnostic and Health of the Nation Outcome Scales data for all service users. Data to support the monitoring of social exclusion among people with mental health problems will continue with the collection and reporting of information on both accommodation and employment. The NHS IC is, however, committed to streamlining current MHMDS data collection mechanisms through 2010/11 and beyond, and will issue further advice about changes to these services in due course.

General Practice Extraction Service (GPES) intentions/timescales

The GPES is a centrally managed primary care data extraction and analysis service that will obtain information from NHS GP systems in England to support delivery of improvements in patient care, inform policy

and ensure the best use of healthcare resources for local communities. The first phase of GPES, to be delivered in 2010/11, is likely to support key national processes such as primary care contracts and the use of morbidity data in general practice for public health and prevention purposes. NHS organisations are asked to engage with the programme in 2010/11 and work with the NHS IC to help shape the future use of this important national capability.

SUS/Hospital Episode Statistics activity sign-off

In 2009/10 the Operating Framework stated that SUS was to be the definitive source of information to support performance monitoring, reconciliation and payments in terms of PbR and Referral to Treatment Time reporting, with weekly submission of data; that direction continues in guidance for this year.

To ensure that data quality and coverage are appropriate to support this direction of travel, this year we are re-instating the previous data/quality coverage sign-off exercise with Chief Executives, to maintain focus and ensure sufficient executive oversight at a local level. Detailed information on the process for sign-off, which will be based upon admitted patient care, outpatients and accident and emergency commissioning data sets, will be issued in early 2010/11.

Data quality indicators for NHS number, patient demographics, secondary uses and other priority areas will be published routinely by the NHS IC. The importance of an organisation's data quality in delivering improved patient care will be similarly reinforced through the inclusion of suitable data quality metrics in Quality Accounts,

and we fully expect Quality Observatories and others to publish data quality information alongside their information outputs. NHS organisations are requested to include provision for routine data quality assessment and monitoring in their performance management regimes and analytical outputs.

Modernising pathology IT

Lord Carter's Independent Review of Pathology Services recommended that end-to-end IT connectivity should be implemented as a matter of urgency. The Department of Health, including NHS Connecting for Health (NHS CFH), pathology professionals and their professional organisations, have developed a document which sets out the national informatics (information and information technology) strategy for laboratory-based diagnostic medicine in the NHS in England. A key component in the delivery of the strategy is the implementation of the HL7 v3 messaging standard for pathology, to enable requesting and reporting of pathology tests and results between laboratories and healthcare providers.

The NHS should be aware of emerging new pathology messages for which further guidance can be expected.

Annex 3 Links to supporting information online

Expectation area	Description	Link
Summary care record	SCR publications and resources	www.connectingforhealth.nhs.uk/systemsandservices/scr/staff
Electronic Prescription Service	EPS publications and resources	www.connectingforhealth.nhs.uk/systemsandservices/eps/staff
	DH process for PCTs to be included in future EPS Authorisation Directions	www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH_109440
NHS Choices	Public website for NHS Choices	www.nhs.uk
GP2GP	Implementation guidance for GP2GP	www.connectingforhealth.nhs.uk/systemsandservices/gpsupport/gp2gp/implementation
GP Systems of Choice	Implementing GP Systems of Choice Agreements	www.connectingforhealth.nhs.uk/systemsandservices/gpsupport/gpsoc/signing
Choose and Book	General Choose and Book website	www.chooseandbook.nhs.uk
PACS	General and NHS-only PACS websites	www.connectingforhealth.nhs.uk/pacs
		www.connectingforhealth.nhs.uk/systemsandservices/pacs
Map of Medicine	Map of Medicine information and resources	www.connectingforhealth.nhs.uk/systemsandservices/mapmed
SUS/IC/Evidence	Information Centre website and the SUS introduction	www.ic.nhs.uk/
		www.ic.nhs.uk/services/the-secondary-uses-service-sus
NHS Evidence	NHS Evidence	www.evidence.nhs.uk
NHSmail	Information on the NHSmail service	www.connectingforhealth.nhs.uk/nhsmail
		www.connectingforhealth.nhs.uk/systemsandservices/nhsmail
Standards	Information Standards Board for Health and Social Care	www.isb.nhs.uk

Expectation area	Description	Link
Enabling local service transformation	<i>High Quality Care for All: The NHS Next Stage Review Our Journey So Far</i>	www.ournhs.nhs.uk/
	North East – <i>Our NHS, Our Future</i> Review	www.northeast.nhs.uk/vision/future
	North West – <i>Healthier Horizons</i>	www.northwest.nhs.uk/whatwedo/healthierhorizons/
	Yorkshire and The Humber – Healthy Ambitions	www.healthyambitions.co.uk/
	East Midlands – Towards Excellence	www.excellence.eastmidlands.nhs.uk
	West Midlands – Investing for Health	ifh2.westmidlands.nhs.uk
	East of England – Towards the Best, Together	www.eoe.nhs.uk/page.php?page_id=66
	London – Strategic Plan	www.london.nhs.uk/publications/corporate-publications/nhs-london-strategic-plan
	South East Coast – Healthier People, Excellent Care	www.southeastcoast.nhs.uk/hpec
	South Central – Towards a Healthier Future	www.southcentral.nhs.uk/page.php?id=249
	South West – Improving Health: Ambitions for the South West	www.southwest.nhs.uk/strategicframework.html
Governance, capability and capacity	LHC Informatics Strategic Assessment tool	www.connectingforhealth.nhs.uk/systemsandservices/capability/lisa
	Health Informatics Service Benchmarking and Accreditation Scheme	www.hibc.nhs.uk
	Informatics in Clinical Education programmes	www.connectingforhealth.nhs.uk/eice
	Informatics workforce and staff development	http://www.connectingforhealth.nhs.uk/systemsandservices/capability/phi
	Education, Training and Development (ETD)	http://www.connectingforhealth.nhs.uk/systemsandservices/etd

Expectation area	Description	Link
Benefits and costs	Best practice guidance provided by the Office of Government Commerce	www.ogc.gov.uk/introduction_to_programmes_managing_benefits.asp
	NHS specific guidance on business cases and benefits on the Benefits of Informatics Zone	nww.connectingforhealth.nhs.uk/thebiz
Technical infrastructure	NHS Infrastructure Maturity Model	nww.pspg.nhs.uk
Information Governance	IG Toolkit	https://www.igt.connectingforhealth.nhs.uk
	Care Record Guarantee	www.nigb.nhs.uk/guarantee
Patient safety	DSCNs 14/2009 and 18/2009	www.connectingforhealth.nhs.uk/dscn/dscn2009/data-set-change
NHS number and patient demographics	NHS Number information for staff	www.connectingforhealth.nhs.uk/systemsandservices/nhsnumber/staff
	Demographics service back office	nww.connectingforhealth.nhs.uk/demographics/backoffice
Pseudonymisation of patient data	Understanding Pseudonymisation	www.connectingforhealth.nhs.uk/systemsandservices/sus/delivery/pseudo
Pathology modernisation	Plans and progress	www.connectingforhealth.nhs.uk/systemsandservices/pathology/modernising?searchterm=Pathology+Modernising+IT
Informatics skills development	Health Informatics Career Framework	www.hicf.org.uk/

Annex 4 The 'Clinical 5'

Clinical stakeholders consulted for the Health Informatics Review identified a minimum specification of functionality that would make a system acceptable to them, specifically in secondary care. The intent was to identify the essential functionality that will create demand from clinicians who see it as useful and valuable in conducting day-to-day business, creating a 'tipping point' in the acceptability and demand for the strategic IT systems.

The five key elements (the 'Clinical 5') for secondary care are:

- a patient administration system with integration with other systems and sophisticated reporting;
- order communications and diagnostics reporting (including all pathology and radiology tests and tests ordered in primary care);
- letters with coding (discharge summaries, clinic and Accident and Emergency letters);
- scheduling (for beds, tests, theatres, etc); and
- e-prescribing (including 'To Take Out' medicines).

Annex 5 Overview of tools supporting informatics planning

A range of tools was developed to support the 2009/10 informatics planning process. While recommended, local utilisation of the tools is optional and they are provided to supplement the planning guidance and offer

practical assistance with the pursuit of effective informatics planning. The table below provides a summary of the available resources and the suggested target audience.

Supporting tools and target audience

	Target audience	
<i>Product</i>	<i>Recommended for use by Chief Executives and SROs</i>	<i>Planning tool for programme and change managers and informatics professionals</i>
Chief Executive leadership of informatics programmes to support service transformation	✓	
LHC Informatics Strategic Assessment (LISA)	✓	✓
Organisational Readiness Assurance Guide		✓
NPfIT Product Catalogue (including benefits summaries and registers)		✓
Health Informatics Service Benchmarking		✓

These supporting tools are available at:
www.connectingforhealth.nhs.uk/biz/planners/informatics

Annex 6 Glossary of terms

NHS CFH	NHS Connecting for Health
DH	Department of Health
DIP	detailed implementation plan
EPS	Electronic Prescription Service
EWA	enterprise wide agreement
GP	General Practitioner
GP2GP	GP to GP patient record transfer
HIS	health informatics services
IG	Information Governance
IM&T	Information Management and Technology
ISB	Information Standards Board for Health and Social Care
LAN	Local Area Network
LHC	local health community
LISA	LHC Informatics Strategic Assessment Tool
LRA	Logical Record Architecture
NHS IC	National Health Service Information Centre
NIMM	NHS Infrastructure Maturity Model
NPfIT	National Programme for Information Technology
PACS	Picture Archiving and Communications System
PbR	Payment by Results
PCT	primary care trust
PDS	Personal Demographics Service
PfIT	Programme for Information Technology
QIPP	Quality, Innovation, Productivity and Prevention
SCR	summary care record
SHA	strategic health authority
SRO	senior responsible owner
SUS	Secondary Uses Service
WAN	Wide Area Network
WCC	World Class Commissioning



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