

The National Programme for IT Implementation Guide

Designed for the NHS by the NHS

Version 5 – July 2007

Guidance to support trusts when implementing National Programme products and services

Document Information

Reader Information

Document Purpose	Implementation Guidance
Gateway Reference	8538
Title	The National Programme Implementation Guide Guidance to support trusts that form Local Health Communities in implementing National Programme products and services
Author	NHS Connecting for Health Implementation Guidance team
Publication Date	July 2007
Target Audience	National Programme and Project Managers
Circulation	Target Audience plus National Programme Implementation teams.
Description	The Implementation Guide is a comprehensive introductory document for the National Programme and should act as an entry point for Project Managers within trusts to all available implementation related guidance. This will enable implementations to be achieved more effectively, reduce delivery risks and enhance realisation of benefits from the National Programme.
Action Required	Utilise Guidance during local planning
Timing	July 2007
Contact Details	cfh.dl-implementation@nhs.net Service Implementation, NHS Connecting for Health Princes Exchange, Princes Square Leeds LS1 4HY

Approvals

This document requires the following approvals.

Name	Title	Signature	Date
Ian Cowles	Group Director NHS Care Records Service		31/07/07
Alan Perkins	Group Director Service Implementation		31/07/07

Amendment History

Version	Date	Amendment History
V1.0	14/12/2004	First issue to NHS
V2.0	23/05/2005	First issue of Version 2 to NHS
V3.0	28/10/2005	First issue of Version 3 to NHS
V4.0	8/03/2006	Issue of Version 4 to NHS
V4.1	12/12/06	Issue of Version 4.1 to NHS
V4.11 Draft	February 2007	First draft of Version 5 for review by NLOP and NHS Operating Framework Teams

Version	Date	Amendment History
V4.12 Draft	May 2007	Second draft for review by content owners
V4.13 Draft	May 2007	Third draft for review by Programme Communications
V4.14 Draft	June 2007	Fourth draft for review by NLOP Project Managers
V4.15 Draft	June 2007	Fifth draft for review by First Line Approvers
V4.16 Draft	July 2007	Sixth draft for second review by Programme and Corporate Communications
V4.17 Draft	July 2007	Seventh draft for approval and submission for DH Gateway clearance
V5.0 Final	31/07/07	Issued of Version 5 to NHS

Document Location

This document is only valid on the day it was printed. Please contact the Document Controller for location details or printing problems. This is a controlled document available at source from <http://nww.connectingforhealth.nhs.uk/implementation>.

Document Changes

Section		Material Changes in Version 5.0
Implementation Guide		
General		Structure of the guide unchanged from the previous version. Updates have been made to reflect the changes to the organisation brought about by the NPfIT Local Ownership Programme.
Glossary		Updated.
Section 1. Executive Summary		
General		Contains all information from the previous version plus an update regarding the NPfIT Local Ownership Programme.
Section 2. An Introduction to the Guide		
General		Content unchanged from the previous version.
Section 3. What is the Programme?		
General		Contains all information from the previous version plus a reference to Summary Care Record Early Adopters, changes to Service Implementation as well as the additions from the Office of the Chief Clinical Officer and the Director of Primary Care.
Section 4. How do I Undertake the Implementation?		
General		Contains information from the previous version with minor corrections to the text.
Section 5. Responsibilities and Governance		
General		Contains information from the previous version plus update regarding the NPfIT Local Ownership Programme.
Section 6. Who Can Help?		
General		Contains information from the previous version plus updates from the Technology Office and new input from the Office of the Chief Clinical Officer. With new content from Nursing Development Programme, Clinical Practice and Process Workstream.
Appendix A – Overview of National Programme Products and Benefits		
General		Contains information from the previous version with minor amendments
Appendix B – Existing Systems (including independent sector) Summary		
General		Updated.
Appendix C – Responsibilities and Governance (further information)		
General		Contains information from the previous version plus enhancements to the Service Implementation and the Technology Office content and new input from the Office of the Chief Clinical Officer.

Glossary of Terms

The many National Programme products, services and organisational groups referred to in this Guide mean that abbreviations are sometimes needed. To help the reader, the Guide spells out all abbreviations in full the first time they are used.

This short glossary of some of the key terms might also be a useful quick reference for readers. It is set out in alphabetical order, showing both the full title and a brief definition of the term. A full glossary of terms used in the National Programme is available at

http://nww.connectingforhealth.nhs.uk/implementation/documents/Glossary_of_Terms.doc

Full title	Abbreviation/ Term	Definition
Care Record Development Board	CRDB	The CRDB considers the ethical issues facing the development of shared electronic care records, considering issues such as confidentiality, security, sensitive information and links between social care. Board members include patients and the public and health and social care professionals.
Chief Executive Officer	CEO	CEOs are the lead accountable officer within Strategic Health Authorities or trusts.
Chief Information Officer	CIO	Strategic Health Authority (SHA) CIOs interpret national strategy into local context identifying ways in which the IT can add value to the current NHS agenda and to represent the NHS on information issues; exercising influence and shaping the information agenda.
Choose and Book		Service that allows patients, in partnership with health and care professionals, to book first outpatient appointments at the most appropriate date, time and place for the patient.
Clinical Safety Management System	CSMA	A safety-management approach which ensures that there is a patient safety assessment which identifies potential risks from products, a Safety Case that sets out how the identified risks will be managed and a Safety Closure Report that demonstrates how risks have been addressed.
Clinical Spine Application	CSA	A tool that allows access for clinicians to a patient's demographics and clinical Summary Care Record in order to provide them with care.
Detailed Implementation Plan	DIP	The plan which represents the obligation of the Local Service Provider to deploy National Programme solutions to the NHS over the financial year.
Demographic Spine Application	DSA	A web based user interface that facilitates a number of National Back Office functions for the Personal Demographics Service (PDS).
Electronic Prescription Service	EPS	Electronic Prescription Service will allow prescriptions (including those for repeat dispensing) generated by GPs and other prescribers to be transmitted electronically between prescribers, dispensing contractors and the Prescription Pricing Division (PPD) of the NHS Business Services Authority (NHS BSA)
Electronic Transmission of Prescriptions	ETP	The ETP programme is creating and implementing the Electronic Prescription Service (EPS)

Full title	Abbreviation/ Term	Definition
Enterprise Wide Arrangements	EWA	Arrangements with key suppliers in the IT industry. Given its size, the National Programme can procure quality IT services from suppliers to the NHS on a greater scale and at a more competitive rate than any single NHS organisation.
Enterprise Wide Integrated Plan	EWIP	EWIP is a framework for project planning, aligned to ISO standards, that is used to manage programme contract deliverables, financial data, development and deployment activities and milestones pertaining to the National Programme.
European Computer Driving Licence	ECDL	The European Computer Driving Licence is the European-wide qualification which enables people to demonstrate their competence in computer skills. ECDL has been accepted by the NHS (in England) as a reference standard. See: www.ecdl.nhs.uk
General Medical Services	GMS	The rules used to manage payments to family doctors as part of the GPs' contract.
GP to GP	GP2GP	Electronic transfer of patient records between GP practices.
Health Informatics	Health Informatics	Health Informatics is described as the knowledge, skills and tools which enable information to be collected, managed, used and shared to support the delivery of healthcare and to promote health.
HealthSpace	HealthSpace	A secure internet site that gives patients access to their Summary Care Record (once they have been created) and other personalised health information. Patients have to register to use HealthSpace.
Implementation	Implementation	This covers the activities required to be carried out locally to deliver the National Programme products and services. The implementation stages are Initiate, Local Design, Prepare for Go Live, Go Live and Support.
International Health Terminology Standards Development Organisation	IHTSDO	The International Health Terminology Standards Development Organisation (IHTSDO) acquired the intellectual property rights of SNOMED CT and its antecedents from the College of American Pathologists in April 2007. The IHTSDO has responsibility for the ongoing maintenance, development, quality assurance, and distribution of SNOMED CT
Information and Quality Assurance Programme	IQAP	Ensures that the quality of data in NHS CRS is of appropriate quality to support high quality clinical care.
Integrated Service Improvement Programme	ISIP	The NHS Integrated Service Improvement Programme (ISIP) promotes collaboration across Local Health Communities to align and fully exploit the benefits of investments in people, process, technology and other local initiatives. ISIP is an NHS-led approach to transforming patient care, reconciling local imperatives with national priorities and focusing whole systems change to deliver safe, effective and efficient services.

Full title	Abbreviation/ Term	Definition
Local Health Community	LHC	A Local Health Community consists of all patients, clinicians, managers and other staff who are involved in the management of health and the provision of healthcare within a defined population. Whilst each LHC is likely to have a different structure, a fully established community could include: all types of NHS trust, local authority social services, independent and voluntary sector providers and relevant community support groups.
Local Service Provider	LSP	Responsible for making sure the new systems and services delivered through the National Programme meet local requirements and are implemented efficiently.
Managing Successful Programmes	MSP	Definitive guidance on managing inter-related projects as a coordinated programme of business change in order to manage risks and benefits more effectively. Widely adopted in the public and private sectors and developed by consortium of over 100 organisations, including services industry, this explains OGC's approach to managing change and delivering business benefits from a set of related projects.
National Application Service Provider	NASP	A supplier selected to provide one of the national solution services.
National Infrastructure Service Provider	NISP	Responsible for providing networking and support services.
National Network for the NHS	N3	The National Network for the NHS provides IT infrastructure, network and voice services and broadband connectivity to meet NHS needs now and into the future.
National Programme for IT	NPfIT/National Programme	NHS Connecting for Health is supporting the NHS to introduce new computer systems and services. This is known as the National Programme for IT. It will help the NHS to deliver better, safer care for patients.
National Service Frameworks	NSFs	An identified domain (e.g., cancer, mental health, children's services), the services within which have been targeted by the Minister for special attention. In support of each NSF is a tsar, a policy unit within the DH and information strategies and data sets which also support the initiative.
National Standard for Implementation	NSI	A framework developed to enable a standardised approach to the implementation of National Programme products and services.
NHS Business Services Authority	NHS BSA	The NHS BSA is involved in a wide range of activities dealing with prescribing, including the examination, checking, investigation and pricing of prescriptions for drugs, medicines and listed appliances; calculation of reimbursements; and providing information on analysing costs and prescribing trends of general practitioners, together with analysis of the number and cost of prescriptions.

Full title	Abbreviation/ Term	Definition
NHS Care Records Service	NHS CRS	<p>The NHS Care Records Service (NHS CRS) improves the safety and quality of patient care. It will enable NHS organisations to keep care records on computers which link together. This will allow staff quicker access to information in a safe and secure way across organisational boundaries.</p> <p>Patients themselves will also have access to an essential summary of their records – see HealthSpace</p>
NHS Connecting for Health	NHS CFH	<p>NHS Connecting for Health (NHS CFH) is an agency of the Department of Health. It is supporting the NHS to introduce new computer systems and services which will help deliver better, safer care for patients. These new computer systems and services are together known as the National Programme for IT.</p> <p>NHS Connecting for Health is also responsible for other business critical national IT projects, many of which were formerly delivered by the NHS Information Authority (NHS IA).</p>
NHSmail	NHSmail	NHSmail is a secure national email and directory service. It was developed specifically to meet NHS and BMA requirements for clinical email within and between NHS organisations.
NHS Plan	NHS Plan	The document, "The NHS Plan: A Plan for Investment. A Plan for Reform," published by the Authority in 2000.
The NHS Programmes for IT	The NHS Programmes for IT	<p>The NHS Programmes for IT have been established for the South; London; and the North, Midlands & East (NME). They are known as the:</p> <ul style="list-style-type: none"> - London Programme for IT (LPfIT) - Southern Programme for IT (SPfIT) - North, Midlands and East Programme for IT (NMEPfIT) <p>The LPfIT, SPfIT and NMEPfIT will: (i) act as a forum for CEO discussion and decision making with regards to NPfIT; (ii) provide strategic direction within a defined geographic area; (iii) ensure a joined-up approach in implementing NPfIT across constituent SHAs; and (iv) enable the effective engagement of NHS CFH and other key stakeholders.</p>
Office of Government Commerce	OGC	An independent Office of the Treasury reporting to the Chief Secretary which is responsible for a wide-ranging programme focusing on improving the efficiency and effectiveness of central civil Government procurement. OGC also assumes a key role in assisting departments to set up project and programme management centres of excellence. These new units will become central points for embedding project and programme management good practice across Government.

Full title	Abbreviation/ Term	Definition
Passcode	Passcode	A number of alpha-numeric characters only known by the user which the user uses to verify their appropriate access to services e.g. Smartcard, Booking Management Service. A registered user will have created three Passcodes during registration.
Payment by Results	PbR	The aim of Payment by Results (PbR) is to provide a transparent, rules-based system for paying trusts. It will reward efficiency, support patient choice and diversity and encourage activity for sustainable waiting time reductions. Payment will be linked to activity and adjusted for casemix. Importantly, this system will ensure a fair and consistent basis for hospital funding rather than being reliant principally on historic budgets and the negotiating skills of individual managers.
Personal Demographics Service	PDS	NHS wide demographics service which can be used by all NHS systems to identify a Service User and to supply that Service User's personal details to Authorised Users.
Personal Spine Information Services	PSIS	The Services include a health record service to store and provide information such as summary or status information, event-based information, and non-event related carer documentation.
Picture Archiving and Communications System	PACS	A system used for the digital storage of medical images such as X rays and scans. It enables radiologists and imaging specialists to perform diagnostic tasks.
Primary Care Trust	PCT	Local NHS organisation responsible for the commissioning, administration and performance management of healthcare within a defined locality.
Projects in Controlled Environments (2)	PRINCE2	A project management method covering the organisation, management and control of projects.
Project Initiation Document	PID	The PID defines all major aspects of the project and forms the basis for its management and the assessment of overall success. It ensures that the project has a complete and sound basis before there is any major commitment to the project and acts as a base document against which the project can assess progress and address change management issues and ongoing viability questions.
Quality Management and Analysis System	QMAS	To support the General Medical Services (GMS) Contract's Quality and Outcomes Framework, a new IT system called the Quality Management and Analysis System has been implemented. It provides achievement reporting, forecasting and payment information for practices and PCTs.
Quality and Outcomes Framework	QOF	As part of the GMS contract, introduced in 2003 and revised in 2006, GP practices are rewarded for achieving clinical and management quality targets and for improving services for patients within a Quality and Outcomes Framework.

Full title	Abbreviation/ Term	Definition
NPfIT Programme Director	NPfIT Programme Director	Three NPfIT Programme Directors are responsible for implementing the the NHS Programmes for IT in London, the South and the North, Midlands and East. They work closely with the Chief Information Officers and relevant staff in their respective Strategic Health Authorities. They will co-ordinate the delivery of any deliverables and patient care benefits from the National Programme and Local Development.
Registration Authority	RA	Responsible for registering and verifying the identity of health care professionals/workers who need to access the NHS Care Records Service (NHS CRS) and other National Programme for IT (NPfIT) applications. Currently Registration Authorities may only be created in NHS legal organisations or NASP and LSP organisations.
Roadmap for Transformational Change	RTC	To support health and social care organisations to design and deliver change, ISIP has developed an organising framework called the ISIP Roadmap for Transformational Change. The ISIP RTC describes a journey through five phases starting with LHC-wide strategic planning and ending with the implementation of change and the realisation of benefits.
Role Based Access Control	RBAC	Defines a standard set of Job Roles and related Activities/ Business Functions and Areas of Work which can be assigned to a user. Each programme area, such as Choose and Book, uses these definitions to enable appropriate access to specific functionality and information in their system or service.
Secondary Uses Service	SUS	A system designed to provide pseudonymised patient-based data for purposes other than direct patient care, including healthcare planning, clinical audit, performance monitoring and research. Where possible, SUS will capture data automatically through National Programme operational systems. SUS is supporting Payment by Results and Practice Based Commissioning. It also replaces the NHS wide Clearing Service.
Spine (see also NHS Care Records Service)	Spine	The Spine is a national, central database where patients' Summary Care Records will be stored. Clinical information is held in the Personal Spine Information Service and demographic information is held in the Personal Demographics Service. As well as storing information, it acts as a single electronic telephone exchange. It takes 'calls' and puts them through to the right section for 'callers' to get the information they require. The 'calls' received by the Spine will be requests for patient information and other data. The strongest national and international security messages ensure patient confidentiality is protected.

Full title	Abbreviation/ Term	Definition
Strategic Health Authority	SHA	A Strategic Health Authority is a body that is usually established for the purposes of providing a service to the rest of the NHS. It is part of the NHS and is subject to many of the same requirements as other health authorities. The functions and obligations of an SHA are set out in legislation; SHAs are therefore accountable to Ministers and Parliament.
Systematised Nomenclature of Medicine – Clinical Terminology	SNOMED CT	A single unified terminology to underpin the development of the integrated electronic patient record by providing an essential building block for a common computerised language for use across the world.
Transaction Messaging Spine	TMS	The message handling application element of the Spine.
United Kingdom Terminology Centre	UKTC	Through NHS Connecting for Health's membership of the International Health Terminology Standards Development Organisation (IHTSDO), the UK Terminology Centre (UKTC) functions as an affiliate of the IHTSDO and provides a central point for managing, distributing, supporting and controlling the use of SNOMED CT and related assets throughout the UK.
User's Unique ID Number	UUID	The number to the left of the photograph on the Smartcard, underneath the chip, also referred to as the UUID. The UUID is used by applications to uniquely identify the user to the application and ensure appropriate levels of system access.

Contents

1	Section 1 – Executive Summary.....	14
1.1	Background	14
1.2	Scope of the National Programme for IT	14
1.3	How the National Programme is being delivered	15
1.4	Overview of Implementation Responsibilities	16
1.5	Implementation Activities Overview	17
1.6	Signposts to Further Information.....	19
2	Section 2 – Introduction to the Implementation Guide	20
2.1	In this Section.....	20
2.2	About the Implementation Guide.....	20
2.3	Who is the Guide for?	20
2.4	Scope and Content of the Guide.....	21
2.5	The Guidance Approach	21
2.6	Signposts to Further Information.....	22
3	Section 3 – What is the Programme?	23
3.1	In this Section.....	23
3.2	Background to the National Programme for IT	23
3.3	How the National Programme is being delivered	25
3.4	National Programme Scope and Key Products	26
3.5	National Programme Supporting Services.....	31
3.6	Signposts to Further Information.....	36
4	Section 4 – How do I undertake the implementation?	38
4.1	In this Section.....	38
4.2	Implementation Overview.....	38
4.3	National Standard for Implementation	45
4.4	Implementation Stages	47
4.5	Education, Training and Development.....	50
4.6	Programme and Project Management Controls.....	53
4.7	Signposts to Further Information.....	59
5	Section 5 – Responsibilities and Governance	60
5.1	In this Section.....	60
5.2	Overview of Accountabilities	60
5.3	Overview of Implementation Responsibilities	61
5.4	Details of Implementation Responsibilities	63
5.5	Implementation Governance	67
5.6	Signposts.....	70
6	Section 6 – Who Can Help?	72
6.1	In this Section.....	72

6.2	SHA Support	72
6.3	The NHS Programmes for IT	72
6.4	Technical Support	72
6.5	General Guidance	75
6.6	Product Specific Guidance.....	77
6.7	Support Services.....	79
6.8	Suppliers	82
6.9	Signposts to Further Information.....	83

1 Section 1 – Executive Summary

1.1 Background

Better information for better, safer care, is at the heart of the delivery of the National Programme for IT. By transforming the way information flows around the health service, it is possible to deliver faster, safer and more convenient patient care, whilst giving patients the information they need to better manage their own healthcare needs.

The National Programme for IT Implementation Guide is a comprehensive introductory document covering the key aspects of the National Programme and should act as an entry point to all available implementation related guidance. It is intended to support Local Health Communities¹ (LHC) as they implement the products that the National Programme will deliver and begin to realise the benefits that these products, services and support can bring for their own patients, staff and organisations as a whole.

Where activities are mandatory, for example with regard to clinical risk, this will be clearly stated – all other guidance is recommended as good practice.

The primary audience of the Guide will be Programme and Project Managers within trusts. However, many other groups, including clinicians, human resources and training staff will also find the Guide useful to support them in realising the significant benefits that the National Programme brings for local patients, service users and organisations.

This version of the Implementation Guide is being launched with the changes identified in the Document Changes table on page 4 and the caveat that it reflects the Programme Governance structure that will be implemented once responsibility for delivery of the National Programme for IT is fully migrated from NHS CFH to the local NHS. Discussions regarding governance arrangements currently taking place through the NHS Local Ownership Project (NLOP) are reflected in Section 5 of the Implementation Guide.

1.2 Scope of the National Programme for IT

A key aim of the National Programme is to give healthcare professionals access to patient information safely, securely and easily, whenever and wherever it is needed. The Information Management and Technology (IM&T) function is explicitly referenced in the NHS in England: the operating framework 2007/08 describing its pivotal role as a key enabler of service transformation. It is an essential element in delivering The NHS Plan - it is creating an infrastructure which will improve patient care by enabling clinicians and other NHS staff to increase their efficiency and effectiveness.

It is doing this by delivering:

- NHS Care Records Service (NHS CRS)

¹ The term 'Local Health Community' has been used throughout this document. It should be interpreted as any implementation grouping of trusts e.g. Local Health Community, Family or Care Community.

- Choose and Book
- Electronic Prescription Service (EPS)
- National Network (N3)
- Picture Archiving and Communications Systems (PACS)
- Support for Primary Care including the Quality Management and Analysis System (QMAS) and a system for GP to GP record transfer
- NHSmail.
- HealthSpace

Further details on these products can be found in Section 3 of this Guide.

The National Programme also aims to support NHS organisations in delivering local modernisation plans by maximising the opportunities provided by technology through the:

- promotion of effective clinical engagement, knowledge management and decision support
- development of process improvements
- training and development of staff.

The investment is much more than an IT programme. NHS CFH supports the NHS in delivering a twenty-first century health service through the efficient use of information technology. IT is an underpinning enabler for LHC Integrated Service Improvement plans.

1.3 How the National Programme is being delivered

The NHS is committed at the highest level to digitising the delivery of healthcare; delivering better quality, safer care for patients and developing a more efficient service. Accountability for implementation and benefits realisation lies locally with the NHS.

The creation of new NHS Programmes for IT was agreed with the SHAs. Going forward, the ten Strategic Health Authorities (SHA) have been grouped to form regional Programmes for IT. This reflects common suppliers and therefore more effective coordination and supervision of the National Programme at a regional and local level.

The LSPs work directly with the local NHS frontline services in their geographical fractures (the North, Midlands and East Programme for IT, the Southern Programme for IT and the London Programme for IT) to deliver IT systems and services to support the modernisation of the NHS. The regional NHS Programmes for IT, working with NHS CFH provide a critical focal point in bringing together the efforts of the National Application Service Providers (NASPs), LSPs and NHS service organisations.

In addition to the LSP delivery channel, some NHS CFH services are made available to users via their existing systems. The necessary development and upgrade of these existing systems is coordinated by the NHS CFH Existing Systems Programme.

Successful implementation relies on all of the NHS staff working in local project teams, clinical groups or as recipients of new IT services. The NHS Programmes for IT and NHS CFH coordinate the implementation of a wide range of IT installations designed to improve the safety, efficiency and quality of patient care.

1.4 Overview of Implementation Responsibilities

Detailed descriptions of responsibilities and governance are provided in Section 5 of the Guide. In summary the key roles are as follows:

- **PCTs as commissioners**, both having their own comprehensive IM&T plan, and working with all providers in their LHCs to align IM&T plans and enable patient-centric service transformation
- **SHAs**, now accountable for implementation and realisation of the benefits from the NPfIT, assuring that the local NHS has the capability and resources to deliver their plans
- **LHCs (working with SHA CIOs and NHS CFH National Programmes)** will develop the local implementation arrangements, including prioritisation, timing of system replacements and alignment of local IT strategies with the programme plan and capacity. These plans will ideally be consistent with priorities identified in the Local Delivery Plans and in ISIP plans
- **LPfIT, SPfIT and NMEPfIT Programme Directors** will be responsible for any implementation dependencies placed on LHCs by either National or Local Service Providers
- **The National Programme Service Implementation team** exists in order to support the NHS in maximising the value gained from the investment in the National Programme
- **The Integrated Service Improvement Programme (ISIP)** is aligned with the Local Delivery Planning process, providing the connection between National Programme benefits realisation and fulfilment of accountability for NHS targets
- **The central National Programme teams** provide products and services, general guidance and support. Some also provide funding for specifically agreed activities
- **The NHS CFH Deployment Support Team** will provide specialist knowledge and expertise to help organisations resolve particular deployment issues at local or more strategic levels or to transfer knowledge such that the organisation is enabled and prepared to successfully complete deployment activities
- **NHS CFH Requirements, Design, Build and Test (RDBT)** team is responsible for monitoring and assuring the planning, design and development of LSP solutions to meet the requirements and priorities of the NHS. They will also assure the delivery of LSP solutions and associated functionality to meet NHS business targets in line with agreed plans and contractual commitments.

- **National Application Service Providers** are responsible for the delivery of national applications such as the core elements of the NHS CRS, Choose and Book, EPS, GP2GP, NHSmail and SUS
- **The National Infrastructure Service Provider** is responsible for providing networking and support services (specifically the N3 facilities)
- **LSPs** are responsible for the development and implementation of a range of IT related services within the NHS Programmes for IT. These services are contractually agreed and will meet minimum national standards and requirements. The LSPs are also responsible for the development and deployment of PACS reference solutions in cooperation with their respective sub-contractors in the NHS Programmes for IT
- **Existing System Providers** are responsible for providing compliant systems for integration and deployment within the trusts.
- **The NHS CFH Central Design Authority and Technology Office** develops and controls standards for the NHS IT systems of the future. It supports the National Programme for IT (NPfIT) and the introduction of new computer systems that deliver faster, safer and more convenient patient care in England.

1.5 Implementation Activities Overview

Because the National Programme activities are so widespread and complex, a useful starting point for all activity, both central and local, is to have a shared understanding of what is meant by 'Implementation'.

Implementation covers the activities required to be carried out locally to deliver the National Programme products and services. Implementation can be defined as starting at the point where:

- IT products and services are available for local implementation, having been tested to ensure that they satisfy national testing and accreditation standards
- LHCs have completed all relevant pre-implementation level activities such as Resource Planning and are ready to start local programme/project initiation
- Required approvals (including funding) have been obtained.

Implementation is complete at the point where the services being implemented have undergone transition to 'business as usual' from both business management and IT service management perspectives.

Initially, implementations will be categorised into two main types:

- LSP based implementations which are committed to their SHA plans for LSP solution adoption (Secondary Care Patient Administration Systems (PAS) and/or GP system replacements)
- Organisations which are implementing the national applications using their existing systems

Factors required for success learned from early implementations includes the following – more details on these are available in Section 4:

- Project team members should include local specialists in business change, IT, data quality and training, plus clinical staff. They should be sponsored by senior management.
- Importance of project management and planning in order to achieve successful implementations
- Focus should be primarily on business change aspects of the implementation rather than the technical activities
- Need for early data cleansing and migration strategy
- Not underestimating the skills gap between the IT skills and confidence currently in place and what will be required
- Include registration of users as a key element in the preparation for implementation
- Ensure clear messages regarding the implementation, its impact and benefits are communicated in a timely manner to the entire stakeholder community
- Survey current support processes at an early stage in order to identify possible resourcing or training requirements
- Early planning for communications and engagement and training is essential in allowing people time to build knowledge of and confidence in using the new systems and service.

In order to ensure that the maximum benefit is gained from these and other lessons learned, the National Programme has developed the Implementation Guidance Toolkit, which will be applicable across the programme. This includes the National Standard for Implementation (NSI), a framework to assist trusts in the planning and management of their implementation projects. This is not a mandatory standard and is for guidance only; however it is supported by good practice and NHS Worked Examples and will be aligned with the ISIP Framework.

The aim of the NSI is to ensure that lifecycle stages, the products produced within them and terminology used are the same, no matter what type of implementation project is being carried out, and who is supporting the Trust Project Manager. This is detailed in Section 4 of this Guide.

A single set of guidance, continuously improved based on lessons learned, is being developed which will be applicable across the National Programme and accessible through the Implementation Guidance website. This should be the first place to look for access to supporting guidance that will ultimately enable implementations to be achieved more effectively, reduce delivery risks and enhance realisation of benefits from the programme. Links will also be found here to other related guidance sites, including the change programme guidance on the ISIP website, and NPfIT-specific / LSP/ ESP guidance and tools

Other contacts for support during and post implementation can be found in Section 6.

1.6 Signposts to Further Information

This part of the section provides a quick reference guide to key implementation tools, guidance and further information.

- Better Information, better health – the NHS CFH Brochure:
<http://www.connectingforhealth.nhs.uk/resources/brochures/brochure2007.pdf>
- National Programme Implementation Guidance Toolkit:
<http://www.connectingforhealth.nhs.uk/implementation/toolkit/>
- Integrated Service Improvement Programme website:
<http://www.isip.nhs.uk/>
- For further information on the compliance and implementation status of Existing Systems visit the Existing Systems Programme Implementation website at
<http://www.connectingforhealth.nhs.uk/implementation/ESP>

2 Section 2 – Introduction to the Implementation Guide

2.1 In this Section

This section provides an introduction to the contents of the Implementation Guide and includes the following topics:

- About the Implementation Guide
- Who is the Guide for?
- Scope and Content of the Guide
- Guidance Approach
- Signposts to Further Information.

2.2 About the Implementation Guide

Better information for better, safer care is at the heart of the delivery of the National Programme for IT. By transforming the way information flows around the health service, it is possible to deliver faster, safer and more convenient patient care, whilst giving patients the information they need to look after their own health.

The National Programme Implementation Guide has been produced to support Programme/Project Managers within Local Health Communities (LHC) as they implement the products that the National Programme will deliver and begin to realise the benefits that these products, services and support can bring for their own patients, staff and organisations as a whole.

The Guide is a comprehensive introductory document covering the key aspects of the National Programme and should act as an entry point for Programme/Project Managers within trusts to all available implementation related guidance. This will enable implementations to be achieved more effectively, reduce delivery risks and enhance realisation of benefits from the National Programme.

Where activities are mandatory, for example with regard to clinical risk, this will be clearly stated – all other guidance is recommended as good practice.

2.3 Who is the Guide for?

The National Programme is being implemented at a local level, by teams including people from across the NHS and suppliers to the NHS. The intention is that implementation guidance should be of value to everyone in the NHS interested in the implementation of new IT systems and services.

The primary audience of the Guide will be Programme and Project Managers within the trusts. However general managers, clinicians, human resources and training staff will also find the Guide useful to support them in realising the significant benefits that the National Programme will bring for local patients, service users and organisations.

2.4 Scope and Content of the Guide

The Implementation Guide covers the key aspects of the National Programme. As well as offering a broad overview of the National Programme, the vision and strategic objectives, the aim of the Guide is to offer more detailed guidance and support on process and workforce change activities as well as the technology change.

The Guide is divided into six sections that contain the following information:

Section 1 Executive Summary	Section 2 Introduction to the Guide	Section 3 What is the Programme?	Section 4 How do I Undertake the Implementation?	Section 5 Responsibilities and Governance	Section 6 Who can help?
Executive Summary	About the Implementation Guide	Background	Implementation Overview	Overview of Responsibilities	Contacts for Support
	Who is the Guide for?	Scope and Key Products	National Standard for Implementation	Detailed Responsibilities	
	Scope and Content of the Guide	How the Programme is Being Delivered	Implementation Stages	Implementation Governance	
	Guidance Approach		Education, Training and Development		
			Programme and Project Management Controls		

2.5 The Guidance Approach

The implementation guidance contained in this document provides a practical overview of suggested good practice, building on the successful implementation of the National Programme products and services by 'Early Adopter' sites, as well as incorporating experiences from the wider NHS.

An Implementation Guidance Advisory Group with representation from NHS trusts and SHAs has acted as advisers to specify the programme wide National Programme implementation guidance needs of the service and review the materials available on an ongoing basis. This is the fifth version of the Guide which has been updated based on experience to date.

This Guide forms part of the overall guidance toolkit available, which should act as a comprehensive set of specific references, irrespective of the type of National Programme implementation an LHC undertakes.

It is recognised that use of the detailed guidance may vary, dependent on the nature of the implementation being undertaken, for example:

LSP Solution projects only – LSP toolkits are supplemented by the National Programme implementation guidance in the activities designated as being an LHC responsibility, for example, Business Change and Benefits Realisation, Registering Users and Data Cleansing and Migration.

Existing Systems based projects – In these circumstances, little or no assistance is likely to be available from the Local Service Provider (LSP) unless contracted for as an additional service. National Programme guidance will also be useful.

A combination of LSP and Existing Systems enabled projects (e.g.: LSP Patient Administration Systems, GP existing system upgrade and Choose and Book) – LSP toolkits and National Application System Providers guidance are supplemented by the National Programme guidance in the activities designated as being an LHC responsibility, for example, Business Change and Benefits Realisation, Registering Users and Data Cleansing and Migration.

NHS CFH also recognises that many implementation activities are already underway within Strategic Health Authorities and trusts. The guidance has therefore been developed to complement and build on this local progress, rather than replace it.

Where relevant, the guidance will signpost users to more detailed information and useful contacts as well as templates, worked examples and tools. It is complementary to existing guidance and fits within the Integrated Service Improvement Programme (ISIP) Roadmap for Transformational Change.².

2.6 Signposts to Further Information

This chapter provides a quick reference guide to key Implementation tools, guidance and further information.

- Better Information, better health – the NHS CFH brochure:
<http://www.connectingforhealth.nhs.uk/resources/brochures/brochure2007.pdf>
- National Programme Implementation Guidance Toolkit:
<http://www.connectingforhealth.nhs.uk/implementation/toolkit/>
- National Programme Projects – Links to further information on National Programme Products and Services:
<http://www.connectingforhealth.nhs.uk/implementation/ProgArea/>
- Search for Documents – National Programme specific Implementation Guidance and NHS worked examples:
<http://www.connectingforhealth.nhs.uk/implementation/search/>
- Integrated Service Improvement Programme website:
<http://www.isip.nhs.uk/>

3 Section 3 – What is the Programme?

3.1 In this Section

This section provides an overview of the National Programme for IT, its background, products and how it will be implemented. This section includes the following topics:

- Background to the National Programme for IT
- How the National Programme is Being Delivered
- National Programme Scope and Key Products
- National Programme Supporting Services
- Signposts to Further Information.

3.2 Background to the National Programme for IT

The 1998 Department of Health strategy document *Information for Health* committed the NHS to lifelong electronic health records for everyone, with round-the-clock access to patient records and information about good clinical practice for all NHS clinicians. Following this, in 2000, *The NHS Plan* outlined the vision of a health service designed around the patient and a new delivery system for the NHS. A supporting document *Building the Information Core: Implementing the NHS Plan*, published in January 2001 outlined the information and IT systems and services needed to deliver the NHS Plan and support patient-centred care and services.

The Wanless Report, published in April 2002, contained several key recommendations for IT in the NHS, based on comparison with improvements in performance and efficiencies gained from new technology seen in other spheres of industry and in other health services. It recommended an increase in IT investment to 4% of trust turnover; stringent, centrally managed national standards for data and IT; and better management of IT implementation in the NHS, including a national programme.

The Wanless Report coincided with the publication of *Delivering the NHS Plan*, which developed the vision of a service designed around the patient offering more choice of where and when to access treatment. IT in the NHS would support this vision, with electronic records and electronic booking of appointments and a full array of clinical applications and functionality from the electronic records available in all primary care trusts.

Following *the Wanless Report* and *Delivering the NHS Plan*, the Department of Health published its new strategy for developing IT in the NHS in June 2002, *Delivering 21st Century IT Support for the NHS - a National Strategic Programme*. This laid out the first steps, including the creation of a Ministerial Taskforce and recruitment of a Director General for the National Programme for Information Technology and the establishment of the Clinical Care Advisory Group, which included representatives from many healthcare organisations. The main output from this group was the recommendation to create an NHS Care Record for each patient, with core information held in a

national data repository. The National Programme for IT was established formally in October 2002.

3.2.1 Function of the National Programme for IT

A key aim of the National Programme is to give healthcare professionals access to patient information safely, securely and easily, whenever and wherever it is needed. The National Programme is an essential element in delivering The NHS Plan. It is creating an infrastructure which will improve patient care by enabling clinicians and other NHS staff to increase their efficiency and effectiveness.

It is doing this by delivering:

- An electronic NHS Care Records Service to improve appropriate storing of and access to patients' records across the NHS
- An electronic booking service, Choose and Book, to make it easier and faster to book hospital appointments for patients
- An Electronic Prescription Service to provide a more accurate and efficient prescribing and dispensing process
- A National Network (N3) the IT infrastructure to meet NHS needs now and in the future
- An email and directory service - NHSmail to enable the secure transmission of patient identifiable information via email..

The National Programme involves major clinical and operational changes as part of systems implementation. Realising the potential benefits which the Programme will bring requires a focus on the human elements of change and its affect on those people who will use the new technology.

The national NHS CFH team is responsible for:

- continued development of the NPfIT commercial strategy
- managing contractual negotiations with suppliers
- management of all NPfIT funds
- national services and products
- provision of the Programme Office
- national NPfIT architecture
- actively contributing to system development and implementation activities including the sharing of good practice.

3.2.2 NHS Connecting for Health (NHS CFH)

In July 2004, following the review of its Arm's Length Bodies (ALB), the Department of Health announced the creation of a new organisation, combining responsibility for the delivery of the National Programme with the

management of the IT related functions of the NHS Information Authority, which would close. The Department's ALB review was a key response to the Treasury's Gershon Review, which had recommended the concentration of specialist services to create more efficient procurement and administration.

NHS Connecting for Health was established in April 2005 as the single national IT provider for the NHS, delivering the National Programme and ensuring the maintenance, development and effective delivery of the IT products and services delivered by the former NHS Information Authority.

NHS Connecting for Health also provides the policy focus for the Department of Health on NHS information management and technology. This includes shaping the strategic infrastructure to ensure integration where necessary and setting the standards required of local IT applications.

3.3 How the National Programme is being delivered

The NHS is committed at the highest level to digitising information to support the delivery of better, safer care for patients and a more efficient service. Accountability for implementation and benefits realisation lies with the local NHS.

The creation of new NHS Programmes for IT was agreed with the SHAs. This change in approach was agreed with the SHAs and took effect on 1st July 2007. Going forward, the ten Strategic Health Authorities (SHA) have been grouped as follows:

- The North, Midlands and East Programme for IT (NMEPfIT): composed of East Midlands, East of England, North East, North West, West Midlands, and Yorkshire and the Humber SHAs
- The Southern Programme for IT (SPfIT): composed of the South Central, South East Coast and South West SHAs
- The London Programme for IT (LPfIT).

This reflects common suppliers and allows for effective coordination and supervision of the NPfIT at a local level. The NHS Programmes for IT have been established for the NME and South. NPfIT Management Boards will act as the senior decision-making body at SPfIT or NMEPfIT levels.

The LSPs work directly with the local NHS frontline services in their area to deliver IT systems to support the modernisation of the NHS. The NHS Programmes for IT, working with NHS CFH National Programmes provide a critical focal point in bringing together the efforts of the National Application Suppliers (NASPs), LSPs and NHS service organisations.

In addition to the LSP delivery channel, some NHS CFH services are made available to users via their existing systems. Existing systems comprise both systems used within the NHS (that will ultimately be replaced by new LSP services) as well as systems such as those used by community pharmacy or independent sector providers that are not within LSP contract scope. The

necessary development and upgrade of these existing systems is coordinated by the NHS CFH Existing Systems Programme.

Successful implementation relies on the thousands of NHS staff working in local project teams, clinical groups or as recipients of new IT services. The NHS Programmes for IT and NHS CFH coordinate the implementation of a wide range of IT installations designed to improve the safety, efficiency and quality of patient care. They work with staff across the NHS to upgrade the multitude of existing systems in support of the introduction of Choose and Book, the Electronic Prescription Service and GP2GP. Each Programme for IT is led by a NPfIT Programme Director, and SHA Chief Information Officers (CIOs) who are responsible for leading delivery in their area.

Projects implementing National Programme products would usually be delivered as part of a wider integrated change programme. The Integrated Service Improvement Programme (ISIP) is developing an integrated approach to service improvement and benefits management. Its aim is to maximise the impact of national and local change initiatives by promoting integrated planning and delivery using a new change lifecycle methodology: the Roadmap for Transformational Change.

Further detail regarding the National Programme responsibilities can be found in Section 5 of this Guide and additional information on the Existing Systems Programme is located in Appendix B.

3.4 National Programme Scope and Key Products

The National Programme scope comprises clinical change, clinical and administrative systems and the underlying infrastructure for the NHS in England. In terms of clinical activities that require technology services and support, in a typical week:

- Six million people visit their GPs
- more than 250,000 people attend their first NHS hospital outpatient appointment
- more than 80,000 people attend A&E, walk-in centres and minor injuries services
- 360,000 people have an x-ray
- over 26,700 people are treated for cancer
- NHS Direct nurses receive around 126,650 calls from people seeking medical advice
- NHS ambulances make over 64,500 emergency journeys
- pharmacists dispense approximately 13.2 million items on NHS prescriptions
- over 35,000 people are referred to specialist care
- over 80,000 people change their GPs

- NHS surgeons perform around 1,600 hip operations and 5,740 cataract operations.³

This equates to around 3 million critical processes per day. When supported fully by a single electronic records system, this could result in approximately 30 million transactions per day on a 24 hours, 7 days a week basis.

The following are key products and services within the National Programme:

- NHS Care Records Service (NHS CRS)
- Choose and Book
- Electronic Prescription Service (EPS)
- National Network (N3)
- Picture Archiving and Communications Systems (PACS)
- Support for Primary Care including the Quality Management and Analysis System (QMAS) and a system for GP to GP record transfer (GP2GP)
- NHSmail
- HealthSpace

3.4.1 NHS Care Records Service

The NHS Care Records Service will allow the NHS to move away from its current organisation-centred patient records, to records that are centred around the patient. This will make caring for patients across organisational boundaries safer and more efficient. It will also give patients themselves access to a record that covers care across organisations.

Over time, NHS organisations will increasingly keep care records on computers that link together allowing them to access information in a safe and secure way. This is being introduced to support the NHS in delivering safer and higher quality care for patients. Introducing it will take several years and will bring a number of improvements. Linked electronic records will mean better access for health care staff to reliable information about the patients they are treating. Linked records will support the delivery of better health care. In due course, patients too will have 24 hour access to an essential summary of their records if they want it.

The NHS Care Records Service will be implemented in two phases. The first phase is an Early Adopter Programme which began in 2007. The Early Adopter Programme will run throughout 2007 and the first part of 2008 and will be independently evaluated. The findings from the evaluation will be incorporated into guidance to inform the national roll-out.

The Spine is the name given to the national database of key information about patients' health and care. It forms the core of the NHS CRS. It will also support other key programmes of the National Programme, such as Choose

³ NHS Connecting for Health Business Plan 2005/06

and Book and Electronic Transmission of Prescriptions, each of them using the Spine's messaging capabilities as part of their own services.

The Secondary Uses Service (SUS) is being delivered as part of the NHS CRS. SUS is a system designed to provide timely, pseudonymised, patient-based data and information for management and clinical purposes, other than direct patient care, including healthcare planning, clinical audit, benchmarking and research. SUS is supporting Payment by Results and Practice Based Commissioning.

3.4.2 Choose and Book

Research has shown that patients want to choose the hospital where they are to be treated and to book appointments at a date and time that suits them.

Choose and Book is a service that for the first time, combines electronic booking and a choice of time, date and place for consultant led, first outpatient appointments.

Primary Care Trusts will support choice by commissioning a range of services so that patients have four or five hospitals or other appropriate services from which they can choose. At the same time information will be provided for patients so that they can make an informed choice of hospital.

3.4.3 Electronic Prescription Service (EPS)

Around 1.4 million prescriptions are issued every working day in England. With this figure expected to rise by 5% each year, a change from a paper-based system to an electronic one will be more efficient, consistently accurate and able to cope with expected further increases in the number of prescriptions issued.

The Electronic Prescription Service allows prescribers working in GP practices to generate and transmit electronic prescriptions using their computer system.

In time, patients will have the option to select, or 'nominate' a dispenser to which their prescription can be sent electronically – without the need for any paper. Dispensers will also be able to submit reimbursement claims electronically to the Prescription Pricing Division in order to claim payment for the drugs they have dispensed.

3.4.4 National Network (N3)

N3 is the National Network for the NHS that connects all NHS organisations and provides the IT infrastructure, network and voice services and broadband connectivity to meet NHS IT needs now and into the future.

The networking solutions provided by N3 are already delivering the systems and services that enable the fast, secure sharing of information, files and data between NHS sites, changing the way the NHS works.

Fast access to up-to-date patient records, the streamlining of clinical practice and a reduction in administrative tasks are all expected from the combination of the latest networking technology and the bespoke applications of the National Programme.

3.4.5 Picture Archiving and Communications Systems (PACS)

Picture Archiving and Communications Systems store static or moving digital images such as electronic x-rays or scans, enabling more efficient diagnosis and treatment. Digital images will form an essential part of every patient's NHS Care Record, removing the need to print on film and to file or distribute images manually.

The images can be sent and viewed at one, or across several, NHS locations and do not get misplaced like traditional film images. Patient care will benefit as clinicians and care teams work together viewing information across one or more locations. PACS has been procured to provide full access to digital images in NHS organisations throughout England. It is expected to be installed throughout England by late 2007 / early 2008.

3.4.6 NHSmail

There are many different local email systems operating in the NHS. The quality and reliability of the services vary substantially and they can be costly to maintain. In addition, none of the services are secure enough to condone their use for the transmission of patient information resulting in information being sent frequently via mail or fax incurring further costs for paper, printing and postage as well as creating unnecessary delays in access to patient information. It also means patient information can get lost.

NHSmail is the email and directory service designed and created specifically for the NHS. It provides a central, secure, email service, reducing the overall cost to the NHS and providing a swift and secure means of exchanging information across the NHS. It enables sensitive information, even clinical information to be exchanged securely between NHSmail accounts and offers a wealth of additional features such as the ability to send fax and SMS messages direct from email. Staff can either register individually for the service or an organisation can migrate all their staff at one time. (Please note – to ensure the security of the service, registration can only take place via an NHS connection.)

The NHSmail service was launched on 8 October 2004 and is available for all staff to register at www.nhs.net/.

Additional information is available at <http://www.connectingforhealth.nhs.uk/systemsandservices/nhsmail/nhsmail>

3.4.7 Support for Primary Care - QMAS and GP2GP

The purpose of the Director of Primary Care includes the NHS CFH Director of Primary Care, whose role is to support and challenge PCTs on the development of organisational capacity to deliver the National Programme. The Director is available to meet with PCT CEOs or their Boards at their request. In addition the role supports SHA initiatives as they are developed through the National Programme for IT Local Ownership Programme (NLOP). Particular emphasis is on developing local senior leadership capacity and capability, improving and enhancing knowledge of NPfIT, and supporting PCTs to 'drive digital' as an enabler for transformational change of local health and social care services.

In addition the PRIMIS+ service supports primary care trusts, through a national team of PCT information facilitators. These assist their GP practices to achieve accredited standards for data quality. The service offers a comprehensive suite of tools and training modules to prepare primary care trusts for GP practice data accreditation to ensure that clinical data is "fit for sharing" in the NHS Care Records Service.

Key drivers over the coming year for the PRIMIS+ service will include:

- Support and collegiate working with NHS CFH national programmes to determine ETD priorities and drivers for primary care initiatives such as Choose and Book, the Electronic Prescription Service, GP2GP and the Summary Care Record.
- Working with key stakeholders in defining national primary care data standards.
- Provision and development of national data extraction tools which will include the further development of the CHART Online tool which is currently supporting the national IM&T Direct Enhanced Service (DES).
- The origination and roll-out of a comprehensive bespoke suite of training modules.

3.4.7.1 QMAS

The new General Medical Services (GMS) contract was introduced on 1 April 2004. A key component was a Quality and Outcomes Framework (QOF) of national achievement targets describing how GP practices would be rewarded financially based on their achievement in up to four domains: clinical, organisational, patient experience and additional services.

To support the QOF and the GMS contract, the National Programme developed a single, national IT system, known as the Quality Management and Analysis System (QMAS). This enables individual practices and PCTs to receive feedback on their QOF aspiration and achievement. It collects national achievement data, computes national disease prevalence rates and calculates the points and payment value earned. QMAS allows GP practices

to analyse the data they collect about the services and the quality of care they deliver, such as maternity services or chronic disease management.

3.4.7.2 GP2GP

GP2GP is a project to enable the transfer of the electronic component of a general practice patient health record. When a patient registers with a new general practice, GP2GP will provide the latter with a copy of their current Electronic Health Record (EHR), as recorded at their previous general practice. On receipt of the EHR, the new practice will undertake certain housekeeping activities e.g. authorise current repeat prescriptions listed in the EHR.

GP2GP will enable the new practice to provide better quality care for the patient due to a richer understanding of medical history. Earlier consultations will benefit from much quicker access to the new patient health data, as paper records arrive much later by the existing manual business process than the new electronic version of the record transfer.

3.4.7.3 HealthSpace

HealthSpace provides the public with a personal health organiser allowing users to record information such as weight and medications. In time, HealthSpace will provide a means for NHS patients in England to access their Summary Care Record, once it has been created. Patients need to register to use HealthSpace.

A more detailed description of the main National Programme products and the associated benefits can be found in Appendix A.

3.5 National Programme Supporting Services

If you wish to contribute to, gather further information from or send queries to the service areas below, contact details can be found in Section 6.

3.5.1 Communications and Engagement

Responsibility for communications and engagement of the national programme rests with local NHS organisations. The purpose of the national Communications and Engagement team is to support the NHS deliver local communications and engagement activities. This includes developing publications and tools to support local work, and providing advice and guidance to local NHS communications professionals. It is also responsible for developing the Public Information Programme and for supporting trusts to implement it. The Public Information Programme is a communications programme designed to inform the public about summary Care Records; the benefits, what they contain, how they are used and the choices patients have.

3.5.2 Service Implementation

Service Implementation exists in order to support the NHS in maximising the value gained from the investment in the National Programme. The work is delivered through the following work streams:

3.5.2.1 Capability and Capacity

A key component of the National Programme for IT Local Ownership Programme (NLOP) and the NHS CFH Repositioning Programme is to provide the NHS Chief Executives and the NHS Management Board with evidence-based assurance that NHS CFH, SHAs and Trusts have the appropriate capability and capacity to deliver their new NPfIT responsibilities and accountabilities across the entire implementation lifecycle, and deliver against the current implementation plan. If capability and/or capacity gaps are identified, a detailed plan is required to address these areas.

Initial areas of Capability and Capacity focus are:

- Organisational Readiness Assurance
- Resource Modelling
- Programme and Project Management Improvement
- Enhancing Executive Leadership of IT enabled change
- Health Informatics Development
- Evidence Based Implementation Support.

3.5.2.2 Integrated Service Improvement Programme Framework

The Integrated Service Improvement Programme (ISIP) now exists as part of Capability and Capacity. It has been set up to develop an integrated approach to service improvement planning and benefits realisation within the NHS. ISIP's aim is to maximise the impact of national and local change initiatives by demonstrating how aligned together they bring about optimal benefits for patients, staff and Local Health Communities. ISIP has created an organising framework for service change guidance and tools. It is delivering an integrated approach to service improvement planning and rigor to benefits realisation through change programme management.

3.5.2.3 Education, Training and Development

The ETD team helps to ensure that staff have the knowledge, skills and confidence to use new IT systems and services effectively.. A key purpose of the NHS Connecting for Health's ETD Workstream has been to support local organisations in providing timely, relevant, quality assured learning for their staff.

3.5.2.4 Evaluation Programme

NHS CFH has commissioned a programme of evaluation through the Department of Health (DH) Research & Development (R&D) Directorate. This is being managed by Birmingham University, who were contracted in 2006.

As part of this role, they have commissioned the independent evaluation of the Summary Care Record Early Adopters Programme, which will last one year and will broadly cover the following areas:

- Usability, usage and functionality of the Summary Care Record
- Impact and benefits of the Summary Care Record

- Patient access to their own Summary Care Record (particularly via HealthSpace)
- Evaluation of the Public Information Programme
- Evaluation of the consent / dissent model

Other evaluations will be initiated during 2007/08.

3.5.2.5 Mainstreaming IM&T Strategy Planning and Benefits

The team is working to establish a business as usual national IM&T function, implementing a number of one-off projects to follow through on the IM&T guidance issued with the 2007/8 Operating Framework and to address the recommendations of the December 2006 meeting of the NHS Management Board. In addition, they are working to drive, support and coordinate a balanced portfolio of work focusing on benefits realisation and business change within an agreed framework of NHS accountability.

3.5.2.6 Access Control

The team is working to establish business, in addition to technical, access controls (excluding sealed envelopes and stop noting) to NHS Care Record Systems which are either Spine compliant or require Spine authentication. This supports confidentiality of patient information and ensures that organisations and their staff meet the duties and obligations required to meet the commitments within, for example, the NHS Care Record Guarantee and the NHS Code of Confidentiality.

3.5.2.7 National Knowledge Service

The National Knowledge Service has now transferred to the NHS Institute for Innovation. It will implement consistent and coherent clinical knowledge architecture for the NHS, including the delivery of key information services.

3.5.3 Office of the Chief Clinical Officer

The Office of the Chief Clinical Officer (OCCO) aims to ensure that improving the safety and quality of patient care is embedded in every aspect of the work of NHS CFH. Work is underway to define in detail the aims and objectives of the office and the supporting infrastructure.

The National Clinical Leads now form part of the OCCO.

The office will deliver its work through the following programmes and projects;

3.5.3.1 The governance of clinicians and their activity

This workstream aims to provide a support mechanism for the continued professional development of clinicians working on the Programme and to ensure that NHS CFH programmes have suitable and adequate clinical input.

3.5.3.2 Clinical Stakeholder Management and Clinical Communications

This workstream will co-ordinate clinical communications with clinical, patient and public stakeholders. It will lead the strategy and direction of clinical

communications across the Programme to ensure greater clinical, patient and public engagement.

3.5.3.3 Clinical Content

This workstream will ensure that there is greater and validated clinical input into solution design, and will work with suppliers to help ensure that multidisciplinary care is supported and enabled by the National Programme solutions. It will be a focal point for clinical input into content design and thereby help to minimise duplication of effort by the NHS.

The workstream will provide a clear governance process for, and support the development of, clinical content in order to accelerate and/ or de-risk the implementation of national and/ or local NPfIT applications.

In addition this work stream will provide the NHS with toolkits and other support mechanisms which will provide guidance on changes to business process and lessons learned in relation to the implementation of National Programme solutions.

3.5.3.4 Clinical Safety

This workstream will promote and embed safer working practice methods and solutions across the NHS and ensure that systems delivered through the National Programme have been through a safety assurance process.

Maureen Baker, the National Clinical Lead for Clinical Safety, and her team operate a method for formally assessing the risks associated with NHS CFH solutions and their implementations to minimise any possibility that new risks to patients' safety are being introduced.

A safety-management approach has been developed that is comparable with other industries where safety was paramount. It is called the Clinical Safety Management System (CSMS), and ensures that there is a patient safety assessment which identifies potential risks from products, a Safety Case that sets out how the identified risks will be managed and a Safety Closure Report that demonstrates how risks have been addressed.

This work stream also runs an accredited clinician programme jointly with the National Patient Safety Agency to ensure that there are qualified clinicians across the Programme who can undertake this work.

3.5.3.5 Nursing and Midwifery

The engagement and involvement of the nursing and midwifery professions in the NHS CFH programme is critical to the success of the programme. The previous Nursing Development Programme has now been mainstreamed into the work of the OCCO and will be an integral and embedded part of all clinical programmes. Specific work will continue on the development of nurse mobile prescribing as well as the development of nursing knowledge services.

Nursing engagement will continue via the communications and stakeholder engagement directorate

3.5.4 National Deployment Support

The NHS CFH Deployment Support Team has been established to provide specialist support to NHS organisations as they deploy LSP and NASP solutions. The role of the team will be to provide specialist knowledge and expertise to help organisations resolve particular deployment issues at local or more strategic levels or to transfer knowledge such that the organisation is enabled and prepared to successfully complete deployment activities. It is not intended that these resources will become long term members of local project teams.

Access to these resources will be via the heads of deployment support. In the first instance people should contact their local SHAs who will evaluate your request and escalate it to the National Team as required. The National Deployment Support will provide expert advice to help solve problems directly where appropriate and organise suitably skilled resources to be made available to support individual projects. They will also be responsible for monitoring the effectiveness of the resources provided so that improvement/changes can be made where necessary.

The supporting documentation to describe in detail the process for satisfying requests for deployment support is currently in the approval stages and will be released in due course.

3.5.5 The NHS CFH Central Design Authority and Technology Office

The NHS CFH Central Design Authority and Technology Office develop and control standards for the NHS IT systems of the future.

In the past, IT systems have been developed to focus on the needs of a particular NHS organisation. This could have included organisations such as trusts and GP practices or even specific departments within trusts, like A&E, radiology, or orthodontics.

It is now recognised that the NHS should be moving away from this approach. National Service Frameworks (NSFs) define how the NHS deals with specific conditions - and IT systems are being developed that will support the concept of care for someone with a specific condition across all organisations that are caring for that individual.

IT has a significant role to play in providing the tools to NHS staff to enable them to provide good quality care to people living in England. The NHS CFH Central Design Authority and Technology Office has been established by the National Programme for IT to specify and quality assure the IT requirements to support healthcare that concentrates on the needs of the patient and has several key work areas;

- Testing
- Technical Assurance
- LPfIT, SPfIT and NMEPfIT Technical Architects

- Demographics
- NHS Data Standards and Products
- NHS Terminology Service
- NHS Classifications Service
- NHS Data Model and Dictionary Service
- National Administrative Codes Services (NACS)
- The Spine Directory Service (SDS)
- Information Quality Assurance Programme (IQAP)
- Communications and Messaging

A more detailed description of the main National Programme supporting services can be found in Appendix C.

3.6 Signposts to Further Information

This part of the section provides a quick reference guide to key implementation tools, guidance and further information.

- The NHS Plan:
http://www.connectingforhealth.nhs.uk/resources/policyandguidance/nhs_plan.pdf
- Delivering the NHS Plan:
http://www.connectingforhealth.nhs.uk/resources/policyandguidance/delivering_the_nhs_plan.pdf
- Delivering 21st century IT, Support for the NHS, 2000:
http://www.connectingforhealth.nhs.uk/publications/delivery_21_century_IT.pdf
- Better Information, better health – the NHS CFH Brochure:
<http://www.connectingforhealth.nhs.uk/resources/brochures/brochure2007.pdf>
- A National Programme corporate presentation is also available:
<http://www.connectingforhealth.nhs.uk/resources/delivery.ppt>
- For further information about What's in the Programme:
<http://www.connectingforhealth.nhs.uk/systemsandservices>
- A detailed overview of the National Programme products and services can be found in Appendix A.
- For further information about Clinical Engagement including up to date information for GP Systems of Choice (GPSoC):
<http://www.connectingforhealth.nhs.uk/engagement/clinical>
- For further information on the compliance and implementation status of Existing Systems visit the Existing Systems Programme Implementation website at
<http://www.connectingforhealth.nhs.uk/implementation/ESP>

- For further information on Early Adopter sites see <http://www.nhscarerecords.nhs.uk>
- Guidance on implementing Demographics services, including the PDS National Back Office and Clinical Spine Application:
<http://www.connectingforhealth.nhs.uk/systemsandservices/demographics>

4 Section 4 – How do I undertake the implementation?

4.1 In this Section

This section provides an introduction to the implementation process, activities and the National Standard for Implementation.

- Implementation Overview
- The National Standard for Implementation
- Implementation Stages
- Education, Training and Development
- Programme and Project Management Controls
- Signposts to Further Information.

4.2 Implementation Overview

4.2.1 Defining ‘Implementation’

As the National Programme activities are so widespread and complex, a useful starting point for all activity, both central and local, is to have a shared understanding of what is meant by ‘implementation’.

Implementation covers the activities required to be carried out locally to deliver the National Programme products and services.

Implementation can be defined as starting at the point where:

- IT products and services are available for local implementation, having successfully passed through extensive national testing phases including:
 - National ‘Ready For Operations’ testing
 - National Programme based Model Community testing (where this is required).
- Local Health Communities (LHCs) have completed all relevant pre-implementation level activities and are ready to start local programme/project initiation
- Required approvals (including funding) have been obtained.

Implementation is complete at the point where the services being implemented have undergone transition to ‘business as usual’ from both business management and IT service management perspectives.

4.2.2 Implementation Principles

In order to support local implementation, a number of guiding principles covering the purpose and practice of implementation have been adopted by the National Programme. While these are not rules, they can assist people working at all levels of implementation to maintain a structured, progressive

and patient-focused approach. The top priority for each individual LHC will be determined by its integrated planning process. The nine care delivery principles suggested by the Integrated Service Improvement Programme (ISIP) are helpful strategic success factors against which LHC performance in meeting national targets etc should be assessed. Thereafter, principles for determining the approach to implementation should include:

Supporting the Purpose of Implementation

- **Maintain and improve patient safety** – this is the top priority in determining our approach to supporting the NHS during implementation
- **Enable improvements** - focusing on supporting the Service in making tangible improvements for patients and staff
- **Ensure patient confidentiality** is upheld at a standard at least as good as today
- **Be business led** – use integrated planning to ensure effective business change enabled by technology in local healthcare organisations
- Ensure the solution is designed to improve the flow of patient information within and between NHS organisations, thus supporting **patient pathways**
- Maximise value in **recent investments** in IT
- Address the **neediest areas** first, as informed by the planning process which is itself driven by the local objectives
- **Involve clinicians and patients** in formal programme and project arrangements, both nationally and in every health community
- **Maximise effective use** of clinician time.

Supporting the Practice of Implementation

- To take an integrated and **co-ordinated approach to implementation** - minimising disruption to day to day operations
- Ensure implementation is **locally driven and led** and centrally supported
- Aim to implement National Programme products in **natural logical order**
- **Drive a pace** that delivers results quickly but safely
- **Move forward** – people, process and IT enablers will be used as a catalyst for change to deliver service improvements
- **Avoid duplication** – by developing common interface standards with the National Standard for Implementation.
- **Adopt a flexible approach** – adjusting the implementation approach along the way to reflect new learning and new developments

- Provide **effective communication** about what we are doing, both locally and nationally
- **Nurture continuous learning** - improving by learning from experience and sharing experiences with others.

4.2.3 The High Level Implementation Approach

Given the size and complexity of the NHS and the National Programme, there will be a number of organisations involved in its successful delivery, with each LHC likely to implement new products on an incremental basis.

The National Programme will be implemented locally by trusts working together across an LHC and sometimes across a number of LHCs. Implementation is focused at the LHC level as the LHC encompasses most aspects of the typical patient journey through the health system. This will help to ensure that benefits delivered in one care setting (e.g. an acute hospital) are not realised at the expense of another (e.g. the community).

Initially, implementations will be categorised into two main types:

- 1) LSP based implementations (e.g. Secondary Care Patient Administration Systems PAS, PACS, Child Health, GP systems).
- 2) Organisations which are implementing the national applications using their existing systems.

The primary difference is that LSP based implementations will generally be undertaking major systems replacement programmes or introducing systems for the first time to a specific location and will be actively supported by their LSP. Existing systems-based implementations will be upgrading their existing systems and will be supported by the National Programme Existing Systems Provider Deployment Support Team, the relevant National Programme service providers, as well as their existing system providers.

Selected existing system providers will have the opportunity to enhance their systems to National Programme compliance standards on a selective basis, through a centrally coordinated compliance programme. This will enable these systems to continue to be used within the NHS until a replacement by the LSP solution becomes appropriate.

New and enhanced clinical and patient management applications and services at trust and LHC level will be provided by the LSPs. These will be based on packaged products with minimal local customisation in order to maintain an integrated care record, consistency across systems and easier enhancements and upgrades.

4.2.4 Coordinated Implementation

Implementations, including their sequence and timing, are planned in conjunction with LHCs, Strategic Health Authorities (SHA) and the NHS Programmes for IT, with guidance and support offered by the central NHS CFH National Programme teams.

Given the scale and iterative nature of local implementation, the approach should be collaborative, drawing on the skills and resources of:

- People across the Service at all levels, including clinicians, administrators, directors, managers and IT personnel
- Patients, patient groups and patient organisations
- Professional Associations, Royal Colleges and other professional bodies
- Trusts, SHAs, NHS Programmes for IT and NHS CFH National Deployment Team
- Pharmacies, Social Services and other organisations that can benefit from or will be affected by the National Programme
- The contracted National Application Suppliers, LSPs and existing system providers who are providing a range of products and services to enable trusts to maximise the opportunities provided by the National Programme.

As a general rule, implementations should be planned to adhere to a logical sequence. While this will not be possible for all initial implementations, LHCs should follow a natural sequence of implementation which will be determined by both national and local business priorities as defined in the LHC Integrated Service Improvement Plan.

The sequence of implementation will ideally be determined by the strategic priorities of each LHC. However there is a natural logical sequence for Electronic Patient Record go-lives which is partly dependent on software design. In addition the contracts with LSPs have agreed a particular phased approach. Implementations will be carried out in accordance with the Delivery Implementation Plans, which are the plans which represents the obligation of the Local Service Provider to deploy National Programme solutions to the NHS over the financial year.

To ensure system and data consistency across the Service, as required for a common, shared NHS CRS, a simple set of national standards have been adopted:

- Information standards – including use of a consistent set of ‘master data’, use of NHS number, Systemised Nomenclature of Medicine (SNOMED) coding including cross-maps (where appropriate) to approved clinical classification standards and supporting minimum dataset standards
- Project management standards such as PRINCE2, Managing Successful Programmes and Office of Government Commerce (OGC) standards, including Gateway reviews, business cases, benefits realisation and project initiation.

4.2.5 Continuous Improvement

In order to enable continuous improvement and avoid unnecessary duplication of effort lessons learned, good practice and NHS worked examples are collected during and after implementation projects and associated guidance is produced by the relevant Programme areas. The

resulting documentation is available for reference by trusts in the Implementation Guidance Toolkit (see signpost at the end of this section).

The purpose of this toolkit is to provide standardised, good practice products and services that enable National Programme implementations to be self-supporting, effective and professional, thus delivering patient benefits with the minimum of disruption to business as usual.

The content of the toolkit is:

- **National Programme Implementation Guide (this document)**
An introductory document covering the key aspects of the National Programme, explaining how the National Programme products and services will be implemented and articulating the key benefits.
- **National Standard for Implementation**
A framework consisting of lifecycle stages, reporting milestones and products developed to allow a standardised approach to implementation.
- **National Programme Implementation document repository**
Implementation guidance that currently exists within the NHS Programmes for IT, LSPs and trusts. Documents here fall into three categories: guidance (how to etc.), tools and templates and good practice/worked examples from the NHS.

4.2.6 Key Implementation Recommendations

As an introduction some key experience gained by Project Managers of early implementations include the following recommendations:

4.2.6.1 Project Management and Control

It is essential that projects are managed and planned effectively in order to achieve successful implementations. Detailed planning in the early stages will ensure the required results are achieved. It is important that dependencies and interfaces with other projects are taken into account, especially as projects are likely to be part of a larger change programme.

For further information refer to the National Programme Project Planning Framework Templates

http://www.connectingforhealth.nhs.uk/implementation/documents/Project_Planning_Framework_Template.xls

http://www.connectingforhealth.nhs.uk/implementation/documents/Project_Planning_Framework_Template.mpp

4.2.6.2 Business Change

It is important to note that the implementation of National Programme products and services is not purely an IT change project; in fact under most circumstances the primary focus of attention should be on the business change aspects (which encompass service, clinical and operational change) and not the technical implementation activities. The Project Team should include a Business Change Lead, ideally with time dedicated to the project, who can resource and plan business change.

For further information refer to the National Standard for Implementation <http://nww.connectingforhealth.nhs.uk/implementation/toolkit/NSI>

4.2.6.3 Data Quality and Migration

Data quality checks should be carried out as early as possible and a data cleansing and migration strategy developed to ensure that there is adequate time and resource to clean and migrate data to the new system. This should include the verification of NHS Numbers. Data should not be migrated if it falls short of the published data migration targets. For further information see: [http://nww.connectingforhealth.nhs.uk/implementation/documents/Data Migration Handbook.doc](http://nww.connectingforhealth.nhs.uk/implementation/documents/Data_Migration_Handbook.doc)

Also see the data migration activities in the National Standard for Implementation at <http://nww.connectingforhealth.nhs.uk/implementation/toolkit/NSI/nsi-activities-and-workstreams>

4.2.6.4 Training

IT skills and user confidence is key to success. Early in the project, surveys should be carried out to establish the IT competence of the user base and training plans and associated resourcing requirements developed accordingly. For further information refer to the Education, Training and Development Standards <http://www.connectingforhealth.nhs.uk/etdstandards>

Also see the training activities in the National Standard for Implementation at <http://nww.connectingforhealth.nhs.uk/implementation/toolkit/NSI/nsi-activities-and-workstreams>

4.2.6.5 User Registration

Registration of users is a pre-requisite for implementation of all programmes related to the NHS Care Records Service. The length of the process to both set up and register many hundreds of users should not be underestimated and should be included as a key element in the preparation for implementation. Factors which should be considered include: identifying which individuals require registration, understanding and managing the level of access that they require and who will sponsor this access (role based access control), arranging the logistics of registration and ensuring that user workstations are configured with the Smartcard software, known as the 'Identity Agent'. RAs should also be aware of the commitments outlined in the NHS Care Record Guarantee about how the NHS will protect patient information. For further information about these processes refer to the Registration Authorities website at <http://nww.connectingforhealth.nhs.uk/implementation/registrationauthorities>

4.2.6.6 Communications and Stakeholder Engagement

It is important that user engagement is started as early as possible in the project in order to involve staff in the process and thus achieve buy-in. It is vital that clear messages regarding the implementation, its impact and benefits are communicated to the entire trust.

For assistance in communicating about your implementation you should contact your local trust communications lead.

Trust communications leads are well briefed about NHS Connecting for Health and the National Programme. They will advise you on local communications channels. They also have access to all the latest communications materials about NHS Connecting for Health and the National Programme.

Should you receive press enquiries about your project you should approach your trust communications lead who will provide you with guidance. Press enquiries about national issues relating to NHS Connecting for Health and the National Programme for IT, should be escalated to the NHS Connecting for Health press office on 0113 280 5816 or nhscfh.pressoffice@nhs.net

Other resources which could assist you with your communications include the NHS Connecting for Health website: www.connectingforhealth.nhs.uk - an authoritative source of information on all aspects of NHS CFH and the National Programme.

The website also has a resources section from which you can download or order a variety of brochures and leaflets explaining about the work of NHS Connecting for Health and its various programmes. To order copies of publications visit: <http://www.connectingforhealth.nhs.uk/resources>

A public information programme is underway in Early Adopter areas for the NHS Care Records Service to advise NHS staff, patients and the public about the new ways of storing and sharing information. A dedicated website giving information for both patients and staff is available at <http://www.nhscarerecords.nhs.uk>

An engagement toolkit called the Table-Top Challenge (TTC) is also available. It has been developed to facilitate frontline engagement and discussion around the range of solutions being delivered by NHS CFH and their potential benefits. Further information is available on the following link http://www.connectingforhealth.nhs.uk/delivery/serviceimplementation/engagement/tabletop_challenge

4.2.6.7 Support

It is essential that adequate local IT Service Desk facilities are available when the new solution is deployed in order to mitigate the impact of its introduction. Current support processes should be surveyed at an early stage in order to identify possible resourcing or training requirements. Information on NHS CFH Service Management is available on the following link

<http://www.connectingforhealth.nhs.uk/servicemanagement>

4.2.6.8 Project Resources

Project team members should include local specialists in business change, IT, data quality and training, plus clinical staff. It is essential that projects are sponsored by senior management. Project team members in the hospital setting should also include operational and/or general managers of patient facing services, i.e. people who are very familiar with all hospital patient management and administrative processes.

Further information on sources of lessons learned can be found in Section 4.6.

In order to maximise the benefits of these and other lessons learned, NHS Connecting for Health has developed the National Standard for Implementation, a framework to assist trusts in the planning and management of their implementation projects. This is not a mandatory standard and is for guidance only; however it is supported by good practice and NHS Worked Examples and will be aligned with the ISIP Framework.

4.3 National Standard for Implementation

4.3.1 Purpose of the National Standard for Implementation

Feedback from early National Programme implementation projects identified a need for a standardised approach and communication to avoid inefficiencies and confusion within the LHCs and trusts.

The standard approach adopted will provide a framework on which to base a comprehensive set of guidance which would support the LHCs and trusts in their implementation projects.

To meet this objective, the National Standard for Implementation (NSI) has been developed using a joint collaborative approach with all stakeholders (including LSPs, the NHS Programmes for IT and Programme teams) to enable a standardised approach to implementation, using PRINCE2 at its core. The NSI forms part of the National Implementation Guidance toolkit.

The aim of the NSI is to ensure that lifecycle stages, the products produced within them and terminology used are the same, no matter what type of implementation project is being carried out or who is supporting the trust Project Manager. The audience for the NSI is, in the main, Project and Programme Managers who are implementing National Programme products and services.

In some instances, the NHS Programmes for IT may develop their own local, specific implementation toolkits. These will align with the NSI and will feedback local experience into the NSI solution so that good practice can be shared nationally.

4.3.2 Benefits of the National Standard for Implementation

The following benefits will be gained from adopting the NSI programme-wide:

- Trusts will be able to work more efficiently and with less confusion, when all parties supporting their implementation projects work to the same set of standards and use consistent terminology
- Trusts will have a standard way of planning, documenting, tracking and reporting on their implementation projects, improving management information and reducing duplication of effort
- Local Project Managers will have a standard set of templates to support their Project Management activities, reducing re-work and time

taken to agree the format of documents and improving the consistency and quality of documentation across projects

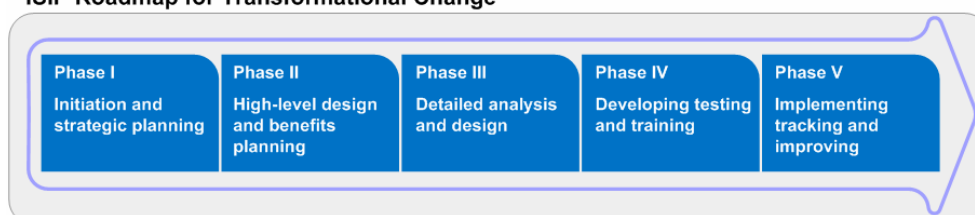
- Project Boards can be confident that products conforming to the NSI are complete and that all activities required for a successful implementation have been covered, regardless of the responsibility for the production of the product
- Reviewers will build up experience of documents based on a standard set of templates, thus reducing time for sign-off and potentially improving the quality of the review
- Suppliers can develop worked examples with recommended text, based on the templates, to build on local experience gained by the NHS Programmes for IT, whilst conforming to the standard templates
- As lessons are learned and good practice examples identified through future deployments, these can be captured nationally and shared through updates to the NSI, managed through a rigorous change control process
- A single set of guidance and lessons learned can be developed which will be applicable across the programme and ultimately will enable implementations to be achieved more effectively, reduce delivery risks and enhance realisation of benefits from the Programme.

4.3.3 National Standard for Implementation Framework

The National Standard for Implementation sits in the context of the Roadmap for Transformational Change, which is part of the ISIP initiative. For more information on ISIP please see the signpost at the end of this section.

NSI in the context of the ISIP Roadmap for Transformational Change

ISIP Roadmap for Transformational Change



National Standard for Implementation



The NSI consists of:

- An implementation lifecycle encompassing 6 stages, each with a Programme Reporting Milestone

- A product set to support trusts and LHCs which is aligned to the NSI stages and follow a common terminology:



4.3.3.1 Products

Supporting material is being developed for the above products as an aid to trusts implementing National Programme products and services. This material could include one or more product descriptions, standard templates, guidance, worked examples and links to local specific material. Development of this material is an ongoing process, with new templates and guidance being developed as experience is gained from local deployments and a requirement defined. Please see the signpost at the end of this section for a link to the NSI Framework and Products page.

The NSI assumes the use of PRINCE2 as the standard Project Management methodology – standard PRINCE2 products are included in the NSI when a need is identified for National Programme specific guidance e.g. recommendation of text on Clinical Safety in the PID.

4.4 Implementation Stages

Activities will differ for each project based on type of deployment, size, supplier etc. However some activities will be common across implementations. Examples of these are detailed below, in order of stage. Further detail can be found within the NSI section of the Implementation Guidance Toolkit, please see the signpost at the end of this section.

4.4.1 Implementation Stage 0 - Prepare for Implementation

This stage contains activities that ensure that, as organisations, the trusts that form LHCs are at a sufficient state of readiness to be able to start the implementation.

These activities include assembling an implementation team, completing an Organisational Readiness Assessment to gather baseline information about the trust, stakeholder analysis and the production of a business case or business justification.

This stage should end with a Project Brief which should be approved by the CEO/Project Board to trigger the start of Stage 1 (Initiate).

4.4.2 Implementation Stage 1 - Initiate

The Initiate stage is about making sure there is a clear understanding of what is to be delivered, by whom and at what cost.

Key activities/documentation produced during this stage should include a signed off Project Initiation Document (PID), a Data Cleansing and Migration Strategy, Stakeholder Management, Benefits Realisation Planning, the creation of Risks and Issues and Lessons Learned log to use throughout the life of the project, the creation of an Organisational Change Strategy and the design of a Training Strategy, including an assessment of basic computer skills.

This stage begins with the Project Brief from Stage 0. A PID signed by the Project Board/CEO triggers the start of Stage 2.

4.4.3 Implementation Stage 2 - Local Design

This stage has three elements, Survey, Design (or tailoring of National/LSP design to fit local requirements) and Procurement.

4.4.3.1 Survey

The introduction of new technology should prompt a thorough review of the processes, organisation, working practices and location to ensure that the planned benefits related to organisational efficiency can be realised through the alignment of process, people and systems.

This stage should include the completion of baseline surveys, the purpose of which is to ascertain, baseline and document the current environment into which the new implementation will take place. These surveys take the information gathered from the strategic Organisational Readiness Assessment, carried out during Prepare for Implementation, into a greater level of detail and also build on data gathered during the initiate stage. Examples of areas surveyed here might be data, staff, hardware, infrastructure, security, ergonomics and support arrangements.

4.4.3.2 Design

Having ascertained the existing baseline the measures needed to bridge the gap between the current situation and the required future state are designed and planned.

Typical activities will include business and clinical process design, the production of Training, local Test and Registration Plans and various design documents e.g. Support and Data Migration/ Cleansing design.

4.4.3.3 Procurement

If any upgrades to hardware, software or the physical environment are identified as part of the design process then it is during this stage that they are procured. Items that may need to be procured during this stage might include Human Resources, hardware, software, network connections (e.g. N3 if not already in place), training, interfaces.

The following stage is triggered once the full Local Design is complete and signed off.

4.4.4 Implementation Stage 3 – Prepare for Go Live

This is the stage during which all of the pre-go live tasks identified during the design activities should be completed, as defined during the Local Design Stage.

Tasks to be undertaken during this stage may include changes to clinical processes and performance, communications to staff, user registration, installation of any new or upgraded IT infrastructure (e.g. N3, LAN, hardware, software), cleansing and/or migration of data, training, testing (systems, integration and user acceptance), clinical risk checks.

Operational readiness should be assessed and any Go Live Checklists should be signed off in order to proceed to the Go Live Stage.

4.4.5 Implementation Stage 4 – Go Live

Go Live is the stage during which the activities required to switch over a new local service and the associated supporting systems from test to live status in a particular location are completed. If all the previous implementation stages have been completed this should be of a relatively short duration in most instances, but nonetheless a significant milestone for project staff and users alike.

Major activities at this stage will include migration of full live data set, switchover to the new Business Process and Organisational Change Model and the running of verification tests.

The exit point is the successful completion of the required go-live testing (including configuration, connectivity and clinical risk) by users and technical implementation staff.

4.4.6 Implementation Stage 5 – Support

The Support stage will consist of the deployment verification and the formal closure and handover of the project into live service. Documentation produced here may include an End Project Report, a Handover Report, complete with relevant system documentation such as user lists, system design, system manuals etc. and a Lessons Learned Report detailing the lessons gathered throughout the life of the project (although it is recommended that key lessons learned should be documented and shared at any stage of the project).

Specifically for an LSP solution a verification period will take place, at the end of which a deployment verification report is produced. This will include user feedback and lessons learned.

This is a critical time in obtaining user buy-in and acceptance. It is common that new systems will have teething problems and it is the speed and manner in which they are resolved that will affect opinions.

A Benefits Review and Post Implementation Review (PIR) will normally occur sometime after project closure but as a minimum during this stage a PIR approach should be produced and agreed as part of the End Project activity.

4.5 Education, Training and Development

It is estimated that in excess of 850,000 NHS staff will become direct users of the new IT systems and services being introduced by the National Programme. The ETD programme supports NHS staff using new systems and services by helping to ensure they have the relevant knowledge, skills, and confidence to use new IT systems and services effectively and that they understand and are enthusiastic about the benefits for patient care and their own working practice that new technology will enable.

4.5.1 Planning for Training

For each local implementation, planning for training should begin early in the project, starting with an overall strategy including an assessment of basic skills needs and also train the trainer requirements, resources, end user Role Based Access training requirements, detailed training needs assessments, consideration of evaluation methods and questionnaires before moving on to the development of training plans.. Outputs from Business Process Change should form the basis for all training plans and materials.

Planning for training is required to address the requirements of current NHS staff, as well as recognise the needs of new joiners and people changing roles over time. The training challenge is further complicated by the need for wide and diverse access to training, in terms of time and geographic spread, and different starting levels of user competence and experience. The National Application Service Providers (NASPs) and LSPs should design evaluation questionnaires in line with Training objectives at the course design stage.

The NASP Training Coordination Project has been set up to aid the creation and coordination of the training schedule for the applications rolled out at a national level. The project has created a vital bridge between the business and technical aspects of NASP training delivery in order to promote best practice at a national level. This will facilitate release based planning, which will maximise the positive impact of ETD in relation to nationally rolled out applications.

Scheduling and planning the provision of physical capacity for the sheer volume of staff that need to access training, often on several occasions for different courses, is a complex challenge that requires thorough planning. ETD recognises the requirement to provide the means for local NHS organisers to call upon additional support and has set up a framework

contract whereby Mobile Training Coaches can be called upon to provide extra capacity, at short notice and low cost. The framework contract is now available for call off by local NHS organisations. The key benefits of this provision are:

- Increased local training capacity
- Minimization of disruption to frontline staff by providing additional training facilities in situ
- Provision of cost saving by leveraging the buying power of the NHS as a single national organization.

Finally, the approach to training will need to take into account a variety of adult learning preferences to increase the quality of training from an end user perspective.

4.5.2 Delivering Training

Once local training strategies and high-level plans are developed, project activities should be coordinated with the wider local implementation programme to ensure that:

- Detailed training delivery plans are developed
- Learner training activities are scheduled
- The link between communications (to allow staff to be aware of what is coming) and training is maintained throughout the implementation
- Trainers are identified and have the appropriate qualifications and time needed for being trainers
- Trainers are trained
- Trainers have time for system familiarisation
- End user training environments are configured as appropriate
- Trainers make the necessary adjustments to training materials for any local variation required
- Training is piloted and refined prior to delivery using evaluation questionnaires with focused objective based questions
- End user training is executed in a timely manner, typically just before go-live
- Training results are coordinated with provision of system access to end users who have demonstrated proficiency
- All training delivered is evaluated for quality and completeness
- Desk-side support from trainers and/or super users is provided to support go-live
- Top up training and refresher training is provided as required
- Feedback on the centrally provided training materials is offered to enable continuous development

- Consistency with NHS Connecting for Health Training standards is maintained
- Coordination through SHAs should be done on an ongoing basis to enable sharing of good practice and resources as appropriate.

Training will be required for all staff that will be using the National Programme systems. This training will need to include:

- Functional application training – how to navigate the screens, etc
- Local process and workflow training – where implementation of the new system changes an existing way of working or creates new procedures, these need to be trained in conjunction with the functional systems training.

Some aspects of training will be relevant for all frontline users and should be included in ongoing induction activity, such as:

- The security elements of the system
- The policy aspects of patient data confidentiality and patients' right to limit access to their information
- The importance of correct patient searching when using a specific patient record such that the integrity of records remains intact and quality of data is high
- An overview of how the new joined up patient record works and the impacts of using it.

Most aspects of the training will be role specific such that users will be trained on what they need to know to do their jobs.

Where the implementation is LSP supported, the responsibility for quality assurance of the Train the Trainer materials lies with the NHS Programmes for IT Implementation teams as part of their management of the contract and supplier. They should ensure that training evaluation questionnaires with questions constructed around learning are available. Evaluation should be conducted by the LSP for Train the Trainer (TTT) and end user courses.

Development of this material is an ongoing process, with new templates and guidance being developed as experience is gained from local deployments and a requirement defined.

4.5.3 Training Principles

The following principles should be used to guide development and delivery of end user training activities:

- Training experience target blend: for instance 30% how to use the system and 70% process changes and why it matters to patient service
- Adopt Education, Training and Development (ETD) good practices to enable greatest end user take-up (just in time, etc) - if they don't know why and how, they won't use it
- Use existing ETD mechanisms and channels as much as possible

- Every training experience is an opportunity to 'sell' the National Programme and encourage engagement
- Use precious frontline training time with respect
- Coordinate NHS Connecting for Health training activities so they make sense to end users
- Central teams should enable and support the trainers; end user trainers should only need to make minor modifications for local purposes
- Use super-users and product specialists to support successful uptake.

4.5.4 ETD Standards

The ETD standards are a set of documents outlining best practice around planning, developing, delivering and evaluating training rollouts. They have been created to help achieve consistency of quality around training in the NHS and to support national evaluation and reporting activities.

- Applying the ETD standards as part of the approach to training principles will have the following benefits:
 - An increase in the quality of training being delivered, leading to efficiency improvements and cost savings
 - A consolidated ETD strategy will provide evidence-based guidance on the appropriate approach to use when delivering ETD interventions to support the implementation of the National Programme
 - A consolidated ETD strategy will provide consistency in approach across all NHS CFH ETD projects
 - Standards applied across all training rollouts will help facilitate the influencing of partner organisations to deliver high quality training interventions

For further information refer to the Education, Training and Development Standards at

<http://www.connectingforhealth.nhs.uk/systemsandservices/etd/standards>

4.6 Programme and Project Management Controls

Establishing effective controls for a programme/project is crucial to its success. There are a number of controls built into PRINCE2 projects which help to ensure products are delivered on time, to the appropriate quality and within budget. Controls can assist in the delivery of a programme or project of any size.

4.6.1 Quality Management

Within projects quality management aims to manage day-to-day activities which will ensure consistency and that products meet requirements. Quality management is the process of ensuring levels of quality is achieved.

The Project Quality Plan and the Project Initiation Document (PID) form the key part of quality management for a project. The purpose of a Quality Plan is

to define the quality techniques, standards, processes and procedures to be applied and the various responsibilities for achieving the required quality levels. The objective is to establish and achieve good practice, demonstrating that the project is being well run in a controlled environment. This will help ensure that the product or service meets the requirement.

4.6.2 Project Planning and Reporting

Project planning and reporting form an essential part of programme and project control on any large IT programme. Planning is the key to monitoring programme performance and understanding programme targets and any associated risks. Robust planning processes will provide the basis for comprehensive reporting requirements that are fundamental in aiding management in their decision making process.

4.6.2.1 NHS Local Requirements

For the NHS organisations implementing National Programme products the project plan should be generated to support the project business case and should also form an integral part of the PID. It is important to note that the project plan is a key governance document and should be owned and approved by the local Project Board.

The project plan is a fundamental project management tool. It not only provides activity level detail and forecast projections but establishes a baseline for other aspects of project management. As an example, risks and issues should always be analysed and assessed in terms of their impact against the plan. Resource levels and costings should also be baselined and measured against the project plan.

4.6.2.2 Joining in with NHS Connecting for Health

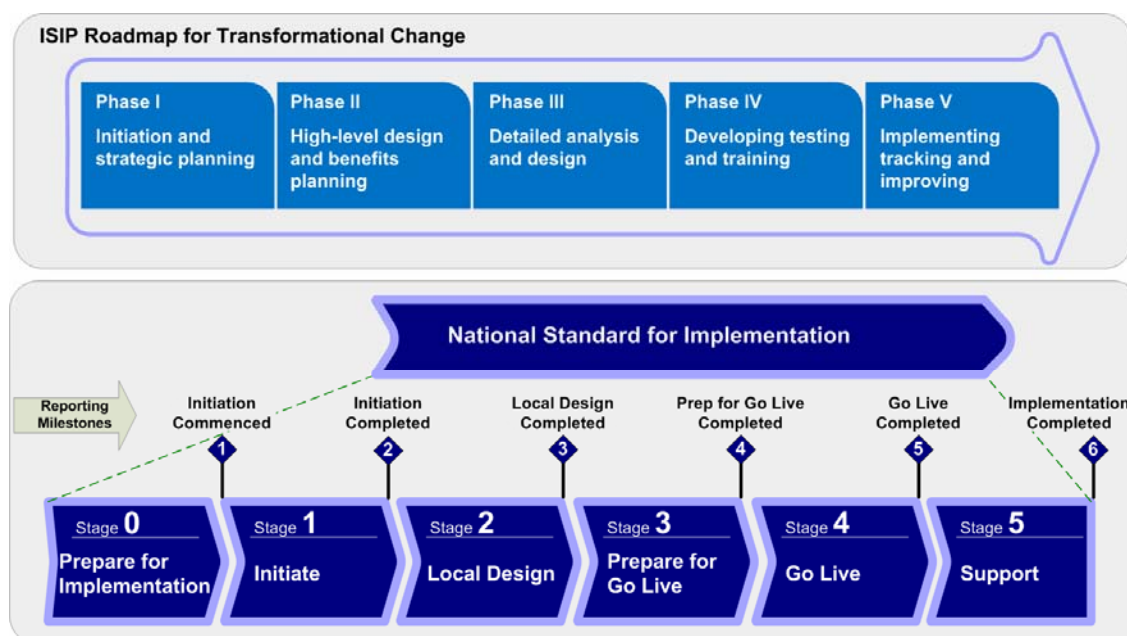
The Detailed Implementation Plan

The Detailed Implementation Plan (DIP) is produced by the Local Service Providers (LSP). The information within the DIP depicts key deliverables such as projects (solutions/systems) that will be delivered to the NHS SHAs during the financial year.

The NHS SHAs use the DIP framework to formulate project plans that provide the National Programme with detail relating to each and every deployment.

Implementation Milestones

There are certain mandatory implementation milestones that each LSP project is required to monitor and maintain within its plan. The diagram below provides an overview of these milestones.



For LSP implementations the milestones are:

- Initiation Commenced
- Initiation Completed
- Local Design Completed
- Preparation for Go-Live Completed
- Go-Live Completed
- Implementation Completed.

ESP implementations undergo a less complex approvals process, hence ESP implementations will only be required to use two of the six reporting milestones namely, Initiation Completed and Go Live Completed.

These milestones follow the National Standard for Implementation that has been developed to aid planning and reporting across all areas of the National Programme, as illustrated in the diagram. This method has been adopted by the National Programme Office (NPO) and is used to formulate all project plans for the Programme.

It is important to note that these reporting milestones are used for both the ESP and LSP programmes of work. These milestones should be used to record deployments, i.e. release or solution at NHS locations.

Further information can be found in the National Programme Implementation Planning and Reporting Model (see signposts) at the end of this section.

4.6.2.3 Planning Tools

Various tools are used across the National Programme to generate and manage project plans. These range from simple MS Excel spreadsheets, MS Project, the NHS Performance Tracking Database and Primavera P3e Enterprise, the Programme Management software used by the SHAs and NHS Programmes for IT and the NPO to manage the Programme.

Alignment of local NHS planning data is achieved via the reporting milestones as shown in the previous diagram. The NHS sites can record and track their milestones with the aid of the “NPfIT Project Planning Template” that is formulated in Microsoft Excel and Microsoft Project (see signposts).

Guidance as to appropriate tools and the generation of local project plans can be sought from the NPO staff posted or based in the NHS Programmes for IT.

4.6.3 Risk and Issue Management

Risk and issue management should be considered an integral part of any effective programme or project management regime. Clear identification of the threats to achieving programme or project objectives together with structured action plans, appropriate owners and regular review are key in minimising the possibility of a programme or project not achieving its desired outcomes.

4.6.3.1 NHS Local Requirements

In many areas of the NHS programme and project management processes, including risk and issue management are already in use. Where local risk and issue processes are well developed and operating effectively the NHS Connecting for Health risk and issue management requirements can generally be dealt with within the existing framework. Key areas for consideration will be recording, reporting and escalation of risk and issues within the governance arrangements of the NHS Programmes for IT. Where processes are not in place the Issue and Risk Management Guide for Project and Programme Managers provides an overview of the expected risk and issue management requirements to provide a suitable level of control for a National Programme implementation.

4.6.3.2 Joining in with NHS Connecting for Health

Management of NHS CFH risks and issues is facilitated at a local level via the NHS Programmes for IT and SHA Programme Management Offices, who should be the first point of contact. Local governance, reporting and escalation requirements are established and maintained by these groups who will also be able to provide advice and support and assist with access to tools, training, etc.

4.6.3.3 Risks and Issues Management Tools

The principle tool used for the recording and reporting of NHS Connecting for Health risks and issues is the Tracking Database (TDB) which is available to all areas of the Service. Training in use of the TDB and the risk and issue management processes can be provided by the NPO.

MS Excel templates for Risk Registers and Issue Logs are also available for use as an interim solution where connection to the TDB is not yet established.

Further information can be found in the Issue and Risk Management Guide for Project and Programme Managers, which incorporates a user guide for the TDB.

4.6.4 Lessons Learned

Activities associated with the delivery of products inevitably generate lessons which can be of benefit to future activities. It is important that where a particular activity has been successful the lessons gained from this experience are captured. It is equally as valuable to acknowledge when an activity has been unsuccessful and learn from past experiences. The knowledge accumulated from activities is referred to in PRINCE2 as 'Lessons Learned'.

4.6.4.1 NHS Local Requirements

Within programmes and projects it is important that lessons learned are identified, recorded and shared, both within the project and outside it.

Lessons learned should be captured throughout the lifetime of the project. It is useful to review the lessons at key stages in the programme/project lifecycle.

4.6.4.2 Joining in with NHS Connecting for Health

The benefit of capturing lessons across the Programme is immense, given its complexity and the potential degree of replication (across NHS Programmes for IT, SHAs, trusts etc.) of activities during its lifetime.

The National Programme Lessons Learned approach aims to provide a system for the recording and dissemination of lessons that have been learned in the course of local implementations of National Programme projects.

The National (Programme wide) system consists of processes designed specifically to enable lessons to be captured and disseminated to a broader spectrum audience via a lessons learned repository.

4.6.4.3 Lessons Learned Tools

At a local level a Lessons Learned Log can be used as a repository for any lessons that may be of use to other projects. This information may be written up into a Lessons Learned Report. Lessons Learned Reports should be used to record both the things that went well and the things that you would recommend be done differently in future projects of a similar nature.

The Lessons Learned Report ensures that:

- Good practice is developed, shared and implemented
- Future projects of a similar nature avoid any 'pitfalls' that may have been experienced.

At an NHS Programme for IT or SHA level, knowledge managers work with Trusts to identify and share lessons learned, using processes and, in some cases, NHS Programme for IT repositories of information. Development of a new national database and process for continuous improvement is being piloted by with SHAs and Programme teams, which will integrate local processes. Further information will be provided once this becomes available (mid 2007). In the interim any lessons learned material will be welcomed and

can be sent to cfh.dl-implementation@nhs.net . This is also the appropriate address to discuss the anonymisation of materials to ensure confidentiality.

4.6.5 Change Control

Any change to project scope, schedule, approved products/documents or budget should be carefully managed. Change control is the project management process for managing change. Areas of the project become subject to change control at the point of approval. For example, project documents are subject to change control once the first version is approved. The Plan is subject to change control on point of baselining.

Change control includes change to time, cost and scope as well as contractual change, technical change and business change. Each change should go through a similar process which entails capturing and recording the details of the change, performing an assessment on the change with respect to risk, issues, functionality, cost and time. Essentially the difference in the process for each type of change may be around who the participants are in the change analysis which should include commercial, technical, programme controls, quality and a senior management sponsor.

Change control locally is coordinated by the Programme for IT Management Office (PMO).

4.6.6 Document Management

A document is defined as any input or output from a project, programme, or function which contains information or data. Programmes and projects inevitably generate a number of documents which need to be managed. Document management is crucial to overall project control and embodies the whole lifecycle of document production from creation through to reviewing, approving, issuing, storing, retiring and finally archiving.

To ensure the accuracy of information all documents produced on a programme or project should undergo review prior to publication. In PRINCE2 terms this structured and organised approach to the examination of a product against predefined quality criteria is known as a Quality Review. Once the approver is satisfied that the document conforms to its requirements the document can be marked as approved and the version becomes baselined.

Documents need to be controlled by assigning a version number and as changes are made this version number should be updated accordingly. Changes to versions should be logged together with the appropriate approvals.

The document management process must allow each document to be easily located and demonstrate the current status of that particular version and what the latest approved version of the document is. To this end it is important that the document library is maintained in a location accessible to all, together with a full index of the contents of that library.

4.7 Signposts to Further Information

This part of the section provides a quick reference guide to key implementation tools, guidance and further information.

- The Implementation Guidance Toolkit:
<http://nww.connectingforhealth.nhs.uk/implementation>
- National Standard for Implementation:
<http://nww.connectingforhealth.nhs.uk/implementation/toolkit/NSI>
- National Standard for Implementation Framework and Products:
<http://nww.connectingforhealth.nhs.uk/implementation/toolkit/NSI/national-standard-products-and-activities/>
- Integrated Service Improvement Programme website:
<http://www.isip.nhs.uk/>
- The NPfIT Project Planning Framework Template is available in MS Excel and MS Project versions:
http://nww.connectingforhealth.nhs.uk/implementation/documents/Project_Planning_Framework_Template.xls
http://nww.connectingforhealth.nhs.uk/implementation/documents/Project_Planning_Framework_Template.mpp
- Education, Training and Development:
<http://www.connectingforhealth.nhs.uk/systemsandservices/etd>
- NHS Training Support Materials:
<http://nww.connectingforhealth.nhs.uk/etd-nasp-learning-material>
- Basic IT Skills: <http://www.ecdl.nhs.uk/>
- NHS PC Coaching: <http://www.pccoachingnhs.com/>
- National Programme Implementation Planning and Reporting Model:
http://nww.connectingforhealth.nhs.uk/implementation/documents/Implementation_Planning_and_Reporting_Model.pdf
- The National Risks and Issues Management Framework:
http://nww.connectingforhealth.nhs.uk/implementation/documents/national_risks_issues_framework.pdf
- Document Management Procedure:
http://nww.connectingforhealth.nhs.uk/implementation/documents/NPO_Document_management_procedure.pdf
- A Handy Guide to Document Management and FileCM:
http://nww.connectingforhealth.nhs.uk/implementation/documents/NPO_Handy_Guide_to_Document_Management.ppt

5 Section 5 – Responsibilities and Governance

5.1 In this Section

This section provides an outline of the implementation responsibilities and governance across the National Programme, SHAs and trusts.

- Overview of Accountabilities
- Overview of Implementation Responsibilities
- Details of Implementation Responsibilities
- Implementation Governance
- Signposts to Further Information.

5.2 Overview of Accountabilities

This section has been developed to provide an overview of the accountabilities associated with the implementation and realisation of benefits from the Programme. The NHS is committed at the highest level to digitising the delivery of healthcare; delivering better quality, safer care for patients and developing a more efficient service. This is endorsed in 'The NHS in England: the Operating Framework 2007/08' which explicitly references the key enabling role of IM&T in service transformation. The National Programme is accountable for delivering working IT solutions, but accountability for implementation and benefits realisation lies with the local NHS. Further advice and confirmation should be sought locally.

The key accountabilities are summarised below:

- The overall Senior Responsible Owner (SRO) for the Programme is the NHS Chief Executive Officer (CEO) who is accountable to the Secretary of State for Health for delivery
- Overall accountability for the implementation and benefits realisation of the Programme locally lies with the SHA CEO. They are the nominated SRO for their SHA and will be accountable to the NHS CEO for delivery
- National Programme implementation and benefits realisation will form part of Strategic Health Authority (SHA) and Primary Care Trust (PCT) CEO personal performance objectives. Trusts failing to meet their agreed implementation obligations may incur contractual penalties
- The NHS Programmes for IT, i.e. LPfIT, SPfIT and NMEPfIT, are accountable to the NPfIT Programme Board and Boards of constituent SHAs for setting the strategic direction for the execution of NPfIT within LPfIT, SPfIT and NMEPfIT and across its constituent SHAs
- Performance against achieving compliance with National Programme related targets, implementation commitments and realisation of benefits will be managed through the mainstream NHS performance

management route reporting to the NHS Management Board on a monthly basis.

5.3 Overview of Implementation Responsibilities

This section has been developed to provide an overview of recommended implementation responsibilities, based on good practice experience, but should not be considered to be a definitive statement. There will also be a range of factors (e.g. contracts) that will need to be considered. However, it should be used as a starting point to enable agreement between parties to be reached more quickly. Where further clarification is required, contact your relevant SHA or the Programme for IT representative. The Project Initiation Document (PID) should be the vehicle for defining implementation responsibilities for a specific project.

The key implementation roles are summarised below:

- Trusts forming Local Health Communities (LHC) will manage and deliver implementation within their organisations. They will design and adjust local procedures, communicate and engage with staff to manage the overall change process. Local responsibility will include project resourcing, clinical engagement, data quality and training, as well as hardware and local area network upgrades. LHCs will also be responsible for monitoring and reporting on the realisation of benefits
- SHAs will generally assist and support programme management across their LHCs. SHAs are likely to create Programme Support Offices providing and/or coordinating cross-SHA specialist resources e.g. Change and Benefit Management, Clinical Engagement, Training etc
- LHCs, SHAs and NHS Programmes for IT will develop the local implementation arrangements, including prioritisation, timing of system replacements and alignment of local IT strategies with the programme plan and capacity. These plans will generally be related to Local Delivery Plans (LDP)
- LHCs and the LHC board will coordinate the work of their constituent organisations in planning changes, engaging clinicians and realising benefits, taking into account the availability of relevant National Programme technical solutions. Local leadership will be essential in realising those benefits that require cross-organisation collaboration
- The central National Programme teams provide products and services, general guidance, support and funding for specifically agreed activities. They also monitor progress, resolve programme-wide issues, prioritise the use of resources and manage contractual negotiations with suppliers
- The NHS CFH Requirements, Design, Build and Test function (RDBT) is responsible for monitoring and assuring the planning, design and development of LSP solutions to meet the requirements and priorities of the NHS. They will also assure the delivery of LSP solutions and associated functionality to meet NHS business targets in line with

agreed plans and contractual commitments. This work is carried out collaboratively by both the NHS Programmes for IT and the central CFH function

- The Registration Authority (RA) is the service that is responsible for managing and administering the process of registering users on the Spine and their access profiles to NHS CRS applications
- National Application Service Providers (NASPs) are responsible for the delivery of national applications such as the core elements of the NHS Care Record Service (NHS CRS), Choose and Book, Electronic Prescription Service (EPS), NHSmail, GP2GP, and National Network (N3) facilities
- The National Infrastructure Service Provider (NISP) will be responsible for providing networking and support services (specifically N3).
- LSPs are responsible for the development and implementation of a range of IT related services in the NHS Programmes for IT. These services are contractually agreed and will meet minimum national standards and requirements. The LSPs are also responsible for the development and deployment of PACS reference solutions in co-operation with their respective sub-contractors in the NHS Programmes for IT
- Existing System Providers (ESPs) are responsible for providing and maintaining “compliant” systems for integration and deployment within the trusts where required by NHS CFH on behalf of the NHS. “Compliant” in the current context means the systems have the ability to access existing core systems such as Personal Demographics Service (PDS), Choose and Book, and the EPS. Existing Systems in this context include systems currently installed within the NHS, as well as systems used by non-NHS organisations that deliver NHS patient care – such as Independent Sector Treatment Centre (ISTC) systems
- NPfIT Programme Directors, SHA CIOs and their Programme for IT Implementation Teams will be responsible for any implementation dependencies placed on LHCs by either National or LSPs. The NPfIT Programme Directors for LPfIT, SPfIT and NMEPfIT will also be responsible for the development of integrated implementation plans covering all of the national and local LSP and ESP implementations, as well as ensuring that the LSPs meet their contractual obligations
- The National Programme Service Implementation team exists in order to support the NHS in maximising the value gained from the investment in the National Programme
- The NHS CFH Deployment Support Team has been established to provide specialist support to NHS organisations as they deploy LSP and NASP solutions. The role of the team is to provide specialist knowledge and expertise to help organisations resolve particular deployment issues at local or more strategic levels or to transfer knowledge such that the organisation is enabled and prepared to

successfully complete deployment activities. It is not intended that these resources will become long term members of local project teams

- Programme for IT and NHS CFH National Deployment Teams also have a role in capturing lessons learned and sharing best practice
- The National Programme's training responsibility, at trust and SHA level, is to ensure that users are equipped to operate and understand the new IT systems; providing products and services, general guidance and standards, a basic level of help and support, and funding for specifically agreed activities
- The Integrated Service Improvement Programme (ISIP) is responsible for the development of an integrated approach to change management and service improvement planning and benefits management. This approach will help to maximise the impact of national (including the National Programme) and local change initiatives by linking them directly with strategic directives and ensuring that all the drivers for change are fully utilised
- The NHS CFH Central Design Authority and Technology Office develop and control standards for the NHS IT systems of the future. It supports the National Programme for IT (NPfIT) and the introduction of new computer systems that deliver faster, safer and more convenient patient care in England. This includes;
 - developing business and technical architectures
 - setting and monitoring technical standards
 - evaluating supplier proposals
 - assuring supplier products
 - managing relationships with key suppliers
 - ensuring that migration and implementation strategies are robust and achievable

5.4 Details of Implementation Responsibilities

5.4.1 Within the NHS

The responsibilities cited in this section are included with the caveat that they do not account for variations in LPfIT, SPfIT and NMEPfIT contracts. Where further clarification is required contact your relevant SHA or Programme for IT representative.

Further information on the responsibilities of National Programme teams can be found in Appendix C.

5.4.1.1 Trusts Forming Local Health Communities

Responsibilities can be subdivided into the following areas, some of which will be executed with and supported by SHA Programme Management. The trusts will be the ultimate owners of the implementation projects.

Throughout the implementation process, therefore, the trust will be responsible for project control and reporting, to PRINCE2 principles. This will include the establishment of key planning milestones for monitoring progress and reporting against these as required by the National Programme Office (NPO).

It is recommended that the responsibilities include:

- Ensuring all sites and any external suppliers to local organisations have ordered and migrated to N3 ahead of the NHSnet closure. Latest information about ensuring continuity of services can be found at www.n3.nhs.uk. Identification of existing network links that could be re-used during N3 implementation and ensuring accurate information on the N3 Customer Relationship Management (CRM) system will support timely delivery of N3 services
- Service improvement planning and benefits management⁴, including the agreement of an LHC-wide Service Improvement Plan and preparation of programme and project level benefits realisation plans. This incorporates the identification and planning of benefits to be derived by the LHC from major change programmes using the implementation of a National Programme product
- Ensuring the dependencies and activities identified as the responsibility of the trust within the integrated change programme plan are met (e.g. infrastructure availability, data quality assured, staff trained, new business processes in place and understood, helpdesk facilities in place and effective)
- Communicating, consulting and involving stakeholders, particularly clinicians and patients, to help them understand and support the adoption of the new solutions and that the solutions meet local needs. In addition to communication leads, many trusts have people who lead on patient and public involvement and are in touch with a range of local patient and public groups to engage. Trusts' Patient Advice and Liaison Service (PALS) might also help gather user views
- Carrying out pre-implementation surveys, site preparation and an Organisational Readiness Assessment (this should include a skills survey and development of a training approach)
- Managing local Registration Authority process
- Ensuring adequate Level 1 service desk provision and managing local IT Service Desk facilities
- Preparing and maintaining project management documentation such as Business Case, PID, Lessons Learned and Risks and Issues logs
- Ensuring data quality will be in line with National Programme policy and follows Information and Quality Assurance programme (IQAP) guidelines

⁴ Guidance provided in the ISIP Framework

- Development, agreement and acceptance of robust locally approved implementation plans and mechanisms for project control and reporting
- Local NHS resourcing and planning and managing end-user training
- Engaging in and managing the Services 'to be' process designs at the LHC level
- Maintenance of business continuity and development of contingency plans
- Ensuring that all necessary clinical risk checks have been carried out according to national and local policy
- Identification and escalation of issues that cannot be resolved locally, into the approved escalation process
- Managing any existing IT contracts through to completion, termination or transfer to the LSP
- Sharing of good practice to allow other LHCs to benefit.

5.4.1.2 Strategic Health Authority

Strategic Health Authorities are responsible for the implementation of NPfIT in their area. Refer to the NPfIT Operating Model version 2.0 for a detailed description of SHA roles and responsibilities.

Responsibilities can be subdivided into the following main areas:

- Programme management - ensuring a SHA wide approach. (This does not necessarily mean that the SHA has responsibility for managing the programmes)
- Monitoring existing systems arrangements - providing and maintaining detailed information on existing legacy contracts and systems within their area
- Performance management - performance managing and monitoring local delivery of the National Programme and related targets (e.g. Choose and Book), taking remedial action where progress is off-track
- Setting the framework to support LHCs
- Benefits reporting - monitoring and recording benefits and risks at SHA level
- Engagement – working with LHCs to ensure all stakeholders, including clinicians and patients, are consulted, involved and informed appropriately as implementation progresses. Many SHAs have people who lead on patient and public involvement who can provide advice and support and links to patient and public involvement leads in trusts
- Working with LHCs to ensure that the most effective and appropriate IT Service Desk facilities are provided, which may be achieved by a collaborative approach where one organisation helps other organisations by supplementing their service

- Co-ordinating trust risk management with risk management across the NHS Programmes for IT and NPfIT as a whole
- Providing leadership in implementing the solutions through the SHA Chief Executive Officer
- Supporting training plans for constituent LHCs and trusts, coordinating limited training resources and sharing good practice.

The SHA CEOs may delegate, to a nominated representative, the responsibility for the local implementation of solutions working with colleagues across the SHA and LHC to ensure the realisation of benefits at an organisational level across their SHA area. They advise their Programme for IT Management Board on progress and issues and receive guidance and support from their NPfIT Programme Director, SHA CIOs and the programme support team.

5.4.2 NHS Programmes for IT Structures

The NMEPfIT / LPfIT / SPfIT Management Boards are responsible for:

- Leading the programme at IT Programme level and sponsoring key communications
- Resolving any issues escalated from the Programme for IT Executives
- Defining NHS requirements / priorities to inform (re-)negotiation of NPfIT contracts
- Highlighting reporting and escalating issues, as required, to the NPfIT Programme Board
- Ensuring that each SHA provides adequate support and proper input to the Design, Build and Test activity as well as benefits planning
- Ensuring that NHS IM&T plans are consistent with the NPfIT LSP and NASP contracts
- Escalating any unresolved issues to the NPfIT Programme Board for resolution
- Confirming business case approval and source of funds for deployment project
- Presenting to Treasury on significant changes on the gross business case
- Responding to parliamentary questions relating to LSP-specific matters

Refer to section 5.5.2.7 for an overview of the London NPfIT Board.

5.4.2.1 Clinical Safety Group

The Clinical Safety Management Systems approach has established a number of safety processes for NHS Connecting for Health including:

- Safety Organisation and reporting lines back to the Clinical Safety Director and

- the appointment of an independent clinical secondee from NPSA to act as National Clinical Safety Officer.

The approach has facilitated development of an end-to-end clinical hazard assessment process within which systems hazards are identified and mitigated. In addition, it has established a training and accreditation process for Clinical Safety Officers from both the Authority and key suppliers.

The Clinical Risk and Safety Group is responsible for overseeing the implementation of the safety management requirements within NHS Connecting for Health. The group assess the safety documentation required for products and give clinical authority to deploy. Any issues or concerns regarding safety of products can be raised with the group who then have a responsibility for pursuing these issues.

5.5 Implementation Governance

The future NPfIT governance framework and its constituent management boards and decision-making are currently being developed. These principles are discussed in NLOP Product PD03-02 IM&T and NPfIT Governance Framework. It proposes a new NPfIT Executive to act as an advisory body for the NPfIT Programme Board to manage issues that are outside of the SHA or the NHS Programmes for IT. It also makes the point that NPfIT boards are not statutory and do not add a hierarchical governance level. The document does not aim to replicate the NHS existing governance which would show lines of accountability direct from the NHS Management Board to SHA CEOs.

5.5.1 LHC/ Trust Governance Roles

This guidance is not intended to be prescriptive about the exact arrangements put in place at each LHC or trust. If the National Programme implementation is part of an ISIP change programme, governance arrangements are set out on the ISIP website; these are consistent with OCG guidance.

As a minimum, effective governance of the LHC requires a:

- **programme board/sponsoring group**, comprising representatives from each healthcare organisation in the LHC
- **senior responsible owner**, who is a Chief Executive of one of the LHC organisations, a member of the sponsoring group and who provides overall direction and leadership for the LHC programme
- **programme manager** whose core role is to set up and lead the delivery of the LHC agenda
- **clinical leader** or leaders who have the credibility to mobilise a wide range of clinical engagement and support for the programme
- **business change manager** or managers who are responsible for defining and agreeing the benefits and supporting and assessing progress towards their realisation across the health community.

5.5.2 National Programme Governance

This section identifies the main accountabilities of the key governance structures, including: National Programme Board, NPfIT Programme Executive, SHA NPfIT Board, NMEPfIT / SPfIT / LPfIT Management Boards.

5.5.2.1 National Programme Board

- Owns and is the advocate of the National IT Strategy – Delivering 21st Century IT to the NHS
- Ensures that the activities and aims of the National Programme remain aligned with the evolving business and clinical needs of IT across the NHS
- Provides overall direction for the National Programme organisation ensuring clear objectives are set and defined deliverables are achieved
- Ensures that the National Programme adopts robust management controls to provide both proper value for money considerations in all its dealings and also audit compliant procedures
- Oversees the work of the individual programme boards e.g. for Choose and Book, ETP, NHS CRS, infrastructure
- Approves programme governance structures to ensure clear lines of accountability with appropriate escalation routes and clear reporting lines
- Approves key programme products, e.g. plan, business case, procurement strategy and budget
- Acts as change management authority, reassessing priorities in the light of developments and changing circumstances
- Monitors the progress of the National Programme against plans and agreed budgets and manage risk
- Ensures that the programme delivers products which enable/ facilitate modernisation and patient choice
- Ensures that a mechanism is available to monitor the benefits achieved by the implementation of the products of the Programme.

5.5.2.2 National Supplier Board

- Ensures that the services supplied to the National Programme remain aligned with the evolving business and clinical needs of IT across the NHS
- Ensures that any issues referred to it are either resolved in a rapid and definitive manner or referred to the appropriate authority for resolution
- Ensures that procedures and attitudes are focused on encouraging an overall culture of collaboration and of collective Authority/ LSP responsibility and of taking the appropriate actions to avoid any counterproductive modes of behaviour

- Ensures that adequate and appropriate 'Management Mapping' is developed between each of the LSPs' management teams and the Authority's management
- Encourages and promotes technical innovation in support of NHS business.

5.5.2.3 NPfIT Programme Executive

The NPfIT Programme Executive has been formed to assess Programme-wide issues and consider trade-off decisions in terms of time, quality and cost to prioritise, decide and delegate authority to act. The NPfIT Programme Executive is not 'executive' in terms of a decision-making authority. It will act primarily as an advisory group to the NPfIT Programme Board.

5.5.2.4 Strategic Health Authority NPfIT Board

Strategic Health Authorities provide strategic leadership to maintain and deliver improvements in local health and health services through primary care and NHS trusts. This activity is aligned to the national framework for developing a patient-centred NHS and supported by effective controls and clinical governance systems⁵. Individual NPfIT Governance Arrangements will vary between SHAs but it is assumed that the SHA CEO, as chair of the SHA Board and SRO for NPfIT in their SHA, will make NPfIT related decisions whether these are taken at the main SHA Board or at a separate NPfIT-specific sub-board. SHA NPfIT Boards will: (i) produce an IM&T plan that sets out a development path for the delivery of local objectives up to 2011, supporting NPfIT commitments and IM&T capability development; and (ii) support the efficient and effective delivery of the SHA's NPfIT business case as well as the realisation of benefits, as defined in the IM&T strategic plan.

5.5.2.5 NMEfIT / SPfIT / LPfIT Management Boards

The Programme for IT Management Boards have been established for the South; and the North, Midlands & East (NME). These Boards (i) act as a forum for CEO discussion and decision making with regards to NPfIT; (ii) provide strategic direction within a defined geographic area; (iii) ensure a joined-up approach in implementing NPfIT across constituent SHAs; and (iv) ensure the effective engagement of NHS CFH and other key stakeholders. London has specific governance arrangements as it does not have cross-cutting responsibilities.

The Programme for IT Management Board will appoint a lead CEO who will act as chair of the Board and will be responsible for executing authority delegated by the other SHA CEOs within the NHS Programmes for IT. To ensure continuity of accountability, all SHA CEOs will be held accountable for decisions taken at a Programme for IT, i.e. decisions taken in the past will be binding.

⁵ Refer to the following document for a detailed overview of generic SHA terms of reference: *Department of Health, Strategic Health Authority Model Standing Orders, Reservation and Delegation of Powers and Standing Financial Instructions, March 2006*.

5.5.2.6 NMEPfIT / SPfIT / LPfIT Executive

Programme for IT Executives have been formed to support the NMEPfIT / SPfIT / LPfIT Management Boards. Specific responsibilities and tasks are delegated from the NHS Programme for IT Management Boards to the Programme for IT Executive for execution and implementation. The primary objective of the NHS Programme for IT Executive is to implement all Programme for IT Management Board directives and decisions.

5.5.2.7 London Programme Board

The existing governance framework for London comprises the LPfIT Board, and three Care Setting Programme Boards (for Acute services, Mental Health services, and Primary and Community services). These boards are supported by a number of reference, advisory and users groups (clinical, ICT, benefits and business) and change networks. The existing arrangements will be enhanced to (i) reflect the new authorities and accountabilities vested in it through NLOP, (ii) align, as appropriate, with other SHA and Programmes for IT, (iii) underpin national management arrangements and objectives and (iv) take account of the light of new and design and configuration responsibilities emerging from the updated LSP contract (CCN2).

5.5.2.8 LHC Programme Board

Each LHC may have in place a Programme Board that will provide overall legitimacy for the work of the LHC. It should:

- challenge and ultimately approve, then support, all key decisions made by the LHC and the agreed impact on constituent organisations
- have a clear and explicit remit outlining the programme coverage and the Programme Board's role and responsibility in ensuring the achievement of the benefits
- facilitate action by their individual/host organisations where such action will support delivery of the Programme.

5.6 Signposts

This part of the section provides a quick reference guide to key Implementation tools, guidance and further information for;

- Compliance and implementation status of Existing Systems visit the Existing Systems Programme Implementation website at <http://nww.connectingforhealth.nhs.uk/implementation/ESP>
- Registration Authorities; <http://nww.connectingforhealth.nhs.uk/implementation/registrationauthorities>
- NHS Care Records Service; <http://www.nhscarerecords.nhs.uk/>
- Choose and Book ; <http://www.chooseandbook.nhs.uk/>
- Electronic Prescription Service; <http://www.connectingforhealth.nhs.uk/systemsandservices/eps>

- GP2GP;
<http://www.connectingforhealth.nhs.uk/systemsandservices/gpsupport/gp2gp>
- Picture Archiving and Communications Systems;
<http://www.connectingforhealth.nhs.uk/systemsandservices/pacs>
- N3: www.n3.nhs.uk
- NHSmail:
<http://www.connectingforhealth.nhs.uk/systemsandservices/nhsmail/nhsmail> or email nhsmail.team@nhs.net
- Service Implementation:
<http://www.connectingforhealth.nhs.uk/systemsandservices/implementation/service/>
- Integrated Service Improvement Programme: <http://www.isip.nhs.uk/>

6 Section 6 – Who Can Help?

6.1 In this Section

This section provides a list of contacts that can provide support during the implementation of the project, under the following broad headings:

- SHA Support
- The NHS Programmes for IT
- Technical Support
- General Guidance
- Product Specific Guidance
- Support Services
- Suppliers
- Signposts to Further Information.

6.2 SHA Support

Local SHAs should always be contacted initially for information and support regarding NPfIT implementations

6.3 The NHS Programmes for IT

The NHS Programmes for IT in (i) North, Midlands and East; (ii) South; and (iii) London were created after consultation with Strategic Health Authorities (SHAs) on how best to deliver local IT solutions as part of the National Programme. The NHS Programmes for IT are:

- North, Midlands and East Programme for IT (NMEPfIT)
<http://www.connectingforhealth.nhs.uk/itprogrammes/nme>
- Southern Programme for IT (SPfIT)
<http://www.connectingforhealth.nhs.uk/itprogrammes/southern>
- London Programme for IT (LPfIT)
<http://www.connectingforhealth.nhs.uk/itprogrammes/london>

6.4 Technical Support

For technical IT support after implementation (i.e. once systems have gone live) contact your trust's local IT Service Desk in the first instance.

6.4.1 Technical Deployment Programme

6.4.1.1 Deployment Support Team

The NHS CFH Deployment Support Team has been established to provide specialist support to NHS organisations as they deploy LSP and NASP solutions. The role of the team is to provide specialist knowledge and

expertise to help organisations resolve particular deployment issues at local or more strategic levels or to transfer knowledge such that the organisation is enabled and prepared to successfully complete deployment activities. It is not intended that these resources will become long term members of local project teams.

The supporting documentation to describe in detail the process for satisfying requests for deployment support is currently in the approval stages and will be released in due course.

6.4.1.2 Deployment Issue Resolution Team

The Deployment Issue Resolution Team is responsible for the management and resolution of any technical issues arising during the deployment of systems from Existing Service Providers, related to

- Messaging to and from Spine (including the initiation and analysis of message traces, message routing problems and the identification and resolution of Firewall issues)
- End point registration process (liaison with BT to promote a secure and repeatable process, validating and supporting the authorisation of Endpoint requests, resolving registration errors and other anomalies, managing product and message data required by the Registration process, resolution of issues arising from the deployment of a new Endpoint Registration System)
- Identity Agent client software (resolving any reported incompatibility issues, supporting deployment packaging and providing advice and guidance on installation and running errors)
- Local infrastructure technical queries (for NHS Trusts and Independent Sector Treatment Centres in advance of system deployment and where performance issues have been identified post-implementation)
- Citrix/WTS/Thin Client technical queries.(supporting use of CFH-compliant systems and Smartcard-secured access to Spine and Choose and Book portals)
- Performance issues with products in deployment or pending deployment of updated versions
- Investigations into Live service issues where performance in message handling is suspected as a major factor in reaching resolution.

Information regarding these areas can be found on their website at <http://nww.connectingforhealth.nhs.uk/implementation/deployment>

Any further queries regarding deployment areas can be sent to the DIR team at deploymentissueresolution@nhs.net

6.4.1.3 Existing Systems Provider Deployment Support Team

The ESP Deployment Support team is responsible for supporting the deployment of existing system solutions which are compliant with the National Programme. The team is divided into two areas covering Primary Care and Secondary Care, and provides wide ranging support and guidance for all organisations undertaking deployment of NHS CFH compliant ESP solutions, including:

- Outlining of deployment activities for ESP Solutions
- Provision of generic deployment project plans and checklists
- Guidance and advice on pre-deployment testing and access to the National Integration Sandpits
- Support for the management and escalation of issues experienced during deployment of both Live and National Integration Sandpits
- Relationship Management with suppliers and Trusts to manage deployment schedules and plans, allowing overall DH targets to be achieved.

Further information regarding these areas can be found on their website at <http://nww.connectingforhealth.nhs.uk/implementation/ESP>

Any further queries regarding existing systems deployment issues should be sent to the ESP Deployment Support Team at ESPImplementation@nhs.net

6.4.2 NHS Connecting for Health Service Management

For technical IT support after implementation (i.e. once systems have gone live) contact your trust's local IT Service Desk in the first instance. If further support is required, you may be requested to contact the NHS Connecting for Health Service Desk at servicedesk@servicedesk.cfh.nhs.uk

Local service desks who want to pass calls directly to their LSP will need to become accredited. An accredited service desk refers to a Local Service Desk that has been approved by the appropriate approval bodies to refer NPfIT incidents directly either to the relevant NPfIT Service Provider or Existing Service Provider (as appropriate), rather than via the NHS Connecting for Health Service Desk.

For a local service desk to become accredited, it should follow the National LSD accreditation process in order to satisfy the standards set out in the National Accreditation Criteria. For further details, please see the website at <http://nww.connectingforhealth.nhs.uk/servicemanagement/accreditation>

The primary responsibilities of the NHS CFH Service Management team are to:

- provide governance for and management of suppliers

- take a holistic view of the end-to-end service to the customer, assisting in maintaining suitable interfaces and lines of communication between the various suppliers and NHS regional activity
- encourage the use of service management good practice by all suppliers, and within the NHS.

For further information visit the website at

<http://nww.connectingforhealth.nhs.uk/service/management/>

6.5 General Guidance

6.5.1 Implementation Guidance

The central Implementation Guidance team plays a pivotal role in providing the NHS with the tools, guidance, good practice and support needed to fully prepare for and implement the software and solutions being delivered by the National Programme.

The Implementation Guidance team supports trusts in their planning, preparation and execution of key implementation activities including the National Standard for Implementation products, which are to be used as framework to assist trusts.

Worked examples and lessons learned can be found on the Implementation Guidance website at <http://nww.connectingforhealth.nhs.uk/implementation>

6.5.2 Communicating about the Implementation

For assistance in communicating about your implementation you should contact your local trust communications lead.

They will advise you on local communications channels. They also have access to all the latest communications materials about NHS Connecting for Health and the National Programme.

Should you receive press enquiries about your project you should approach your trust communications lead who will provide you with guidance. Press enquiries about national issues relating to NHS Connecting for Health and the National Programme for IT, should be escalated to the NHS Connecting for Health press office on 0113 280 5816 or nhsconnect.pressoffice@nhs.uk

Other resources which could assist you with your communications include the NHS Connecting for Health website: www.connectingforhealth.nhs.uk - an authoritative source of information on all aspects of NHS CFH and the National Programme.

The website also has a resources section from which you can download or order a variety of brochures and leaflets explaining about the work of NHS Connecting for Health and its various programmes. To order copies of publications visit: <http://www.connectingforhealth.nhs.uk/resources>

A public information programme is underway in Early Adopter areas for the Summary Care Record element of the NHS Care Records Service to advise NHS staff, patients and the public about the new ways of storing and

accessing information. A dedicated website giving information for both patients and staff is available at <http://www.nhscarerecords.nhs.uk>

6.5.3 Registration Authority

The Registration Authority (RA) is the service that is responsible for managing and administering the process of registering users on the Spine and their access profiles to NHS CRS applications. All local organisations (e.g. PCTs, trusts and authorities) that require access to the NHS CRS systems will need to establish a local Registration Authority, who will register healthcare professionals/workers and issue Smartcards.

Further information can be found on the RA website at <http://nww.connectingforhealth.nhs.uk/implementation/registrationauthorities>

For information on the processes involved in establishing a Registration Authority, contact the central RA Process team at RA.Process@nhs.net

For information regarding the acquisition of the required hardware to register users, contact the RA hardware team at queries-rahardware@nhs.net

Specific queries regarding the registration of users within an organisation should be sent to the RA Programme for IT leads. They are:

- NMEPfIT: (i) North East - rob.thornburn@nhs.net; (ii) East of England and East Midlands - chris.may4@nhs.net; (iii) North West and West Midlands – peter.heron@nhs.net;
- London Programme for IT (LPfIT): s.elgar@nhs.net and
- Southern Programme for IT (SPfIT): warner.baker@southcentral.nhs.uk

6.5.4 National Programme Office

The National Programme Office (NPO) provides central programme management services to coordinate and support the National Programme controls framework.

For further information email cfh.dl-NationalProgrammeOffice@nhs.net

Each Programme for IT has a Programme Management Office (PMO) led by a Programme Controls Manager (PCM). The PCM is the first point of contact for all Programme Control related queries.

- The Tracking Database team provides a suite of functionality available to all NHS organisations. This includes a series of tools designed to support and integrate the National Programme controls framework.

For further information contact the Tracking Database Helpdesk at helpdesk@nhs.net

6.6 Product Specific Guidance

6.6.1 NHS Care Records Service

The NHS CRS will provide a live, interactive patient record service accessible 24 hours a day, seven days a week, by health professionals whether they work in hospital, primary care or community services.

For further information visit the website at <http://www.nhscarerecords.nhs.uk>

General enquiries about the NHS Care Records Service can be directed to nhscarerecords@nhs.net. Technical enquiries about the Spine can be directed to national.spine@nhs.net.

The Secondary Uses Service (SUS) is an important public health service provided as part of the NHS CRS. The service will protect the confidentiality of patients and will provide timely, pseudonymised patient-based data and information for a range of purposes other than direct clinical care.

For further information visit the website at

<http://www.connectingforhealth.nhs.uk/systemsandservices/sus>

For further enquiries, contact the SUS helpdesk on 0845 600 2558 or at

bt.sus.helpdesk@bt.com

6.6.1.1 The Care Record Development Board

The Care Record Development Board (CRDB) brings together patients and service users, the public, and social and healthcare professionals within a single forum that helps to set the new model for care. It works with the NHS National Programme for IT (NPFIT) to enable sharing of information, scheduling and processes across traditional boundaries

For more information regarding the Care Record Development Board visit the website <http://www.connectingforhealth.nhs.uk/crdb>

If you have any questions relating to the Care Records Development Board contact crdb@nhs.net

6.6.2 Choose and Book

Choose and Book enables GPs and other primary care staff to make initial hospital or clinic outpatient appointments at a convenient time, date and place for the patient.

For more information visit the website at <http://www.chooseandbook.nhs.uk/>

Any further queries regarding Choose and Book, can be sent to chooseandbook@nhs.net

6.6.3 Electronic Prescription Service

The Electronic Transmission of Prescriptions (ETP) programme will deliver the Electronic Prescription Service (EPS) and integrate it with NHS CRS. EPS is the means by which electronic prescriptions will be generated, transmitted, received, dispensed against and sent to the reimbursement agency for payment.

For more information visit the website at
<http://www.connectingforhealth.nhs.uk/systemsandservices/eps>

Any further queries regarding ETP can be sent to etp@nhs.net

6.6.4 National Network (N3)

N3 is the name for the National Network for the NHS, which replaces the private NHS communications network NHSnet. N3 provides fast and secure broadband networking products and services to the NHS, combining a reliable service with best value for money.

The N3 helpdesk can be contacted on 0800 0850503, option 1 for faults, option 2 for order desk and option 3 for other queries.

For more information visit the website at www.n3.nhs.uk

Any further queries regarding N3 can be sent to n3@nhs.net

6.6.5 Picture Archiving and Communications Systems

Picture Archiving and Communications Systems (PACS) capture, store, distribute and display static or moving digital images such as electronic X-rays or scans.

For more information visit the website at
<http://www.connectingforhealth.nhs.uk/systemsandservices/pacs>

Any further queries regarding PACS can be sent to pacsquery@nhs.net

6.6.6 Support for Primary Care - QMAS and GP2GP

Support for Primary Care includes the Quality Management and Analysis System (QMAS), QOF Assessor Validation Reports and also GP2GP.

For more information on QMAS visit the website at
<http://www.connectingforhealth.nhs.uk/systemsandservices/gpsupport/qmas>

For more information on the QOF Assessor Validation Reports visit the website at
<http://www.connectingforhealth.nhs.uk/systemsandservices/gpsupport/qof>

For more information on GP2GP visit the website at
<http://www.connectingforhealth.nhs.uk/systemsandservices/gpsupport/gp2gp>

6.6.7 NHSmail

NHSmail is a secure national email and directory service. It is provided free of charge for NHS staff and developed specifically to meet requirements for clinical email between NHS organisations.

NHSmail offers a fully funded migration service for any organisation wishing to move its staff onto the NHSmail service. If you would like to find out more about migration contact the NHSmail team at nhsmail.team@nhs.net.

For more information on NHSmail visit the website at
<http://www.connectingforhealth.nhs.uk/nhsmail>

6.7 Support Services

6.7.1 Service Implementation

The National Programme Service Implementation team exists in order to support the NHS in maximising the value gained from the investment in the National Programme.

Further information can be found in Appendix C and at <http://www.connectingforhealth.nhs.uk/systemsandservices/implementation/service/>

6.7.1.1 *Capability and Capacity*

Capability and Capacity Project is delivering tools and approaches in the following areas;

- Organisational Assurance
- Resource Modelling
- Programme and Project Management Improvement
- Enhancing Executive Leadership of IT enabled change
- Health Informatics Development
- Evidence Based Implementation Support.

6.7.1.2 *Integrated Service Improvement Programme*

The Integrated Service Improvement Programme team (part of Capability and Capacity) helps the NHS to construct local business change programmes in order to achieve business benefit. It does this through the provision of a methodology, knowledge sharing and development of local capability. More information is available at <http://www.isip.nhs.uk/>. This site includes the Roadmap for Transformational Change (RTC) which is recommended as the change process method to be used for all transformational change programmes in the NHS.

6.7.1.3 *Education, Training and Development*

Equipping patients, clinicians, and other NHS staff with the capacity, capability, and confidence to make best use of new process, systems, and knowledge will be key to creating change at the front line. ETD will therefore be pivotal to the success of the programme for ensuring this happens in an effective and timely manner.

For further information, visit the Education, Training and Development website at; <http://www.connectingforhealth.nhs.uk/systemsandservices/etd>

For general enquiries, email etdinfo@nhs.net.

Local ETD contacts are:

- NMEPfIT: (i) North East - to be confirmed
- East of England and East Midlands - Xuan.Ly@nhs.net; (iii)

- Yorkshire and Humber – carole.sheard@yorksandhumber.nhs.uk
- North West and West Midlands – Karen.Smith@nhs.net;
- London Programme for IT (LPfIT): Jennifer.Craggs@nhs.net; and
- Southern Programme for IT (SPfIT): Andrew.Raynes@nhs.net.

6.7.1.4 National Knowledge Service

The National Knowledge Service has now transferred to the NHS Institute for Innovation. It will implement consistent and coherent clinical knowledge architecture for the NHS, including the delivery of key information services. For further information please go to: www.nks.nhs.uk and <http://www.library.nhs.uk/>

6.7.2 Office of the Chief Clinical Officer (OCCO)

The OCCO aims to ensure that improving the safety and quality of patient care is embedded in every aspect of the work of NHS CFH. The work of the Office is still developing but it is currently planned to be delivered through the following programmes.

Further information can be found in Appendix C.

6.7.2.1 SNOMED

SNOMED CT (Systematised Nomenclature of Medicine - Clinical Terms) is the international clinical computerised terminology language standard that will be used by all clinical computer systems within the NHS in England to facilitate communications between healthcare professionals in clear and unambiguous terms. For more information on SNOMED see Appendix C and <http://www.connectingforhealth.nhs.uk/systemsandservices/data/snomed>

6.7.2.2 Clinical Safety

Clinical Safety Work will increase the understanding of the importance of patient safety issues and the implications of IT among NHS senior management and gain their support for activities which develop and nurture a safety culture within the organisation

For further information please go to:

www.connectingforhealth.nhs.uk/delivery/serviceimplementation/nks/riskmini/index.html

6.7.2.3 Nursing and Midwifery

Nursing and Midwifery work will focus on the requirements and engagement of the nursing professions in the NHS CFH programme, maximising involvement and developing programmes, processes and products to enable the needs of the nursing professions to be met through the effective use of IT in clinical nursing practice.

If you have any questions relating to the Nursing and Midwifery contact nurselead@nhs.net

6.7.3 National Deployment Support

The NHS CFH Deployment Support Team has been established to provide specialist support to NHS organisations as they deploy LSP and NASP solutions.

The supporting documentation to describe in detail the process for satisfying requests for deployment support is currently in the approval stages and will be released in due course.

6.7.4 The NHS CFH Central Design authority and Technology Office

The NHS CFH Central Design Authority and Technology Office develop and control standards for the NHS IT systems of the future.

6.7.4.1 Information Quality Assurance Programme

The Information Quality Assurance Programme (IQAP), part of NHS Data Standards and Products (see 6.7.4.3), has been set up to raise the awareness of data quality within NHS IT systems.

Further information is available on their website at

<http://www.connectingforhealth.nhs.uk/dataquality>

Feedback and queries should be sent to the IQAP mailbox at igap@nhs.net

Specific queries regarding data quality should be sent to the IQAP leads for each Programme for IT, details of whom are available on the IQAP website pages at <http://www.connectingforhealth.nhs.uk/dataquality>

6.7.4.2 Demographics

The NHS CRS Demographics Programme part of the Technology Office of NHS Connecting for Health, includes the implementation of the Personal Demographics Service (PDS) and management of the participation of existing national demographic services in NHS CRS.

Further information is available from:

<http://www.connectingforhealth.nhs.uk/systemsandservices/demographics>

Feedback and queries should be sent to the Demographics mailbox at

Demographics@nhs.net

6.7.4.3 NHS Data Standards and Products

NHS Data Standards & Products, part of the Technology Office of NHS Connecting for Health, are responsible for the introduction, development and delivery of coding system products used in the patient records of the NHS Care Records Service, and for the phasing out of dated systems.

For further information on specific data standards and products visit

<http://www.connectingforhealth.nhs.uk/standards>

Any further queries regarding NHS Data Standards and Product should be sent to datastandards@nhs.net

6.7.4.4 Information Governance

Information Governance (IG), part of the Technology Office of NHS Connecting for Health, is a framework for handling information in a confidential and secure manner to appropriate ethical and quality standards. The IG Security Team was established to provide a central resource regarding all IG matters.

For further information visit the website at
<http://nww.connectingforhealth.nhs.uk/igsecurity/>

Any further queries regarding Information Governance should be sent to
IGTeam@nhs.net

6.8 Suppliers

6.8.1 Enterprise Wide Arrangements

Arrangements have been made with a wide range of companies who have sub-contracts with the National Programme's prime suppliers. By negotiating enterprise-wide arrangements (EWA) directly with the sub-contractors, NHS CFH has been able to use the bulk-buying power of the NHS to drive down prices while maintaining quality, ensuring NHS organisations get the best value for money.

For further information, visit the EWA website at
<http://www.connectingforhealth.nhs.uk/delivery/ewa>

6.8.2 Local Service Providers

Local Service Providers (LSP) are responsible for delivering services at a local level and supporting local organisations in delivering the benefits from these. They ensure the integration of existing local systems and, where necessary, implement new systems to ensure that the national applications can be delivered locally, while maintaining common standards. The LSPs are:

CSC Alliance

LSP for the North Midlands and East Programme for IT (NMEPfIT) - for more information visit the website at
<http://www.cscalliance.com/register/register.asp>

Accenture

LSP for PACS/ RIS in East Midlands SHA, East of England SHA, North East SHA, and Yorkshire and the Humber SHA. For more information visit the website at <http://www.accenture.com/xd/xd.asp?it=enweb&xd=index.xml>

The Fujitsu Alliance

LSP for the Southern Programme for IT (SPfIT). For more information visit the website at <http://www.fujitsu.com/uk/>

BT Health

LSP for the London Programme for IT (LPfIT). For more information visit the website at <http://www.bt.com/health>

6.8.3 National Application Service Provider

National Application Service Providers (NASPs) are responsible for purchasing and integrating IT systems common to all users nationally. The NASPs are:

- BT - <http://www.bt.com/index.jsp>
- Atos Origin - <http://www.atosorigin.co.uk/>
- Cable and Wireless - <http://www.cw.com/new/>

6.8.4 Industry Liaison

Industry Liaison provides information and guidance to IT suppliers who would like to be involved in providing products and services to NHS CFH and the National Programme. It advises on where to find strategic information and it helps product and service providers to contact those organisations that have already been awarded contracts as LSPs or NASPs.

For further information, visit the Industry Liaison website at <http://www.connectingforhealth.nhs.uk/industry/industryliaison/>

Any queries should be sent to industry.liaison@nhs.net

6.9 Signposts to Further Information

For further information on all of the above topics and more, visit the NHS CFH website at <http://www.connectingforhealth.nhs.uk/>

For all other general enquiries, please email the programme support helpdesk at nhscfh.comms@nhs.net