

# update

Your regular update from the North West & West Midlands Cluster



## Welcome to issue 9 of the NWWM Cluster update.

As we near Christmas the prospect of our first live deployments is coming closer. The programme is now becoming a reality and on the brink of delivering what is the most exciting and challenging IT and change programme the NHS has ever seen.

Christmas is a time for reflection and one year on from signing our contract we have much to reflect on. In just one year the NPfIT has delivered plenty. We have secured a detailed contract for the Cluster and begun to build a partnership with supplier colleagues to see us into the future. We have built a joined-up team at Cluster and local level covering all disciplines and professions to enable this comprehensive programme to be delivered. We have started to redefine the way we do business and the way we implement IT. We have engaged hundreds of stakeholders, more than 6,500 of them at awareness events around the cluster, informing and communicating about the programme to clinical and operational colleagues. We have started to make the programme integral to the every day business of the NHS and have secured support and leadership from our executive community. And we have begun to understand just how essential this programme is for the future of the NHS and most importantly for the care we deliver to our patients.

Not bad for a year!

We all should be proud of what has been achieved at national, Cluster and local level.

But let's not underestimate the challenge that faces us. It's becoming very real! We have significant numbers of deployments due to go live soon. We have an increasingly clinically rich set of functionality that we need to design, develop and implement. We have a complex and aggressive programme which will present us with daily challenges and we have the challenge of communicating to our stakeholders and sustaining the pace and input we have had so far.

Scary - but exciting and an opportunity not to be missed!

So, Merry Christmas and a Happy and Successful New Year from the Cluster team. And thank you to all who have supported us so ably over the past 12 months.

If I had a Christmas Wish it would be for more hours in the day....

And my new year resolution? - to deliver on the promise of this programme and make the programme a tangible reality. (And to stop smoking eh?!)

Merry Christmas

*Beki Ruban*  
*NHS Health Implementation Director*  
*and Clinical Director*

### Progress on deployments -

Local Health Communities are now getting close to activation and they are tackling very real deployment issues such as setting up of assessments and codes migration, existing interfaces, N3 connections, and training. The Cluster is working with SHAs and CSC Alliance (CSCA) to manage each of these areas to share the work across the Cluster and to keep them consistent with national standards. If you do have issues in local deployments contact your SHA CIO in the first instance but we will do our best to co-ordinate responses.

### New plans - new timetable

We are currently working on a new set of plans to adjust to the pattern of releases being discussed with CSCA in 2005 and plans being put forward to encompass new projects whilst staying within the contract price. These will be discussed at the Cluster Programme Board in January and finalised by March 2005.

*Paul Charnley*  
*Regional Implementation Director*

# Pharmacy Department Goes Hi-Tech



Emma Brady, Student Pharmacy Technician, gets to grips with the new Pharmacy computing system

The IT system in the Pharmacy Department has been replaced as the first part of the Fylde Coast implementation of the National Programme for Information Technology (NPfIT).

John Davies, IT Developments Manager, said: 'Pharmacy was one of the first departments in the Trust initially to use IT. As such, the system was out-of-date and staff had problems accessing individual emails or personal folders as a result of the hardware being old and slow.'

Now, the department has been

upgraded with a whole new system - including new servers, space-saving computers, printers and scanners - and pharmacy staff are the first in the Trust to use biometric fingerprint authentication to log-on.

The new software - called ASCRibe - can track pharmacy products to individual patients, is much more secure, and can be used for financial management. It is also an approved NPfIT pharmacy stock control system, which means it will link into the other areas of NPfIT such as Electronic Patient Record and e-prescribing when they become available.

John said the new system is much easier for staff to use: 'All users have to do to log on is put their ID card into the slot on the PC and put their finger on the scanner, it's that simple. To log out, all they have to do is remove the card.'

John added: 'This is the first NPfIT project to be completed within the Fylde Coast Programme.'

Angela Nelson, Assistant Director of Pharmacy - Support Services, said there are a number of benefits to the new system: 'The system is supplied

with electronic decision support that provides information on dosing, interactions between different drugs and checks for known allergies. Pharmacists can also add electronic notes to pharmacy patient records.'

Anne Evans, Pharmacy IT Manager, said: 'The project involved extensive work on the pharmacy drug file with three databases being rebuilt and all clinical data being checked. Also, because the new ASCRibe system is linked to the Finance Department, we've worked with them to ensure the financial data is correct.'

Angela added: 'The project has also involved extensive training for all pharmacy staff, which has been carried out by key pharmacy cascade trainers. Though there has been a lot to learn, the feedback from staff has been very positive throughout the changeover process. As well as the new equipment, estates have been fitting new plug sockets, altering benches and adding brackets. And all the time we've continued to carry out our pharmacy work. It has been a big upheaval for everyone but it's proving to be worthwhile.'

## Electronic Transmission of Prescriptions briefing

The National ETP team has been working with pharmacy and GP systems suppliers to identify one pair of sites per Cluster that could commence piloting the core ETP process from January 2005 (Wave 1 adopters). The limiting factor is the number of systems that will be ETP compliant at that time. EMIS have decided to concentrate their efforts on full compliance for Wave 3 in the 3rd quarter of next year. This means that none of the EMIS sites can be considered as Wave 1 adopters but can certainly be considered for Wave 3. ETP remains fully dependent on the completion of spine components in P1R2. Development work at the Prescription Pricing Authority (PPA) is proceeding to plan. The development of a web based prescribing application has commenced as a contingency measure

The cluster ETP team (Karen Smith, Ray Pearson, Maureen Curran) have met with the SHA leads to describe the objectives of ETP and the associated targets for delivery. A further meeting of SHA and cluster leads will be held in early January 2005.

### Implementation Strategy

The implementation strategy for ETP is being finalised by

the National ETP Team. Meetings continue with the Community Pharmacy Programme (CPP) to bring ETP and the CPP implementation activities and communications into alignment.

### Connectivity for General Practices

All GPs will be connected to N3 in the next three years. In the interim period, it will be possible for GPs to use an existing NHSnet connection.

### Connectivity for Community Pharmacy

Pharmacies will be able to choose how they connect to N3. It is not mandatory for them to purchase a direct connection through N3, but they are obligated to use a service that provides a sufficient quality and speed of connection to enable the pharmacy to operate an efficient ETP service.

# Thanks to a POD the training show is on the road

CUMBRIA & Lancashire want to say "Thank You!" to the first tranche of NCRS Master Trainers who have embarked on their new role - inside a mobile training unit! A picture tells a thousand words and you can see from this one that a futuristic state of the art facility is delivering NCRS Master Training to Lancashire Care Trust (LCT) staff. The unit (also known as a "Pod") holds ten places, so LCT was able to offer their three spare places to their NHS colleagues in Cheshire & Merseyside.

The Pod is provided on a lease arrangement with PC Coaching via CSC Alliance. In Cumbria & Lancashire, it is seen as a very effective way to train people within their local environment - even if that environment has limited training facilities.

Yasmin Shaw, NCRS Training Lead at the Cumbria & Lancashire SHA says, "We're working closely with CSC Alliance and local NHS Training Leads to find the best solution for the delivery of NCRS training. A fully-kitted Pod is one of these flexible solutions".

For more information:  
email [Yasmin.Shaw@clha.nhs.uk](mailto:Yasmin.Shaw@clha.nhs.uk)  
or visit [www.pccoaching.com](http://www.pccoaching.com).

"THE SHOW IS ON THE ROAD", AS THEY SAY!



# Clinical Service Development Programme launched

The Cluster launched its Clinical Service Development Programme (CSDP) at a seminar held over two days on 18 and 19 November.

This joint Cluster and CSC Alliance development programme of work has been conceived to place senior and influential clinicians at the heart of the National Programme for IT in the North West and West Midlands - to help exploit the technology available and to maximise care delivery benefits.

The CSDP is a means of involving appropriate people with the right knowledge and levels of influence and authority within the clinical sphere. It is initially focussing on 12 work streams being set up across the cluster to address the following specialties and themes:

- NSF/multi-agency based work streams - Diabetes, Cancer, CHD, Older People, Children's Services, Mental Health
- Phase 1 Release 2 Functional/Service specific work streams - Maternity, Theatres, A&E / Ambulance, Order / Results, PACS, Decision Support and Patient Advice

The launch seminar in November was an induction of lead clinicians who had been identified by their SHA for each of these work streams. The seminar was well attended, with 65 individual clinicians taking part, including consultants, a number of GPs and PEC chairs, nurses, midwives and Mental Health and Social Care practitioners.

Effective clinical engagement will reduce the risks to delivery success, and will help accelerate progress toward timely implementation and adoption of the new IT solutions.

Dr Peter Doughty, Clinical Director for CSC Alliance said: "The pace and direction of service transformation requires a high level of clinical involvement in clinical content development. This must underpin all activities from identifying the requirements, through design, build and test and ultimately to deployment."

In particular, the CSDP seeks to communicate the message that NPfIT isn't just an IT programme but much more about change and service improvement. It aims to support empowerment and ownership within key NHS clinical and operational staff groups by providing a framework for ensuring a transparent governance process.

Each work stream has now agreed terms of reference, chairing arrangements and a checkpoint meeting to assess progress. Workstreams have been asked to collate information from their formal and informal networks around assessments and business processes.

For more information on the Clinical Service Development Programme please contact Anna Federici at [anna.federici@npfit.nhs.uk](mailto:anna.federici@npfit.nhs.uk) or Anthony Aggett at [anthony.aggett@npfit.nhs.uk](mailto:anthony.aggett@npfit.nhs.uk)



# "Get involved" - plea from Cluster events

Get involved - even if you are sceptical. This was the key message that was delivered from the platform at four one-day awareness events organised by the Cluster and supported by the CSC Alliance held during November and December that saw over 500 senior managers and clinical leaders gather to find out how they could contribute to and support the National Programme for IT.

"This is an unprecedented investment in IT that will bring great benefits to clinicians, patients and NHS management but I make no apologies that it will be also be a major challenge." So spoke Beki Ruban, Health Implementation Director and Clinical Director for the Cluster as she laid down the gauntlet to her audience. She added that she would need their support to show that NPfIT is mainstream and will deliver tangible benefits to help clinicians improve patient care.

The format of these one-day events began with a morning session that

provided an overview of NPfIT, with an afternoon session given over to specific pertinent subjects such as the demonstration of the iSOFT Lorenzo solution and the burning issues of staff registration procedures as well as security and confidentiality.

The Chairs were drawn from the local SHAs with the two northern events chaired by Talib Yaseen, Director of Nursing North Cumbria and Deputy Chairman of the Care Record Development Board for the senior clinical event and Pearse Butler, Senior Responsible Owner, NWWM Cluster & Chief Executive Cumbria and Lancashire SHA for the non-clinical event. The two southern events were chaired by Neil Large, Director of Finance and ICT for Cheshire and Merseyside SHA, in the case of the Senior Management event and Mr Robert Loynes, Director of EPR and lately Consultant Orthopaedic Surgeon, Mid Staffordshire NHS Trust for the Senior Clinical one.

Feedback from the events was positive with an average score over the four events of 82 per cent believing they were better equipped to tell their colleagues more about the programme.

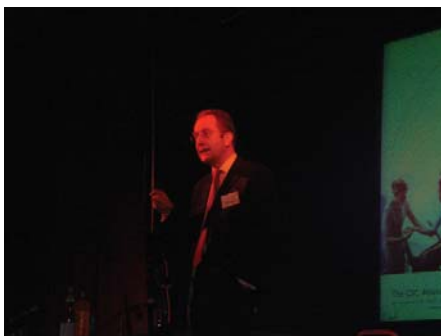
## Getting Involved

Are you interested in the work of the North West and West Midlands Cluster? Do you want to be involved in using IT to transform the service for patients and staff?

If so, then join the NWWM Stakeholder Engagement Database for all clinical and non-clinical staff, to keep in touch and to get involved; please click on

<http://www.nhsia.nhs.uk/def/pages/engagement/>

Information about the National Programme and the NWWM Cluster can be found at [www.npfit.nhs.uk](http://www.npfit.nhs.uk)



# GP and Primary Care Design Advisory Group

The Cluster's Lorenzo GP and Primary Care Design Advisory Group has been established to influence and to participate in the design of the iSoft Lorenzo Primary Care functionality; this is centred around GP practice operations.

The group is expected to become part of a wider Primary Care workstream taken forward by the CSC Alliance and the NWWM Cluster. Its membership comprises:

If any GP, practice nurse, health visitor, community midwife or associated healthcare professional is interested in joining the Group - or learning more about its work - please contact Anthony Aggett at the Cluster for further details.

email [Anthony.Aggett@npfit.nhs.uk](mailto:Anthony.Aggett@npfit.nhs.uk)  
or call on 07780 681 862

## Choose and Book

The Early Adopter sites in the Cluster continue to make good Organisational Progress. The Existing Systems from Morecambe Bay and Central Cheshire are progressing through integration testing.

Representatives from GMSHA and CMHA attended an Isoft Clinicom Workshop in Banbury on 9 December 2004 to consider if they will Go Live for Choose and Book with this Existing System Upgrade.

Training is progressing with the SHA Leads having re-prioritised their training needs for 2005 for Existing Systems upgrade sites.

Rob Scott, the Business Implementation Manager for the NWWM is in post and has started to meet up with CAB SHA Leads to provide support from the National CAB Team.

## GP Solution - NPfIT and Programme Board agrees way forward on GP Solution

The Cluster (Central and SHAs) and CSC Alliance have been working on the details of the way in which they will deliver information services to primary care as part of each local health community (LHC) where the integrated care record is being implemented.

We are hoping that this is resolved in the next few weeks.

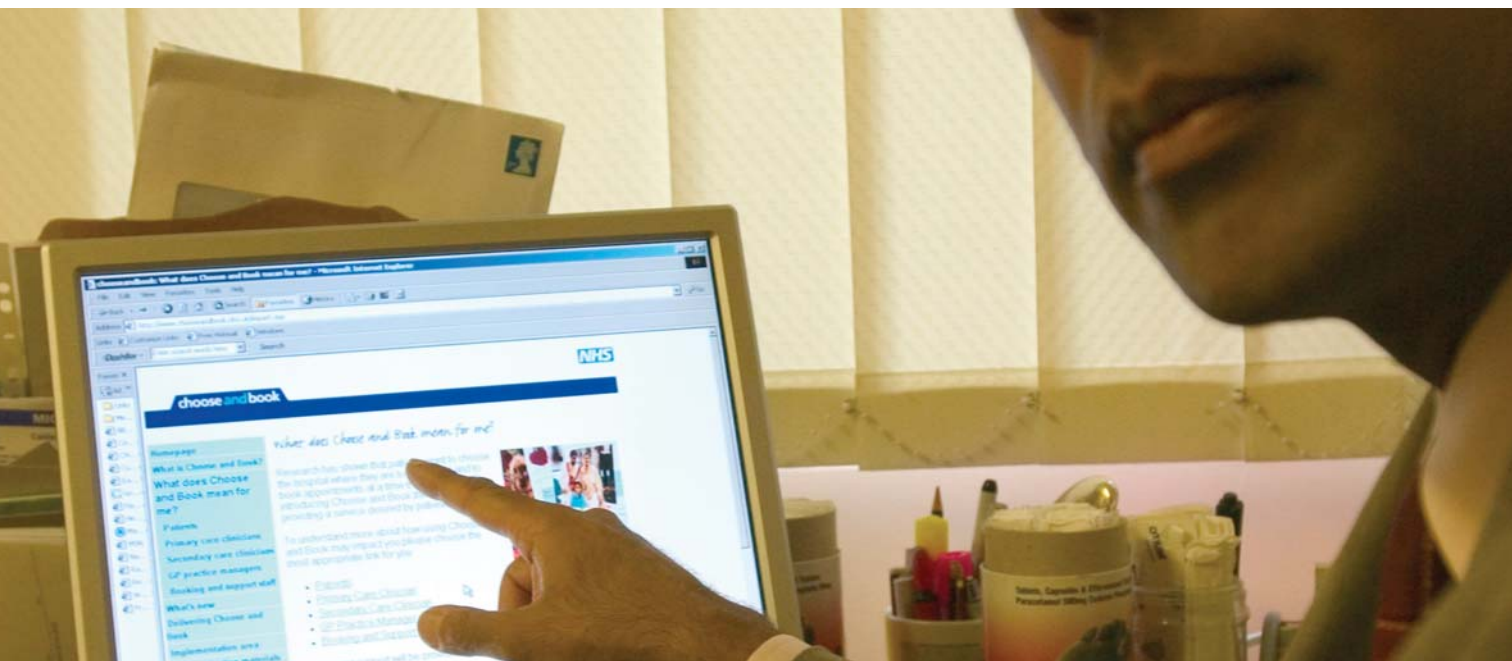
The main application chosen is called GP Lorenzo. It is in fact an extension to the same service as that provided to the rest of the LHC that is sufficiently well tuned to primary care purposes that it can replace current separate GP systems as well as providing the additional benefits of being part of the same extended secure patient record.

In the meantime we are looking to provide a number of options that will support GP choice of systems. This will involve PCTs being able to

1. Choose to remain as they are with systems within practices
2. Opt for data centre hosted services

During this interim period there will be two-way links between GP systems and the main reference solution that support eBooking, eTP, record sharing (e.g. GP2GP) single assessments etc.

The details of funding for GP systems are being agreed. The rate of uptake is to be agreed once the product has been developed and tested.



# PACS The Bigger Picture

Friday 4th February 2005

Health Professionals Education Centre  
Area R1  
Blackpool Victoria Hospital

## Provisional Programme

Overview of the Trust and PACS in Blackpool  
System Design & Implementation Challenges  
Technical Challenges  
PACS Risks and Vulnerabilities  
Workforce Challenges  
Hidden Costs and Financial Implications  
The Role of The PACS Administrator

New Roles for Clerical Staff  
The Radiologists' Perspective  
PACS in the A&E Department  
Converting the Radiographers  
PACS in the Clinical Environment  
Open Forum  
Practical and demonstration sessions

*Please note that the above programme is not confirmed.  
Blackpool, Fylde & Wyre Hospitals NHS Trust  
reserves the right to alter or remove sessions.*

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## PACS - The Bigger Picture

4th February 2005

### Registration Form

Please complete this form in block capitals and return with remittance due to:  
Louise Tracey, Administration Assistant, X-Ray North, Blackpool Victoria Hospital, Whinney Heys Road, Blackpool, FY3 8NR

Registration fee for the study day is £80. This includes a study pack as well as a buffet lunch and refreshments throughout.  
Please make cheques payable to "Blackpool, Fylde & Wyre Hospitals Charitable Fund".

Name of registrant: Surname: \_\_\_\_\_ Title: \_\_\_\_\_

Forename: \_\_\_\_\_

Position held: \_\_\_\_\_

Hospital /Organisation where based: \_\_\_\_\_

Address for Correspondence: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Special dietary requirements: \_\_\_\_\_

I enclose a cheque, value £ \_\_\_\_\_ Signed: \_\_\_\_\_

- Please note that the registration fee for this course will not be refunded if you are unable to attend; delegate substitutions are acceptable - please advise in advance.
- You are advised to apply as soon as possible since places are limited.
- You will receive an acknowledgement and receipt to confirm your place on the course.
- Please do not fax this form as places can only be reserved when full fee is included.

Directorate of Radiology and Physiotherapy Services, Blackpool, Wyre and Fylde Hospitals NHS Trust, Whinney Heys Road, Blackpool, Lancashire, FY3 8NR.

For queries: **(01253) 655602** [pacs@bfwhospitals.nhs.uk](mailto:pacs@bfwhospitals.nhs.uk)

# NWWM Cluster Events

West Midlands South NPfIT Communications Network:

19 January 2005, CSC Offices, Redditch

Contact: Paul Shobrook at  
[paul.shobrook@wmsha.nhs.uk](mailto:paul.shobrook@wmsha.nhs.uk)

4 February 2005, PACS The Bigger Picture, See page 7 for details



[www.npfit.nhs.uk](http://www.npfit.nhs.uk)

## A further boost for clinical engagement

Health Minister John Hutton announced that Alan Burns, chief executive of Trent Strategic Health Authority, has been appointed to a new role leading the service implementation of the National Programme for IT into the NHS.

John Hutton said:

"Engaging clinicians and NHS management in planning and preparation for the successful implementation of the National Programme continues to be an important priority.

"Alan will take forward and build on existing work and initiatives. He has recruited national clinical champions - hospital doctor leaders, GP leaders and a nurse - as part of a structure being finalised for service implementation in association with the leaders of the professions."

Outlining his vision, Alan Burns, director for service implementation said:

"The National Programme has achieved a great deal so far, but to make it truly work we have to deliver hearts and minds and usage. The national clinical champions are clinically credible, experienced people that the professions trust. They will communicate between the Programme and the service in both directions; they will have complete knowledge, understanding and influence

of, and into, the Programme; and they will liaise closely with the Care Record Development Board.

"Virtually all of service implementation focuses on communication and empowerment. I want to make the communication and engagement chain work. I want it to be frontline led so priorities will be set by what the service sends back up the chain."

Alan Burns has appointed the following clinical champions:

Ms Heather Drabble: Director of Nursing, Sheffield, full time post

Professor Mike Pringle: Director of General Practice, GP Lead Role (part time post)

Dr Gillian Braunold: GP Lead role (pt)

Mr Ian Scott: Consultant Surgeon, Medical Director and Head of Clinical Informatics, Ipswich Hospital NHS Trust (pt)

Dr Simon Eccles: Accident & Emergency SpR; Junior Doctor representative for BMA Counsel, (pt)

In addition an AHP and a Director of Informatics and one for Transformation are to be nominated soon.

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