

GP Systems of Choice

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Core Principles

- Achieve system choice for General Practitioners
- Enable the NHS to continue to invest in existing systems that provide increasing functionality and interoperability
- To enable maximal patient access to NPfIT services as rapidly as possible
- Reduce number of data migrations along the pathway
- Equal opportunity for all ESPs to attempt to reach the standards

Key benefits

- Offers GPs a choice of clinical IT systems- supporting contract requirements
- Ensures that each system provider rationalises its GP estate and develops a migratory pathway to its preferred system within General Practice
- Clear route for suppliers to receive levels of funding appropriate to the functionality they provide and levels of interoperability
- Improves the functionality, quality and performance of GP systems.
- Enables the orderly roll out new services as programme deployments are ready
- To upgrade local practice IT infrastructure (hardware and networks) where necessary
- To provide clear funding streams for all GP GPSoC systems
- GPs using existing systems will demand the best possible interfaces with the NPfIT programmes

Choice available to GPs

Under GPSoC, GPs may:

- move to the GP clinical system(s) offered by their LSPs
- keep their existing GP clinical system, undergoing upgrades as they become available
- move to another existing GP clinical suppliers' system included within the GPSoC scheme

GPSoC Suppliers

Accenture (North East and Eastern LSP)
Ascribe Protechnic Exeter Ltd
BT Capital Care Alliance (CCA – London LSP)
CSC Alliance (North West & West Midlands LSP)
Egton Medical Information Systems (EMIS)
Fujitsu (Southern LSP)
Healthy Software
In Practice Systems (InPS)
iSOFT plc
Microtest
Seetec
The Phoenix Partnership (TPP)

Funding

What	How
•IT infrastructure against warranted environment	•Funding channelled via SHA
•Annual service charges: from contract anniversary	•Funding direct to PCTs
•Upgrades within existing supplier estate	•Performance managed on outcome
•Migration to LSP equal/higher functionality spec	•Contract will be held by PCT

Maturity Model

Level	Minimum Functionality
0	QMAS, RFA99 and Level 1 IG Compliance
1	QMAS, Choose and Book and PDS
2	Level 1 plus ETP level 2
3	Level 2 plus GP2GP
4	Level 3 plus fully hosted solution to CfH specification
5	Level 4 plus PSIS
6	Level 5 plus fully integrated with the LSP Care Record

What next?

- Agreeing commercial arrangements
- Developing compliance processes to incorporate ongoing feedback from Primary Care community
- Securing business case approval from DH

This is work in progress

- Worries?
- Anxieties?
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