

# Guidance on Preparation of Local IM&T Plans for 2008/09

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<b>Author</b>	Andy Burn, Planning & Performance, Connecting for Health
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<b>Contact Details</b>	Andy Burn Planning & Performance, Connecting for Health New Kings Beam House 22 Upper Ground, London SE1 9BW 07717 783 763 <a href="http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081102">http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081102</a>
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## Introduction

The NHS Operating Framework for 2008/09 identifies the need for sustained focus on information management and technology (IM&T) in the NHS to deliver better, safer care. IM&T investment and exploitation now forms part of mainstream NHS planning in support of health service priorities and reform.

Chief Executives of all NHS organisations should continue to actively build the IM&T and service transformation capacity and capability required to deliver a modern, IT-enabled NHS. Local health community IM&T planning, led by PCT Chief Executives, is now an explicit requirement.

The emphasis is on local ownership and leadership driving a local IM&T agenda which also meets a defined set of national expectations and exploits the National Programme for IT (NPfIT).

### The objectives for 2008/09 are that:

- Individual organisations will work collaboratively within community-wide governance arrangements to produce an inclusive IM&T plan that effectively supports the delivery of high quality services for patients and provides front-line staff with the tools and information they need to provide these services;
- Local IM&T plans will meet the national expectations set out in the Operating Framework for 2008/09 and will make available the funding and capacity, including clinical time, to do so;
- IM&T planning will be further integrated with mainstream NHS service planning, building on the progress made in 2007/08.

### To meet these objectives, planning actions for 2008/09 are:

- Local health community IM&T plans, incorporating NPfIT commitments and reflecting national expectations, should be complete and quality assured by PCTs and SHAs by end March 2008;
- NPfIT commitments for 2008/09 should be agreed with SHAs and entered in the National Programme Office database by end March 2008.

This guidance is aimed at boards and Chief Executives in the NHS and sets out the actions expected of:

- PCTs and Care Trusts in their roles as commissioners ("**PCT commissioners**");
- **All NHS providers**, including the provider side of PCTs;
- **SHAs**.

## Key IM&T Planning Themes for 2008/09

In order to achieve the IM&T planning objectives for 2008/09 set out above, local IM&T planning should reflect the following key themes:

- Production of local health community (LHC) plans that are inclusive of the key organisations providing NHS funded care and that demonstrate joint working to utilise IM&T effectively to deliver the best possible services for patients;
- Active leadership of the LHC IM&T programme provided by PCT Chief Executives;
- Explicit production of a robust IM&T plan for the LHC, underpinned by local organisation IM&T plans;
- Close alignment of IM&T plans with local service plans including the 2010/11 horizon for mid-term planning;
- Identification of benefits to be delivered by IM&T projects and how these support the delivery of service objectives;
- Robust governance arrangements through LHC-wide IM&T programme boards;
- Production of LHC IM&T plans reflecting the NHS's commitment to NPfIT solutions and including supporting systems and infrastructure;
- Realistic, funded and resourced IM&T plans.

## Organisational Responsibilities

This IM&T planning guidance is to be used by PCT commissioners, provider trusts and by SHAs in undertaking their assurance role. It is aimed at boards, Chief Executives, Chief Information Officers, Directors of Planning and Directors of IM&T.

The key expectations of each organisation are:

### PCT Commissioners

The PCT as commissioner will provide leadership through LHC-wide governance arrangements for the co-ordination of IM&T planning that includes the participation of provider organisations. The PCT Chief Executive will provide overall leadership and will ensure that LHC IM&T proposals are aligned as enablers of service transformation.

PCTs will be responsible for ensuring production of LHC IM&T plans which demonstrate:

- The fit with local strategic commissioning agendas;
- Alignment of IM&T with service needs as identified within local service plans and with the priorities and targets set by the Local Area Agreement;
- Achievement of national IM&T expectations (see Annex 1);
- The benefits to be delivered through the implementation of the LHC IM&T plans;
- The commitment of funding and resources required to deliver the LHC IM&T plans;
- NHS requirements that may impact upon the strategy and future year “propositions” for national and regional programmes for IT (PfITs).

### All NHS Providers

All NHS providers should be actively involved in the IM&T planning process, including PCTs in their provider role (including their responsibility for primary care services), Ambulance Trusts and where appropriate non-NHS providers. Providers will play a major role within LHC governance arrangements, will produce and have ownership of their individual IM&T plans and also be key contributors to the LHC level IM&T plan that underpins cross organisational change programmes.

NHS foundation trusts are not required to contribute to community wide IM&T plans under their Terms of Authorisation, but should be actively encouraged to do so by their local commissioners. Their obligation to participate in the National Programme for Information Technology (NPfIT) is set out in guidance issued by Monitor (12 April 2006).

### SHAs

SHAs will have an assurance role in respect of LHC IM&T plans. In particular, they will assure themselves that the local NHS demonstrates the capability and resources to deliver their IM&T enabled service plans. The SHA will look for evidence of integrated LHC planning, IM&T support for local service improvement programmes and the delivery of national IM&T expectations, and effective LHC governance arrangements. SHAs will also assess and collate NHS requirements identified within LHC plans to inform regional and national PfITs.

## IM&T Planning Process and Timetable

The local IM&T planning process for 2008/09 should allow for closer alignment with local service planning timescales. This would require initial LHC IM&T plans that align with service transformation priorities and service plans to be in place early in 2008. These initial plans should be subject to review and approval by the LHC IM&T Programme Board, led by the PCT Chief Executive.

LHC IM&T plans will be further assessed and reviewed in conjunction with the SHA and the plans should be completed and quality assured by the SHA by 31st March 2008.

A set of IM&T planning tools is available to support LHCs and individual NHS organisations in the preparation of their IM&T plans (see Annex 2).

## Scope of LHC IM&T Plans

Consistent with last year's IM&T planning guidance, a plan should be developed by LHCs for both the operational planning period and the medium term period, and should therefore be aligned with local service planning.

The composition of an LHC is for local determination, and should comprise the natural groupings of PCTs, Trusts and other organisations which are already working together to develop and deliver local service plans.

NHS Foundation Trusts (and where appropriate non-NHS providers) are strongly encouraged to participate in the LHC planning process to ensure that LHC service plans are supported by the appropriate IM&T investment and development. Local Authorities are likely to become increasingly involved in the LHC IM&T planning process in 2008/09 and the need to develop information sharing arrangements with independent sector providers of NHS funded care should also be recognised in LHC plans.

The LHC IM&T plan should include:

### 2008/09 Plans

- Identification of the local service transformation programmes and local service planning priorities for which enabling IM&T is required;
- Benefits planning and realisation for all deployment activity and how these benefits support service improvement;
- A clear outline of the governance and leadership arrangements in place to manage the IM&T programme across the LHC;
- An outline of the IM&T investment across the LHC including national and regional PfIT system deployments, and any investment in supporting systems and infrastructure;
- Clear plans for meeting national NHS IM&T expectations (see Annex 1);
- Evidence of the approved funding required to support IM&T investment plans;
- Evidence of appropriate capacity and capability to undertake the proposed enabling IM&T programme both in terms of manpower and skills development.

### Longer Term Plans to 2010/11

- An outline of the anticipated service improvement priorities and enabling IM&T requirements;
- Progress towards the achievement of the mature IM&T environment required to support integrated care across health settings;
- An indicative LHC roadmap and timeline for the implementation of regional and national PfIT solutions;
- NHS requirements that may impact upon the strategy for future year IM&T investment or IT solutions.

## Funding and Resourcing

IM&T Programme Boards (led by PCT Chief Executives) need to assure themselves that local organisations have committed the funding and resources required to deliver the LHC IM&T plans (and the organisational plans which underpin them). This assurance may take the form of approved business cases, project initiation documents etc.

LHCs should seek to pool funding and resources where this would support the achievement of the LHC's service objectives, although it is recognised that the level of organisational maturity required to enable this to happen may not yet exist in some LHCs.

## Annex 1

# National Expectations – A Checklist

A set of National IM&T expectations for 2008/09 is referred to in the Operating Framework. This checklist is provided to help NHS organisations assure themselves that their local IM&T plans meet national expectations and exploit the solutions available under NPfIT contracts.

Expectations are set out separately for:

- All NHS providers, including the provider side of PCTs;
- PCTs and care trusts in their role as commissioners (“PCT Commissioners”);
- SHAs.

Note that IM&T plans should include a projection of benefits to be realised from current and planned deployments of all solutions in this checklist.

### Local Strategic Solutions

The NHS will clearly describe its implementation plan for LSP strategic product sets providing clinical applications. In addition to deployment planning, all NHS providers will need to include in their plans the substantial business transformation and infrastructure readiness required to exploit these technologies.

#### All NHS Providers

- a clear description of the implementation plans for LSP strategic solutions, including timeframes;
- an assessment of business preparedness, including required business change and training;
- an assessment of local technical infrastructure using the NHS Infrastructure Maturity Model, and plans for the improvement of the infrastructure where required;
- the review and amendment of organisational Information Governance frameworks to incorporate the obligations in the NHS CFH Statement of Compliance (each strategic product will have a dependency on organisations having an appropriate IG framework in place).

#### PCT Commissioners

- ensure provider organisations’ plans for the implementation for local strategic solutions are consistent with the effective delivery of patient care and make the best use of local resources;
- by March 31st 2008 PCTs will ensure plans for the preparation for, and introduction and use of LSP strategic solutions are included in the LHC IM&T plan.

#### SHAs

- ensure LHCs have clear and consistent plans for the implementation of LSP strategic solutions, and that these are reflected in SHA deployment plans with the LSPs;

- based on LHC IM&T plans, and in conjunction with the NHS in their area, during 2008 SHAs will prepare plans for:
  - the strategy for sharing records across organisational boundaries and the use of the NHS number as the national patient identifier;
  - the configuration approach for strategic products;
  - ensuring appropriate clinical content is available in the required specialities;
  - organisational roles within the SHA for achieving business preparedness.

## Patient Administration Systems and 18 weeks Referral to Treatment

In order to support the measurement of patients' waiting times, NHS providers will need to implement the appropriate changes to their Patient Administration Systems.

### All NHS Providers

- ensure their Patient Administration Systems are compliant with Data Set Change Notices (DSCNs) relating to 18 weeks Referral To Treatment (RTT), including: 17/2006 and 18/2006, 02/2007 and 09/2007.
- implement DSCN 18/2007 to ensure contract data sets are formatted appropriately, with RTT data flowing from their Patient Administration Systems.

### PCT Commissioners

- by March 31st 2008 PCTs will ensure that all NHS providers in the LHC have appropriate plans for the deployment of the relevant DSCNs in order to support local service plans for the achievement of the 18 weeks waiting time target.

### SHAs

- SHAs will ensure timely implementation of the relevant DSCNs.

## Information Governance and Data Quality

It is vital that to meet the NHS commitment to maintain appropriate confidentiality of patient data, Information Governance (IG) policy and practice reflects the increases in the potential to share information afforded by the programme.

### All NHS Providers

- organisational IG policy frameworks that deliver the obligations set out on behalf of all NHS organisations in the Care Record Guarantee (CRG);
- agreed protocols for sharing patient data with other NHS organisations and with non-NHS organisations;
- continue to ensure that patient identifiable data is safeguarded with rigorous processes, administration and technology controls to assure that it is used appropriately;
- drive improvements in data quality, and specifically:
  - the Electronic Staff Record. From April 2008, the data warehouse fed by the ESR will increasingly be used for strategic workforce planning and monitoring purposes;

- ensure that the capture, coding and submission process for data used by DH via data warehouses (such as the ESR) is as reliable as the data currently used and manually returned to DH;
- prepare for formal data quality audits, to be developed and introduced by the appropriate statutory bodies in the same way as for financial accounts.

#### **PCT Commissioners**

- by March 31st 2008 PCTs will ensure that confirmation of the IG arrangements in place and any improvement required to meet the obligations of the CRG are included in the LHC IM&T plan.

#### **SHAs**

- SHAs will ensure patch wide compliance to the CRG and that data sharing protocols are in place.

### **Patient Demographics and the NHS Number**

The NHS should improve patient safety by making effective use of the Personal Demographics Service (PDS) and enabling consistent use of the NHS Number to reduce the number of data quality issues due to mis-associated records.

#### **All NHS Providers**

- plan for the complete adoption of the NHS Number as the mandated unique patient identifier in all relevant administrative and clinical systems;
- ensure that the NHS Number is used in all patient communications;
- phase out and upgrade systems that currently use Phase 1 Release 1 of the NHS Care Record Spine by 31st December 2008;
- move users from using the NHS Strategic Tracing Service (NSTS) to the NHS Care Record Service by adopting the use of the Clinical Spine Application (CSA). The NSTS service will cease for NHS organisations at 31st December 2008;
- raise demographics data quality standards by implementing processes to use the PDS National Back Office when resolving demographic data quality issues.

#### **PCT Commissioners**

- implement NHAIS (National Health Application and Infrastructure Services) Stage 3 within Primary Care Shared Service Agencies by November 2008 to ensure these Agencies integrate more closely with the NHS Care Records Service;
- by March 31st 2008 PCTs will ensure that the LHC IM&T plan includes plans to achieve full NHS Number compliance and usage in patient communications, and a transition plan to the PDS.

#### **SHAs**

- SHAs will ensure patch wide NHS Number compliance and usage in patient communications, and the transition to PDS.

## Secondary Uses Service

In preparation for April 2009, when the NHS should use SUS as the standard repository for activity for performance monitoring, reconciliation and payments, the NHS will clearly describe its implementation plan for SUS. In addition to deployment planning, all NHS providers will need to include in their plans the business transformation and infrastructure readiness required to exploit this technology.

### All NHS Providers

- a clear description of the implementation plans for SUS solutions, including timeframes;
- a clear description of how comprehensively coded datasets will be delivered monthly through SUS;
- a clear description of how initially coded datasets will be delivered weekly through SUS using the "net" protocol to support achievement of the 18 week target;
- an assessment of business preparedness, including the required changes to data capture and coding, and training;
- an assessment of local technical infrastructure using the NHS Infrastructure Maturity Model, and plans for the improvement of the infrastructure where required.

### PCT Commissioners

- ensure provider organisations' plans for the implementation for SUS and moving to the required frequency of returns are consistent with the effective delivery of patient care and make the best use of local resources;
- by March 31st 2008 PCTs will ensure these plans are included in the LHC IM&T plan.

### SHAs

- ensure LHCs have clear and consistent plans for the implementation of SUS, and that the timescales of the change to returns are reflected in SHA plans.

## Choose and Book using Direct Booking

Where a Directly Bookable Service (DBS) is in place, patients can use the Choose and Book (CAB) system to book their first outpatient appointment from the GP surgery at the time of referral, later over the phone, or on-line. It is vital to increase the benefits offered through this service by extending its availability to patients.

### PCT Commissioners

- identify a CAB lead and ensure all referrers and providers are aware of this lead;
- ensure all GP practices have appropriate local technology and technical support and are kept up to date on CAB releases, and ensure all providers also have appropriate arrangements in place;
- produce and implement a CAB business change, training and communication plan for the PCT, and ensure all providers also have appropriate plans;
- provide registration authority support to independent sector providers;
- agree the format and maintenance of the Directory of Services with all providers of services, including how named consultant functionality will be implemented and managed;
- by March 31st 2008 PCTs will ensure NHS Provider plans and the PCT plan to develop and implement an entirely DBS are included in the LHC IM&T plan.

**All NHS Providers**

- identify a CAB contact point and ensure all referrers and PCT representatives are aware of this contact point;
- ensure sufficient appointment slots are available for patients to book into on their first attempt. Polling periods should be agreed with the PCT;
- maintain high quality Directory of Service entries that reflect all available services and offer sufficient bookable appointments to support real choice;
- ensure all services have associated keywords or are appropriately SNOMED coded, when the SNOMED clinical term subsets are released;

**SHAs**

- identify a named SHA CAB Lead and assign responsibility for resolving CAB issues;
- ensure all LHCs have clear and consistent plans to operate a DBS for all services with sufficient appointments to support real choice;
- ensure NHS Providers and PCTs have robust services and processes required to support a DBS and that they provide a high quality patient experience so that CAB DBS becomes the everyday method of referral.

**Fulfilling current deployment commitments**

Local implementation plans for 2008/09 are to be agreed in all SHAs which reflect both LSP solutions and the roll out of components of the National Programme, e.g.

- Summary Care Record and Healthspace
- Choose and Book;
- Electronic Prescription Service;
- GP2GP etc.

**All NHS Providers**

- By March 31st 2008 local organisational IM&T plans to include a 'slot plan' for LSP (Local Service Provider) and NASP (National Application Service Provider) products for 2008/09.

**PCT Commissioners**

- By March 31st 2008 PCTs will ensure the production of an LHC 'slot plan' for LSP and NASP products reflecting the best use of local resources and optimising patient, clinical and organisational benefits.

**SHAs**

- Local commitments to deployment are consistent with contractual commitments to LSPs.

## Measuring benefits delivered

In line with best practice the NHS will systematically measure and report on the benefits realised from the investment in the NPfIT against those identified in national and local business cases. This will enable the NHS and DH to respond to the requirement for an Annual Benefits Statement set out by the National Audit Office.

### All NHS Providers

- All local organisations (and where appropriate across LHCs) should be undertaking thorough post implementation and benefits reviews, to ensure effective monitoring and performance management of the realisation of benefits expected from the investment in the NPfIT as set out in the business case. Measurement of benefits realisation should be underpinned by appropriate baselining ahead of implementation. Best practice guidance is provided by the Office of Government Commerce.

### SHAs

- By a date to be agreed, but no later than July 31st, SHAs will provide to the DH an evidence based report on the benefits realised across its constituent LHCs, for inclusion in a national summary report.
- Collection of evidence of benefits realised will be supported by the development and introduction of appropriate metrics in key areas.

## Summary Care Record and Healthspace

The 2007/08 Operating Framework and IM&T Guidance indicated that NHS organisations should begin planning for the roll out of the Summary Care Record (SCR) across LHCs and Unscheduled Care Settings. After the Early Adopter roll out in 2007/08, full roll out of the SCR will need to commence early in 2008/09 and local plans need to be put in place.

### All NHS Providers

- By March 31st 2008 local organisational IM&T plans should include plans for the SCR including:
  - deployment and implementation of SCR;
  - operational readiness, including staff training and Data Quality Accreditation;
  - local Healthspace registration processes;
  - a Public Information Programme to inform patients of the implications of the Summary Care Record and Healthspace to allow them to make informed decisions on the options open to them.

### PCT Commissioners

- Local plans for SCR provide an effective plan for the implementation and exploitation of the solution in the LHC;
- By March 31st 2008 PCTs will ensure LHC IM&T plans include the preparation required for the SCR.

### SHAs

- SHAs will ensure patch wide achievement of SCR is planned and delivered.

## Electronic Prescription Service

Release 2 of the Electronic Prescription Service (EPS) becomes available during 2008 and will enable the benefits of the service to be fully realised. EPS Release 2 enables electronic cancellation of prescriptions, patient nomination of a preferred pharmacy and repeat dispensing.

### PCT Commissioners

- By March 31st 2008 local organisational IM&T plans for PCTs should include:
  - business go-live of all EPS Release 1 GP Practices and Pharmacies;
  - a communications plan and policy for ensuring principles of nomination are adhered to;
  - contingency plans should any aspect of service fail;
  - the ordering and distribution mechanism for “dispensing token” stationery;
  - issue and management of smartcards to support patient services as required.

### SHAs

- SHAs will ensure patch wide achievement of EPS is planned and delivered.

## Maximising the benefits of PACS data sharing

With Picture Archiving and Communications Systems (PACS) implemented in over 90% of Trusts across England it is critical that the benefits are maximised from this investment.

### All NHS Providers

- By March 31st 2008 local organisational IM&T plans should demonstrate how benefits from PACS will be maximised both within the organisation and beyond, including:
  - consistent use of the NHS number;
  - local arrangements for sharing information between organisations.

### PCT Commissioners

- Arrangements for sharing information between organisations and health care professionals effectively supports patient care in the LHC;
- By March 31st 2008 PCTs will ensure LHC plans reflect arrangements for sharing information between organisations.

### SHAs

- Local plans for benefits realisation reflect effective utilisation of the PACS solution.

## Continued Roll Out of GP2GP

GP2GP enables the patient record, through electronic transfer, to be there for the first consultation with the GP and thereby informed decisions to be made regarding the patient's care.

### PCT Commissioners

- Agreement with general practitioners of eligible practices for the deployment of this solution;
- By March 31st 2008 PCTs will ensure local plans reflect the continued roll out.

### SHAs

- SHAs will ensure patch wide achievement of GP2GP is planned and delivered.

## Implementation of GP Systems of Choice

GP Systems of Choice (GPSoC) is a framework of existing suppliers of GP clinical IT systems, through which these suppliers will rollout the National Programme and provide resilient hosted services to general practice.

### PCT Commissioners

- Implement existing plans for the take-up of GP Clinical IT Systems from either the Local Service Provider or GPSoC Framework Supplier in line with emerging supplier roadmaps;
- Ensure the upgrade of IT assets to achieve compliance with the General Practice IT Infrastructure Specification is complete;
- Ensure local funding is in place to deliver these plans;
- By March 31st 2008 PCTs will ensure the LHC IM&T plan includes the local implementation of GPSoC.

### SHAs

- SHAs will ensure patch wide achievement of GPSoC is planned and delivered.

## Links to relevant supporting guidance for National Expectations

National expectation	Issue	Link
Local Strategic Solutions	NHS CFH Infrastructure Specification for General Practice	<a href="http://www.connectingforhealth.nhs.uk/gpsoc/contacts">http://www.connectingforhealth.nhs.uk/gpsoc/contacts</a>
Local Strategic Solutions	NHS Infrastructure Maturity Model (developed within the Infrastructure Principles, Standards, Procedures and Guidelines site)	<a href="http://www.connectingforhealth.nhs.uk/pspg/">http://www.connectingforhealth.nhs.uk/pspg/</a>
Local Strategic Solutions	NHS CFH Statement of Compliance	<a href="http://www.connectingforhealth.nhs.uk/soc">http://www.connectingforhealth.nhs.uk/soc</a>
Patient Demographics and the NHS Number	PDS National Back Office processes to improve demographic data quality	<a href="http://www.cfh.nhs.uk/demographics/backoffice">http://www.cfh.nhs.uk/demographics/backoffice</a>
Secondary Uses Service	Support for NHS providers to deliver initially coded datasets weekly and comprehensively coded datasets monthly. These are expected to be through SUS	<a href="http://www.connectingforhealth.nhs.uk/systemsandservices/sus/">http://www.connectingforhealth.nhs.uk/systemsandservices/sus/</a>
Choose and Book using Direct Booking	Increasing the utilisation of the Choose and Book Direct Booking Service	<a href="http://www.chooseandbook.nhs.uk/staff/implementation">http://www.chooseandbook.nhs.uk/staff/implementation</a>
Measuring benefits delivered	Best practice guidance provided by the Office of Government Commerce	<a href="http://www.ogc.gov.uk/introduction_to_programmes_managing_benefits.asp">http://www.ogc.gov.uk/introduction_to_programmes_managing_benefits.asp</a>
All expectations relating to PCTs	The Primary Care Roadmap states benefits and impact of the NPfIT primary care programmes on PCTs, GP practices and NHS staff. It also outlines estimated implementation effort to deploy the national programmes, and links to further reference material and tools available from NHS CFH.	<a href="http://www.connectingforhealth.nhs.uk/primary_care_roadmap">http://www.connectingforhealth.nhs.uk/primary_care_roadmap</a>

## Annex 2

# IM&T Planning – Overview of Supporting Tools

A range of toolkits has been developed to support the 2008/09 IM&T planning process. Whilst recommended, local utilisation of the toolkits is optional and they are provided to supplement the Planning Guidance and offer practical assistance with the production and assurance of IM&T plans. The table below provides a summary of the available resources and suggested target audience:

### Supporting Toolkits and Target Audience

Product	Target Audience	
	Recommended for use by Chief Executives and SROs	Planning Tool for Programme and Change Managers
Chief Executive Leadership of IM&T-enabled service transformation programmes	✓	
Organisational Readiness Assurance Model – Executive Summary	✓	
Organisational Readiness Assurance Model		✓
IM&T Planning Self-Assessment Tool		✓
Strategic Product Roadmaps	✓	✓
NPfIT Product Catalogue (including executive summaries)	✓	✓

These planning toolkits are available at:

[http://nww.connectingforhealth.nhs.uk/imt\\_planning\\_guidance](http://nww.connectingforhealth.nhs.uk/imt_planning_guidance)

## Chief Executive Leadership of IM&T-enabled service transformation programmes – Guidance and Key Responsibilities

A supporting toolkit has been developed to identify the key responsibility areas for Chief Executives in their leadership role for IM&T programmes. It is a resource primarily intended for use by PCT Chief Executives, who provide leadership of the LHC IM&T-enabled service transformation programme. It may also be useful for Chief Executives and other senior directors taking on the leadership or Senior Responsible Owner (SRO) role for IM&T programmes in individual PCTs and Trusts.

This toolkit sets out a number of key responsibilities and provides guidance in each area with suggested examples of good practice. The responsibilities identified are as follows:

- Provide overall leadership and direction to the IM&T programme;
- Ensure alignment of IM&T with delivery of service transformation for the LHC;
- Ensure delivery of benefits from the IM&T programme;
- Ensure effective governance structures for the delivery of the enabling IM&T programme;
- Ensure effective risk management;
- Ensure the LHC has a clear framework for approval, management and responsibility for funding the IM&T programme;
- Ensure the LHC has the manpower and skills capacity and capability required to deliver the programme.

## Organisational Readiness Assurance Model – Summary for Chief Executives

An executive summary of the full organisational readiness assurance model (ORAM) has been produced for Chief Executives / SROs to inform them of the purpose and broad content of the model.

### Organisational Readiness Assurance Model

An organisational readiness assurance model (ORAM) has been developed that provides guidance on gaining assurance that the LHC is ready to implement IM&T enabled change. It covers the programme preparation and planning, design and implementation, and post deployment phases of a project. It includes guidance in the following key areas:

- Alignment of IM&T plans with LHC and Trust service priorities;
- Project preparation through the establishment of governance, funding and business change capability;
- Project initiation and controls;
- Deployment processes;
- Transition to business as usual and benefits realisation.

## IM&T Planning Self Assessment Tool

A tool has been developed to provide a “checklist” for self-assessment of IM&T plans produced by individual organisations and LHCs. It is designed for use by local programme managers and programme boards in assessing the plans of individual organisations and the LHC.

The tool covers a range of key topic areas, includes compliance statements indicating best practice measures and allows a ‘traffic light’ based assessment to be indicated against each statement.

The main topic areas covered are aligned with the Chief Executive / SRO responsibility headings and consider:

- Alignment to service development priorities;
- Benefits management;
- Governance arrangements;
- Programme management;
- Risk and issue management;
- Capacity and skills;
- Finance and plan approval process.

## Strategic Product Roadmaps

Each regional programme for IT (PfIT) is developing strategic product roadmaps to assist with preparation of longer term IM&T plans to 2010/11. These are targeted at Chief Executives and Senior Managers and set out:

- The overall PfIT strategy to 2010/11, including a summary of how the regional PfIT will deliver benefits to patients and NHS organisations in terms of service outcomes;
- When product releases will be available and a high level summary of the expected functionality included within each major release;
- How products relate to each other – including migration paths for tactical products and product interdependencies;
- A summary of the benefits that will result from deployment of these products and how products will contribute to national and local service drivers and priorities.

Following development these roadmaps will be available through the Connecting for Health NHS website and locally through SHAs. Their use will assist individual organisations and LHCs in setting out IM&T proposals to the 2010/11 planning horizon.

## NPfIT Product Catalogue

The NPfIT product catalogue is an on-line resource published through the Connecting for Health NHS website providing product descriptions for national and regional PfIT applications.

It provides two types of product descriptions:

- Summary Product Description – a summary view of functionality available and how the product supports NHS priorities, designed for executive level use;
- Full Product Description – a detailed product description covering functionality, benefits (including a link to the national benefits register), functional and technical specifications, product availability, planned release schedules and funding and implementation options.

The NPfIT Benefits Registers have been created as a supporting tool for project planning and strategic planning and will be of use to staff responsible for benefits planning and reporting. They are designed to help clarify and identify what benefits opportunities exist following successful deployment of NPfIT products. The registers provide both a summary and detailed view of potential benefits.

## Annex 3

# Glossary of Terms

CAB	Choose and Book
CFH	Connecting For Health
CRG	Care Record Guarantee
CSA	Clinical Spine Application
DBS	Directly Bookable Service
DSCN	Data Set Change Notice
EPS	Electronic Prescription Service
ESR	Electronic Staff Record
GP2GP	GP to GP patient record transfer
GPSoC	GP Systems of Choice
IG	Information Governance
IM&T	Information Management and Technology
LHC	Local Health Community
LSP	Local Service Provider
NASP	National Application Service Provider
NHAIS	National Health Application and Infrastructure Services
NPfIT	National Programme for IT
NSTS	NHS Strategic Tracing Service
ORAM	Organisational Readiness Assurance Model
PACS	Picture Archiving and communications Systems
PDS	Personal Demographics Service
PfIT	Programme for IT (denoting the national and 3 regional programmes)
RTT	Referral to Treatment
SCR	Summary Care Record
SNOMED	Systematised Nomenclature of Medicine
SRO	Senior Responsible Owner
SUS	Secondary Uses Service



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