

# *Creating Connections for Care*

A practical guide to NHS Connecting  
for Health for primary care teams



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# Delivering 21st Century technology to support the NHS

NHS Connecting for Health, an agency of the Department of Health, is driving forward the implementation of the Government's Information Technology strategy for the NHS. The agency is developing and implementing a new generation of integrated systems across organisations to enable people treating patients to have secure access to the information and services that they need to support patient care. These changes will require a new approach to the use of IT by those who work in general practice, paying special attention to accuracy and completeness of electronic patient health records so they are fit for sharing. The new tools will have real benefits for you in your patients' care, administrative support processes and in your budgetary work.

This publication gives an overview of developments that will take primary care to another level in the provision of high quality patient focused services. It describes what is going on and gives practical steps and advice on what to do next.

For more detailed information visit: [www.connectingforhealth.nhs.uk/](http://www.connectingforhealth.nhs.uk/)

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## Local implementation of national systems

Four local service providers (LSPs), covering five regional clusters of strategic health authorities are taking forward the implementation of the National Programme for IT. They supply and integrate systems, including primary care and community systems, which perform functions locally and link with national systems.

Contact your regional cluster communications lead for more information about how local plans affect you.

Eastern Cluster: Janet White - [Janet.White@cfh.nhs.uk](mailto:Janet.White@cfh.nhs.uk)

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# Get connected with N3

N3 is the name for the National Network that is replacing NHSnet. N3 has many advantages over NHSnet, including:

- significantly greater bandwidth, so is faster
- much improved resilience, so less downtime
- superior service levels with a 24 hour, 365 days a year helpdesk
- better value to the NHS through nationally negotiated contracts.

Once migrated to N3 PCTs and practices can also get branch practices connected to the network and use the N3 Virtual Private Network (VPN) product to provide a secure service between a GP practice and its branch surgeries.

## Not just a secure network: voice and convergence consultancy

The N3 Service Provider also offers a free voice and convergence consultancy service to all NHS organisations that provides technical and business benefits advice about taking advantage of the latest solutions available.

At a basic level the convergence of voice and data refers to your IT network being used to carry voice calls. The benefits of using a single infrastructure to carry both types of information include:

- reduced call costs to mobile, potentially as high as 40%
- reduction in the costs of administration and support staff and services
- increased flexibility for staff: their contact number stays the same no matter where they are, including home working, hot-desking or in the community.

The convergence of these networks is expected to enable the NHS to adopt multimedia applications such as on-demand video conferencing and virtual presence type services where calls are routed to the best answering device for an individual, irrespective of their location. Initial pilots for convergence will take place at the end of 2006 and in to 2007, but those thinking of taking advantage of the benefits should act now.

## Take Action

PCT IT departments should:

1. Find out more about making the most of the N3 network.
2. Undertake the necessary assessment of their existing infrastructure.
3. Start the convergence of their voice and data networks.

For more detailed information visit: <http://www.connectingforhealth.nhs.uk/delivery/programmes/n3>

For N3SP free consultancy service visit: [www.n3.nhs.uk/n3/voice/](http://www.n3.nhs.uk/n3/voice/)

For the N3 helpdesk, call: 0800 085 0503

# Smartcards

Before anyone can use any NHS Connecting for Health systems, they must be registered and possess a smartcard and passcode. The service responsible for managing and administering this process is known as the Registration Authority (RA) and each Trust and PCT is responsible for setting up its local RA. The local RAs have already registered the majority of GPs and practice staff and issued smartcards to enable access to applications.

The secure user registration process is designed to:

- provide assured identity of all users and to give appropriate access privileges to all users on a 'need to know' basis
- help assure patients that their medical records are safe and secure by providing an audit trail of who looked at their records, when and for what reason
- ensure compliance with information governance guidelines.

## Take Action

1. Make sure users understand the commitments they give when they receive a card about how they will use it to keep patient information secure; these are set out on the form they sign.
2. Encourage staff to treat their card like a credit card; would they let someone else use their credit card or leave it unattended?
3. Ensure that there are checks on the way staff use their cards in order to protect patient confidentiality; sharing cards can lead to disciplinary action and, for clinicians, referral to their professional regulator.
4. Ensure that best practice is spread locally by education and training of information governance matters.

For more detail visit: [www.chooseandbook.nhs.uk/staff/implementation/toolkit/](http://www.chooseandbook.nhs.uk/staff/implementation/toolkit/)

# Choose and Book

The electronic booking service (Choose and Book) enables clinicians and other primary care team members to make an initial hospital out-patient appointment at a time and place of the patient's choosing. This service has many advantages over the paper-based system by:

- removing the lengthy wait between visiting the GP and receiving an appointment from the hospital by referring electronically
- giving patients choice over when and where they will receive care
- enabling patients to change their appointment date and time if required.

## Take Action

Six key questions.

1. Does your PCT Directory of Services<sup>1</sup> (DoS) offer a range of services?
  - Have you engaged a lead local clinician?
  - Are services easy to find from referring clinicians?
  - Have you commissioned sufficient services?
2. Have you got a robust project management structure in place?
3. Is the PCT IT department up to speed on Choose and Book?
  - Have the local practice workstations been set up correctly for Choose and Book?
  - Do the IT team ensure the correct configurations are used by following the Choose and Book instructions and guidelines?
  - Does the PCT support the IT team?
4. Do you ensure a wide range of appointment slots are available?
  - A small number of slots over a wide range of services is better than two specialities with many slots.
  - Did you know there are capacity management and slot management models available?
5. Are your GPs struggling to use an integrated Choose and Book solution?
  - Encourage the use of the web-based referrer.
6. Have all your clinicians and admin team had training to use Choose and Book?

For more detailed information visit: [www.chooseandbook.nhs.uk/](http://www.chooseandbook.nhs.uk/)

For online training visit: <http://155.231.82.20/Training/>

For the local PC set-up guide: <http://www.chooseandbook.nhs.uk/staff/implementation/toolkit/deployment/readiness/>

For the CAB implementation toolkit: [www.chooseandbook.nhs.uk/implementation/toolkit/](http://www.chooseandbook.nhs.uk/implementation/toolkit/)

1. The information in the DoS should contain sufficient detail for referring clinicians to offer, and receiving services to receive, appropriate referrals

# Personal Demographic Service

The PDS is the national electronic database of demographic details. It enables healthcare professionals to readily identify a patient and their associated health care records. It will eventually replace National Health Applications and Infrastructure Services (NHAIS - the Exeter System) within Primary Care and directly manage a patient's registration with a GP.

The PDS underpins elements of the new applications such as Choose and Book, the Electronic Prescription Service and GP2GP electronic records transfer.

By using PDS primary care teams can:

- be confident that they have access to the latest patient demographic information
- access the patient's latest contact details to ensure that mailings are more likely to reach the intended recipient
- easily find the patient when using Choose and Book
- easily find a new patient on new registration with a practice; important for GP2GP.

## Take Action

1. Record patient demographic details accurately, consistently and promptly. Data that is recorded on PDS is available to all NHS organisations. If patient information is not correct and up-to-date there could be consequences for patient care and safety.
2. Use the NHS number. The NHS number is the unique patient identifier. Using this number will ensure that a patient record is not duplicated or confused with another record.

For more detailed information visit: <http://www.connectingforhealth.nhs.uk/demographics/pds/>

# Electronic Prescription Service

The Electronic Prescription Service (EPS) will enable electronic prescriptions (including those for repeat dispensing) to be generated, transmitted, received and, once dispensed, sent to the reimbursement agency for payment.

The service is being introduced in two main stages – known as Release 1 and Release 2. Implementation of Release 1 is currently underway and enabling a number of GP practices to generate paper prescription forms featuring a barcode. When this prescription is generated, an electronic copy of the information is sent to the EPS, containing a unique reference number that matches the barcode on the prescription form. When the patient takes this prescription to the pharmacy, the pharmacist simply scans the barcode to download the prescription details onto their system – rather than having to re-key the details manually.

Release 2 will see the introduction of digital signatures and patients will be able to nominate a pharmacy from which to receive prescriptions. These changes will lead to a gradual reduction in the volume of paper prescriptions being issued.

Once fully operational, the service will bring a number of benefits including:

- prescribers will be able to apply digital signatures to batches of repeat prescriptions, rather than having to sign each one manually
- patients may no longer need to visit their GP practice to collect a repeat prescription – it will be sent directly to their nominated pharmacy
- prescribers will have the ability to cancel electronic prescriptions at any time up until the medication is dispensed
- improved safety due to a reduction in dispensing errors (also in Release 1) as prescription details are no longer inputted manually at the pharmacy
- scope for improved pharmacy workflow and stock control as the pharmacy may receive electronic prescriptions in advance of the patient arriving to collect them

## Take Action

1. GPs should contact their PCT to initiate implementation of the EPS. This requires your GP clinical system to be connected to the Spine. Implementation is dependent on the clinical system and version in use at the practice.
2. Community pharmacists need to arrange for the necessary upgrades to be undertaken with an approved system supplier – details of which are available from the website address below.
3. Both GPs and community pharmacists require smartcards to access the EPS. For GPs, this is the same smartcard as required for Choose and Book.

For more detailed information about the Electronic Prescription Service and to register to receive email updates, visit: [www.connectingforhealth.nhs.uk/eps/](http://www.connectingforhealth.nhs.uk/eps/)

# GP2GP electronic records transfer

GP2GP is a project developing the capability to transfer the electronic component of a patient record from one GP practice to another when a patient registers with a new practice for primary health care. The second live trial is currently underway and further trials will extend the range of GP clinical systems that can be used. National roll out of GP2GP will commence following the successful conclusion of live trials. The project team is working in conjunction with the GPC and the RCGP through the joint GP IT committee.

## Getting ready for GP2GP

Practice and PCT teams need to be fully aware of the procedures and management arrangements required to ensure that the dependency on electronic records is safe and justified. These have been described in the “Good Practice Guidelines” which has been written by national experts who are also users of clinical systems in their own practices. Practices can begin to prepare for GP2GP by ensuring that their data is fit for sharing (Page 11).

## Take Action

1. Cascade the “Good Practice Guidelines” to PCT colleagues and all your practices.
2. Have PCT wide protected learning time sessions to discuss aspects of the “Good Practice Guidelines” e.g. data accreditation.
3. Ensure the PCT process for approving practices for paper light status is up to date.
4. Be ready with identified GP2GP implementation leads at your PCT, Further details will be made available later in the year.
5. Raise awareness that practices will benefit from accreditation for paper-light status.

For the guidelines and more information visit: <http://www.connectingforhealth.nhs.uk/delivery/programmes/gp2gp/>

# QMAS

QMAS supports the Quality and Outcomes Framework (QOF) detailed in the GMS Contract. The QOF has recently been extensively reviewed by the DH and NHS Employers and the resulting revisions for 2006/07 came into effect on 1 April 2006. QMAS is currently being upgraded to support the new and revised indicators.

It is important to note that the end of year process on QMAS for 2005/06 is not affected by the changes to the QOF for 2006/07. Practices will still be able to make QMAS submissions and complete the approval process to ensure payments are made for the year 2005/06. PCTs will be able to complete their QOF business process and make payments via QMAS as before.

## Take Action

1. Ensure PCT and practice colleagues update their knowledge of the new and revised QOF indicators and the QOF Business Rules

For QMAS information and bulletins: [www.connectingforhealth.nhs.uk/delivery/programmes/qmas/](http://www.connectingforhealth.nhs.uk/delivery/programmes/qmas/)

For GMS Contract revisions visit: <http://www.nhsemployers.org/primary/index.cfm>

For QMAS training: [www.qmastraining.nhs.uk](http://www.qmastraining.nhs.uk)

For QOF Business Rules 2006/07: <http://www.primarycarecontracting.nhs.uk/145.php/>

# NHSmial

NHSmial is the secure email and directory service linking the whole of the NHS. It is a centrally funded service that's free at the point of use.

With NHSmial users can:

- keep the same email address throughout an NHS career
- send and receive emails
- send an SMS (text) message to any standard mobile phone
- send a fax
- safely exchange patient identifiable information – this is the only email system approved by the BMA for this purpose
- search the NHS directory
- create a personal directory
- arrange meetings and co-ordinate diaries
- share calendars with your team
- create and use distribution lists for email, mobile phones or fax numbers.

## Take Action

Ensure your organisation is taking advantage of these benefits.

1. If you have not yet registered go to [www.nhs.net](http://www.nhs.net) (via an NHS connection).
2. If you do not have an entry in the directory you need to contact your local organisation administrator and ask them to register you after which you can register for an NHS mail account.
3. If you are not sure who your local organisation administrator is go to [www.nhs.net](http://www.nhs.net) and click on 'Contacts'. Change the drop down category from 'people' to 'organisation'. Type in your organisation then click 'search'.
4. PCTs should develop migration strategies for their organisations to move to nhsmial and ensure that their practices are safely migrated across.

For more information visit: [www.nhsmial.net/](http://www.nhsmial.net/)

# Directed Enhanced Service: IM&T

The Directed Enhanced Service (DES) is designed to facilitate information management and technology (IM&T) adoption to support the delivery of the National Programme for IT. Embedded in the programme are some new IT facilities that will have significant impact on the delivery of high quality patient services by GPs and their practice teams. These include Electronic Prescription Service (Page 6), Choose and Book (Page 4) and the NHS Care Record Service (Page 13).

This DES will support practices to become properly equipped with the skills and knowledge to take advantage of these new services. This will include:

- active implementation of the initiatives outlined above
- resources for the successful implementation of the new technologies
- accreditation of the quality of the electronic patient health care record in practices which record their records contemporaneously i.e. are paper-light.

The financial reward will be available across two years. This is to take account of the differing implementation plans across the country. It is important that practices spend time on their audits in preparation for the accreditation submission. The assessments will not be available before the autumn.

## Take Action

Ensure your organisation takes advantage of these benefits.

1. Cascade the “Good Practice Guidelines” to PCT colleagues and all your practices. It is important to note that resources flow for Component One when practices submit their IT Business Plan. This plan includes their training needs analysis and engagement with information governance requirements.
2. Have PCT wide protected learning time sessions to discuss aspects of the “Good Practice Guidelines” ; a foundation for data accreditation.
3. Update your local training needs assessment.
4. Work with your local data quality or PRIMIS+ facilitator.
5. Ensure that all teams understand the requirements of the DES.

For Revisions to the GMS Contract 2006/07 visit: [www.nhsemployers.org/primary/index.cfm/](http://www.nhsemployers.org/primary/index.cfm/)

For the Good Practice Guidelines visit: <http://www.connectingforhealth.nhs.uk/delivery/programmes/gp2gp/>

# Data Accreditation and PRIMIS+

In 2006 the data standards for General Practice are being launched that will demonstrate that data held on GP clinical systems is fit for sharing. This standard is a requirement before patient data can be sent from practices onto the Spine. All practices will benefit from the improving quality of health information when it starts to flow electronically through GP2GP.

The role of PRIMIS+ is to support practices in improving their data quality leading to accreditation. Once accredited, practices will be able to add a patient's medical summary to the Spine. The data standards that are expected of practices are those already signed up to by the Royal College of General Practitioners and are outlined in the 'Good Practice Guidelines'.

Practices will be expected to be part of the PRIMIS+ facilitated network or equivalent. Facilitators will support practices with their education and training on data quality and information governance. This will help them in providing the evidence of audits required for the accreditation process.

## Take Action

1. PCTs should ensure that the robust process as set out in the 'Good Practice Guidelines' are in place to register paper light practices.
2. Ensure that you have trained data facilitators in post.
3. Cascade the document 'Briefing for practices and PCTs on the data accreditation process' to PCT and practice colleagues.
4. Encourage practices to take advantage of the training they have to offer.
5. Identify clinical assessors locally to undertake the accreditation process.
6. Ensure that your clinical assessors have the necessary skills and experience – PRIMIS+ will be providing training for assessors.

For the GPC and NHS Employers paper on data accreditation: <http://www.connectingforhealth.nhs.uk/delivery/serviceimplementation/engagement/gps>

For more details on PRIMIS+: <http://www.primis.nottingham.ac.uk>

For the 'Good Practice Guidelines' visit: <http://www.connectingforhealth.nhs.uk/delivery/programmes/gp2gp/>

# GP Systems of Choice

GP systems of choice (GPSoC) is a new initiative which aims to ensure progressive improvement in the level of functionality available to general practices until such time as transition to a Local Service Provider system takes place.

Under GPSoC:

- GP practices have a choice of GP clinical system. This will enable practices to benefit from the investment they have made in their clinical system or to benefit from a new LSP clinical system
- clear funding guidance is given for all GP clinical systems within the GPSoC scheme
- existing GP clinical systems will be upgraded to take advantage of the new services provided by NHS CFH i.e. Choose and Book, EPS, GP2GP and the NHS Care Records Service.

## Take Action

1. Ensure that PCT colleagues and GP practices understand that practices have a choice of GP clinical systems.
2. Engage with the PCT IT department to ensure that systems are upgraded under GPSoC.

For more details: [http://www.connectingforhealth.nhs.uk/delivery/serviceimplementation/engagement/gps/systems\\_of\\_choice/index.html](http://www.connectingforhealth.nhs.uk/delivery/serviceimplementation/engagement/gps/systems_of_choice/index.html)

# NHS Care Records Service

The NHS Care Records service will, over time, enable relevant parts of a patient's health care record to be available wherever and whenever it is needed. This will have a major impact on primary care as they will be the first to send patient summary health care data to the Spine. Clinicians and their administrative support teams will need to ensure that their patient health records are fit for sharing.

The NHS Care Records Service has three elements:

- Detailed Care Records – these are the records that allow sharing of clinical information between health professionals looking after a patient in different organisations
- The Summary Care Record – essential historical and current information for first line care
- HealthSpace – a protected link to the Summary Care Record for every person who chooses to have one

## Take Action

1. Encourage your colleagues to improve the quality of clinical recording and the effective use of their GP clinical computer systems and to move towards a paper-light practice. This will include the use of PRIMIS+ facilitators.
2. Take an active role in the data accreditation.
3. Be ready to answer your staff and patient's questions in respect of the NHS Care Records Service.
4. Join in the discussion of the NHS Care Record Service.
5. Read and cascade the information that is sent to the practices about exactly what is happening and patients' rights to limit their participation.

For more details and to join in the discussion: [www.connectingforhealth.nhs.uk/crdb/](http://www.connectingforhealth.nhs.uk/crdb/)

# Practical Steps

Here are a number of other practical steps you can take now.

## NHS Number

Practices have used the NHS number for some time. This is even more important now as the wider NHS will start to use information held in general practice records. Ensure practice teams are aware that this unique number will prevent errors and duplication of patient records

For more information: [www.connectingforhealth.nhs.uk/nhsnumber/](http://www.connectingforhealth.nhs.uk/nhsnumber/)

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## NHS Basic IT skills

The European Computer Driving Licence (ECDL) was adopted as the reference standard for basic IT skills in 2001 in England. PCTs should ensure that all their staff including community and general practice teams have the skills required to work in an IT literate environment.

For more ECDL scheme details: [www.ecdl.nhs.uk](http://www.ecdl.nhs.uk)

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## Data quality and information management

PRIMIS+ is a free training and support service to help primary care teams provide quality patient care by making the best use of their clinical computer systems and improving data quality and information management.

PRIMIS+ provides training and assistance to information/data quality facilitators employed by PCTs or local Health Informatics Services. These facilitators then cascade their knowledge and skills to practice teams in their local health communities.

For more information: <http://www.primis.nhs.uk>

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## The 'Good Practice Guidelines'

Current practice computer systems contain vital records on which patient care depends. It is important that practice and PCT teams should be fully aware of the procedures and management arrangements that should be in place to ensure that the dependencies on these electronic health records are safe and justified. The 'Good Practice Guidelines' have been written by national experts who are also users of clinical systems in their own practices.

Download the 'Good Practice Guidelines': [www.connectingforhealth.nhs.uk/delivery/gp2gp/](http://www.connectingforhealth.nhs.uk/delivery/gp2gp/)

## Public information campaign

Be aware of the NHS Care Record Service (NHS CRS) public information campaign designed to inform patients of the changes to the way health care information will be stored and shared. Ensure PCT and practice teams are ready to answer patient questions and know where to go for help and advice.

For more information: [www.connectingforhealth.nhs.uk/delivery/programmes/nhscrs/](http://www.connectingforhealth.nhs.uk/delivery/programmes/nhscrs/)

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## Work with your cluster

Regional clusters were created after consultation with SHAs on how best to deliver local IT solutions as part of the National Programme for IT. England is divided into five geographic regions - each cluster comprising five, six or seven SHAs - who agreed to work together to take forward the procurement and implementation of National Programme services at local level. The opportunity exists to work closely with your cluster.

Details of cluster implementations that have been forecast over a 12 week period are posted on the NHS CFH website.

For more general information: [www.connectingforhealth.nhs.uk/delivery/programmes/regions/](http://www.connectingforhealth.nhs.uk/delivery/programmes/regions/)

For the 12 week Forecast: [www.connectingforhealth.nhs.uk/implementation/](http://www.connectingforhealth.nhs.uk/implementation/)

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## Community nurses and NHSmail

Community nurses can use their NHSmail account to send their Single Assessment Process forms safely and securely from any computer with an Internet connection.

For more information about NHSmail visit: [www.nhsmail.net/](http://www.nhsmail.net/)

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## NHS CFH – latest news

Keep up to date on national developments by visiting the NHS CFH website. You can subscribe to a regular email bulletin to alert you to new information on the site.

For more information and to subscribe: [www.connectingforhealth.nhs.uk/contact/maillinglist](http://www.connectingforhealth.nhs.uk/contact/maillinglist)

## NHS Connecting for Health

NHS Connecting for Health is the agency responsible for delivering the National Programme for IT, a key component of the modernisation programme under way across the NHS.

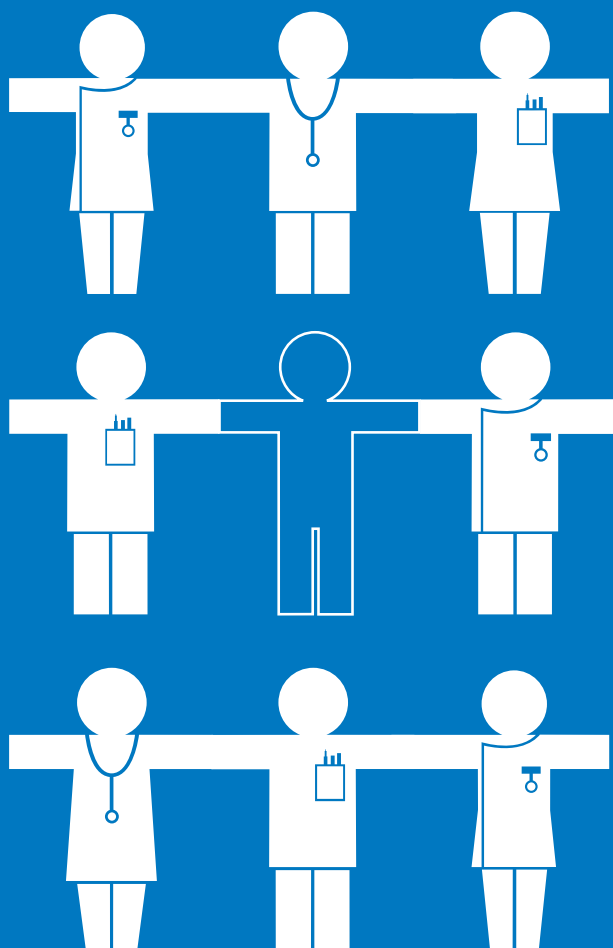
The introduction of new modern computer systems will transform the way the NHS works. Patients and healthcare professionals will have easier and more efficient access to information which in turn will enable improvements in patient care and patient safety.

Over the next 10 years, the National Programme for IT will connect more than 8,500 general practices and their respective community health services in England to almost 300 hospitals and give patients easier access to their own personal health and care information.

NHS Connecting for Health has created a detailed website as a first point of reference.

For more information visit [www.connectingforhealth.nhs.uk](http://www.connectingforhealth.nhs.uk)

To request printed copies of this publication, please visit [www.connectingforhealth.nhs.uk/publications](http://www.connectingforhealth.nhs.uk/publications) or call 08453 700760 quoting reference number 2256



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