

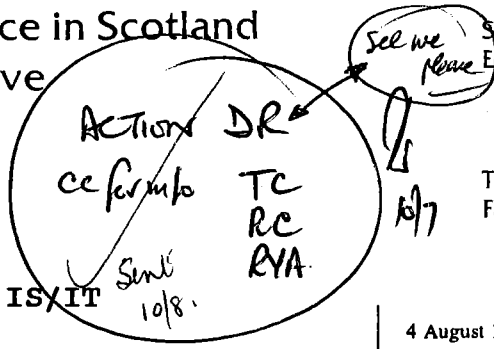


THE SCOTTISH OFFICE

National Health Service in Scotland
Management Executive

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Dear Colleague

**INFORMATION STRATEGIES AND IS/IT
EXPENDITURE PLANS**

Summary

1. This letter seeks from Health Boards and NHS Trusts their revised Information Strategies and invites the submission of their Information Systems and Information Technology (IS/IT) expenditure plans for the next three years.

Action

2. Boards and Trusts are asked to submit copies of their revised strategies by 31st August 1992 and copies of their 3 year IS/IT expenditure plans for the period 1993/94 - 1995/96 by November 1992.
3. In each case 3 copies of the documents are required and they should be sent to Allan Wilson, Assistant Director (Strategy), Directorate of Information Services, HSD, Keith House, South Gyle, Edinburgh EH12 9DQ.

Background

4. All Boards prepared and submitted their information strategies to the Directorate last year and these have been discussed with them at some length. In addition discussions have been held with the NHS Trusts about their strategies which are currently being prepared. All these documents are expected to be in line with the Information Strategy for the NHS in Scotland which was issued on 13 May 1992 under cover of NHS circular GEN (1992)18.

4 August 1992

Circular
SHHD/DGM (1991)60
is cancelled

Addressees

For action:
General Managers,
Health Boards

General Manager, State
Hospital

Chief Executives
and Chief Executive Designate
NHS Trusts

General Manager,
Common Services Agency

For information :

General Manager,
Health Education Board
for Scotland

Enquiries to:

Mr A Wilson
Assistant Director - Strategy
HSD
Keith House
2 Redheughs Rigg
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Edinburgh EH12 9DQ
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5. In previous years Boards also prepared and submitted their IS/IT expenditure plans for the next 3 years. Such plans provide the basis for the allocation of central funds (i.e. the Computer Development Capital Fund (CDCF) and the Systems Implementation Fund (SIF)) and also provide us with useful indicative figures for the future. NHS Trusts are now required to prepare and submit similar plans.

Local Information Strategies

6. During the Directorate's earlier discussions with individual Boards a number of areas were identified where changes were desirable in the strategies and these should be incorporated in the revised version before submission. This should result in Unit based strategies being developed to support the Board's purchaser strategy under the umbrella of its overriding HQ strategy. The general content of the document should however be in line with the guidance at Annex 1.
7. These revised strategies (3 copies please) should be submitted to the Directorate of Information Services no later than 31 August 1992. Following their receipt the Directorate will arrange a further series of meetings with individual Boards and NHS Trusts to discuss these revised strategy documents.

IS/IT Expenditure Plans

8. All Boards/Trusts are also asked to submit their 3 year IS/IT expenditure plans for the period 1992/93-1995/96 inclusive in the same format as explained in Annex 2.
9. The first year's figures (i.e. those for 1993/94 relating to "priority systems") will be treated as being your bids for a capital allocation from the Computer Development Capital Fund (CDCF) for that year. These figures should be shown clearly in Part A of the expenditure plans. Part B should relate to any "other systems" i.e. any which are not on the priority list but which you propose to install. Part C relates solely to host Boards of the Computer Consortia or Centres.
10. While the figures for 1994/95 and 1995/96 will not be treated as bids they are nevertheless important as they will help provide the Management Executive with an indication of likely future demand for funds. This assists us in the preparation of our own bid to Ministers for appropriate funding. It is important that such expenditure plans are realistic and take full account of the capacity of sites to implement such systems and adapt their procedures or processes as necessary.

11. While it will be for Boards/Trusts to meet all recurring costs associated with IS/IT the Systems Implementation Fund (SIF) provides a source of central funds to help meet some of the non-recurring costs. An allocation will be made to each Board/Trust to reflect their IS/IT plans and any CDCF allocation. While the purposes of such funding for 1993/94 has yet to be formally agreed it is likely to contribute towards the initial costs of implementing new or replacement systems, for training and towards consultancy and related costs in connection with investigation of information needs and the formulation of plans to fill significant information gaps. Its precise purpose will be made clear in the allocation letter in due course.
12. Your 3 year IS/IT expenditure plans should also be submitted direct to DIS and if we are to ensure that notification of CDCF and SIF allocations is completed in December 1992 we will require these plans by 15th November 1992 at the latest.

Purchasing of Hardware/Software

13. Our objective is to publish under the national Information Strategy a set of technical and data standards which Boards or NHS Trusts can use to purchase appropriate systems. Until that is achieved we have to be more pragmatic.
14. In the normal course you will be expected to buy systems from contracts negotiated nationally by DIS. In that event you can expect that DIS will have addressed issues relating to interfaces to other systems etc.
15. If purchase of a system not approved or recommended by DIS is proposed then no assumption about support or interfaces to other systems (including, for example, READ codes) can be made. Central funds may not be used in such cases without the explicit consent of The Director of Information Services.
16. Even when local funds are to be used you are strongly recommended to consult DIS about the implications of proposals and to agree a way ahead.

System Priorities

17. While the systems priorities detailed in the July 1991 circular are still broadly the same they have of course evolved to some extent. The revised list at Annex 3 indicates the main areas for which bids should be submitted by Board/NHS Trusts within their various IS/IT plans.

18. In addition to these "priority" systems DIS also recognises that a number of Boards/Units, Trusts may have identified areas of weakness in their IT security or contingency planning arrangements. At this time I am unable to promise that additional funding can be provided for this purpose but in the meantime I have agreed that for 1992/93 and the next two years allocations made from the CDCF may be used for such purposes as well as, or instead of, the list "priority" areas.

Yours sincerely



for C B KNOX
Director of Information Services

PREPARATION OF LOCAL INFORMATION STRATEGIES

1. An Information Strategy should be based on the agreed strategy, objectives and business plans and should reflect the associated information and Information Systems (IS) requirements. It must be in line with the Information Strategy for the NHS in Scotland as approved and issued by the Management Executive in May 1992 (see enclosure to NHS circular GEN (1992)18.
2. For the purposes of the Information Strategy the Trust objectives should be stated in broad areas such as general objectives and objectives related to the delivery of health care to categories of people. The plans which follow the objectives should be set out in more detail and be listed in general matters as appropriate e.g. hospital services, community services etc.

Information and System Requirements

3. A rigorous approach to determining information requirements and the information systems required to underpin the business plan may be unlikely during the preparation of the initial strategy document. However an analytical methodology must be applied to determining the information needs and information flows.
4. Some of the information needs and flows may be provided by an existing information system and the Strategy should refer to that system. For the remainder, analysis will identify system requirements which may be satisfied by manual systems or by software/hardware systems. Some of these may be adequate, some may require enhancement and some may be new systems.

Information Technology (IT) Strategy

5. Based on the system requirement, the IT strategy should then be set out. The strategy should relate back through the information system to the information requirement of a particular plan resulting from the Trust's objectives. At this stage, the Information Strategy document should set out the details of the approach to existing systems and new systems. It should also acknowledge the Unit's acceptance of any nationally set technical standards.
6. The application systems should be listed by function rather than by the earlier analysis and would include, as appropriate, the following :
 - 6.1 Operational Systems (including PAS, Laboratories, Nursing, Theatre Management, Pharmacy, Clinical, Medical Audit, Community Nursing, CHI and related screening modules, contracting and MIS etc)

6.2 Administration Systems (e.g. Finance, Payroll, personnel, Supplies, WIMS, Electronic Mail etc)

6.3 Information Systems (e.g. viewdata systems such as VADIS and Waiting Lists)

7. In addition consideration must be given to overall strategy relating to the development, operation, management and use of IT systems. Short sections should be included to cover the following heads :-

- IT Support (source of support for advice to users, identification of new and changed requirements, systems software maintenance, hardware maintenance)

- Software Procurement (Use of national and DIS "approved" commercial systems, local development or other commercial systems)

- Hardware Procurement (Use of national/local contracts, standardisation of supplier and operating system)

- Communications (LAN, Structured cabling, WAN and national network)

- Training (Awareness, Users, Managers of Users, Computer Staff, OD and Management Development - use of central training resources)

- Technical (Technical standards for systems, Standards for Communications, Development methodologies, Development tools)

- Data (Adoption of ISD national data standards, local data management, data access arrangements and data ownership.)

- Audit and Review (How the effectiveness of IS/IT systems is monitored)

- Management of IS/IT (Advisory arrangements for management, individual managerial responsibilities for aspects of IS/IT including expenditure authorisation, control of standards, confidentiality, procurement and data management)

- Confidentiality/Security (Data Protection, Disaster Planning, Systems Access Unauthorised Software etc)

8. The strategy and plans set out in this section should be time related to cover a full planning cycle of 3-5 years.

PREPARATION OF 3 YEAR IS/IT EXPENDITURE PLANS

OUTLINE FORMAT

- Each 3 year running plan should follow logically from and tie in to each of the Board or NHS Trust's local Information Strategy. The plan should take account of ability to manage or implement the various systems together with the likely availability of resources and must reflect national and local priorities.

Completion of Part A

- This section should relate to the introduction of replacement of the "priority" systems notified each year and should explain in each case which system is to be introduced, the sites (e.g. Units) which it will serve and costs. These costs should be broken down into "capital" (i.e. hardware, software etc) and "revenue" (e.g. implementation costs).
- In the case of major systems their introduction will need to be phased and in some cases time will be required to complete procurements. The proposed expenditure figures should therefore indicate the actual year in which payment is likely to be made and not necessarily the year when the procurement or implementation commences.
- Following any necessary text and explanations a table should be provided listing all appropriate systems and costs but in the following format :-

Appcn system + / or hardware	Site Served	Type (if known)	Y1		Y2 etc		
			Cap	Rev	Cap	Rev	
Hospital Systems							
PAS - software		COMPAS	-	20.2	-		20.2
- hardware		NK	100.0	10.0	50.0		15.0
Labs -							
-							
-							
Community							
-							
-							
-							
Admin Systems							
Personnel - software		PMIS					
- hardware		NK					
Contract Management							
-							
-							

TOTAL

NOTES :

- (1) Please insert name of Unit or Unit(s) which the system will serve or whether Board HQ.

In the case of NHS Trusts this column can be left blank.

- (2) Non-recurring revenue costs related to implementation only.

Completion of Part C

5. Only to be completed by 'host' Boards of Computer Consortia. Detail as in Part A.

SYSTEMS PRIORITIES

1. The basis of the strategic objectives outlined in the Information Strategy and taking full account of the changing needs of the service the main categories of system which justify priority and specific systems which should be developed are those which :-
 - support the more effective management of resources in clinical, nursing, laboratories and other areas and which provide appropriate monitoring/reviewing facilities;
 - provide a clinical database and facilitate medical coding;
 - provide costing, contract billing and contract monitoring facilities;
 - provide the necessary infrastructure, both technical and patient-based, to allow data and systems integration;
 - establish a health status database and assist in health screening; or
 - provide administrative support in personnel, pay, supplies and other appropriate areas.

2. Each year the Management Executive approves the specific systems for which priority is to be given through central funding for their early implementation and development. At present implementation is being encouraged in the following areas :-
 - communications (including networks, structured cabling and the introduction of electronic mail);
 - patient administration systems (particularly the master patient index, in-patient, out-patient, waiting list and accident and emergency modules);
 - radiology systems;
 - laboratories;
 - ward nursing;
 - theatre management;
 - community services;
 - NHS Management Information System;
 - medical coding;

- pay and personnel systems (including on-line payroll and manpower planning etc);
- contract management systems;
- supplies and pharmacy systems (including Supplies EDI and Ward Cardex);
- CHI sub-systems (including GP payments and systems for call/recall etc);
- Viewdata Services (including drug information, poisons and waiting times etc);
- Clinical and Resource Information Systems (CRIS); and
- Medical Audit Systems.

3. In addition development is continuing in a number of other areas where implementations will be encouraged as soon as possible. These include :-

- clinical information systems;
- SHS Central Index (i.e. the amalgamation of Board CHIs and NHSCR);
- activity recording (including PAS type developments);
- health status information support systems (including morbidity data collection); and
- priority services

4. Other developments or projects in line with the overall strategy may also be considered for central support during the year on a case by case basis as resources allow.