



# THE SCOTTISH OFFICE

## National Health Service in Scotland Management Executive

NHS  
MEL (1994)76

4509

St. Andrew's House  
Edinburgh EH1 3DG

Dear Colleague

### TELECOMMUNICATIONS POLICY AND MANAGEMENT

#### Summary

1. This letter promulgates at Annex A a statement of policy to govern the NHS in Scotland management of its use of telecommunications, previously addressed in MEL(1993)70 dated 21 May 1993.

#### Action

2. Arrangements for the local co-ordination of telecommunications are to be established as described at paragraph 12 of Annex A.
3. Please note that contracts are being negotiated centrally for the provision of telecommunication services.
4. Pending conclusion of those negotiations, and with immediate effect, Management Executive advice is to be sought before any commitment is entered for new telecommunications services or equipment valued at more than £5000.

C KNOX  
Head of Computing and IT Strategy

25 July 1994

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## **TELECOMMUNICATIONS**

### **Introduction**

1. As Information Technology (IT) systems are developed in response to changing need and technological advance, and as changes occur to the ways in which the NHS is structured and delivers its services, the importance has increased of telecommunications bearers to support IT systems, their integration and accessibility. This reliance on telecommunications is set to increase further. The provision of support for IT based systems is, however, only one NHS application for telecommunications.

2. The telephone is the major means by which the transfer of information into and out of the NHS, and between its constituent parts occurs. Voice conversation remains the main medium of information exchange it supports and while this is increasingly supplemented by facsimile, voice will remain the heaviest used application of telecommunications in the NHS and the principal means of communication between the Service and members of the public.

3. The change from analogue to digital transmission of voice telephony opens the way for data and voice traffic to be conveyed along common telecommunications bearers, both within private networks and those of the public telecommunications operators. Exploitation of this development is necessary to satisfy the required information flows to and from general practitioners and others who operate away from main NHS sites, it will facilitate new flows with local authorities and our other partners developing Care in the Community, and is essential to support interactive systems which involve the simultaneous transmission of voice, video and data, a development of major significance in extending the beneficial use of sophisticated diagnostic equipment, such as CAT scanners, from large hospitals to outlying NHS locations. Such potential impact on patient care is mirrored in other fields from applications such as video conferencing.

4. Use of radio as a bearer of information to and from mobile staff is presently limited to paging systems, cellular telephones, and private mobile radio systems used by the ambulance service, some general practices and some support services. The advent of digital transmission will broaden NHS use of mobile systems, and the supplementing of cable-based fixed systems in some places with wire-less ones will in time erode the separate nature of mobile communications. Mobile systems will become but components of a universal system, with mobile terminals readily accessible from fixed ones and vice-versa. NHS arrangements for the management of its use of telecommunications must reflect these developments.

## **Policy**

5. Meeting users' requirements for communications systems is clearly a line-management responsibility. But information must flow with minimum hindrance between different parts of the NHS, including those outwith Scotland, as well as to and from other agencies and individuals outside the Service, not least our patients in the community. This requires the application of standards to achieve the necessary degree of compatibility and connectivity between systems, and co-ordination so that common telecommunications requirements can be met most cost-effectively and without wasteful duplication.

6. It has been determined that acute service providers, as the major NHS telecommunications users, should take the lead in arranging co-ordination at the local level, and for developing telecommunications strategies which meet the needs for electronic intercommunication of all NHS organisations in their local area. To meet common communications needs of the NHS in Scotland as a whole, and to provide interconnection for users at the local level, a National NHS Network is being created.

7. The existing National Data Network already provides links for data traffic between NHS users across Scotland. Incorporation into that network of separate CSA links, and of the microwave backbone installed to carry circuits for the new ambulance service mobile radio system are under review. It is planned that the National Data Network be integrated into the new National NHS Network. This will make available to NHS users in Scotland connectivity for all forms of electronic communication with any other NHS user anywhere in UK. The National NHS Network is to be provided by one or more contractors under centrally negotiated framework contracts. It will be available in 1995. Further details will be promulgated as soon as possible.

8. The NHS is the largest purchaser of telecommunications equipment and services in Scotland. To obtain maximum advantage from this for the NHS as a whole, to simplify the task of managers at the local level, and to ensure the compatibility of both equipment and services the range of centrally negotiated contracts for both the National NHS Network and for other telecommunications services and equipment is being extended and will be kept under review. The mandatory nature of such contracts was explained and promulgated in MEL(1992)4 dated 16 April 1992, which remains valid.

## **Summary of Responsibilities**

9. Individual NHS Organisations  
(Health Boards, DMUs, Trusts,  
Practices etc.)

Identifying and meeting cost-effectively the organisation's requirements for telecommunications services.

10. Selected NHS Acute Service Providers As above plus co-ordinating the meeting of inter-organisational, inter-site and common external telecommunications requirements of all NHS organisations in their areas. (see Para 12 below)
11. NHS Management Executive Setting policy and standards for application throughout the NHS in Scotland to ensure compatibility and connectivity between individual telecommunication systems. Co-ordinating requirements for and provision of national network services. Arranging for the letting of framework contracts to meet the NHS in Scotland requirements for telecommunications equipment and services.

### **Selection of NHS Acute Service Providers**

12. Acute Service Providers are invited now to consult together, taking advice from Health Boards, to identify which is best placed to take on the local co-ordinating role and the geographical extent of the area for which that co-ordination should be effected. The outcome is to be reported to the Management Executive by 30 September 1994.

### **Transitional Arrangements**

13. While the future topology and detailed management arrangements of the National Network are being determined, while operating and technical standards are being established, and while the range of central contracts is being extended, it is important that decisions are not taken locally that might cause subsequent difficulty. That this is a period of intense competition between suppliers of telecommunications services and equipment makes it particularly important that extreme care is taken before commitments are entered into. Accordingly, and with immediate effect, details of all new contracts for telecommunications services and equipment with a value of more than £5000, whether classed as capital or revenue, are to be submitted for advice to the Management Executive before any form of commitment is given to a supplier.