THE SCOTTISH OFFICE

Department of Health

NHS Management Executive
St. Andrew's House
Edinburgh EH1 3DG
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Telephone 0131-244
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Dear Colleague

TELECOMMUNICATIONS POLICY AND MANAGEMENT AND THE NHS NET

Summary

1. This letter revises the policy on the managment of telecommunications previously set out in MEL(1994)76 which is now withdrawn. The letter:

(a) Sets out a framework for the local and national co-ordination of NHS telecommunications management (Annex A)

(b) Explains how the NHS in Scotland can access NHS Net (Annex B). Initially this service is only available through Mercury. Such are the potential financial savings and operational advantages of using NHS Net that it has been decided not to await completion of contract negotiations with BT before announcing the availability of NHS Net. You will be advised when the framework contract with BT has concluded

(c) Raises to £1 million the delegated limit for telecommunications procurement in line with that for other IT services as announced in MEL(1996)16.

Action

2. **Local Co-ordinator.** Health Boards should review arrangements for the local co-ordination of telecommunications management in accord with Annex A, details of a contact person for this subject should be furnished to the Common Services Agency (Information Systems Support Group) by 1 November 1996.

3. **National Co-ordinator.** Information Systems Support Group of the Common Services Agency has responsibility for establishing arrangements for the national co-ordination of telecommunications management as described in Annex A, and for the operation of the procedures for NHS Net access described in Annex B.

Addressees

For action:
Chief Executives, NHS Trusts

General Managers, Health Boards

General Manager, Common Services

Agency

General Manager, Health Education

Board for Scotland

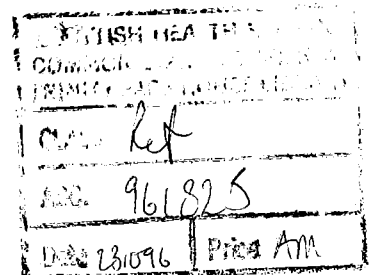General Manager, State Hospitals

Board for Scotland

Executive Director, SCPMDE

Enquiries to:

Mr C B Knox
Head of Computing &
IT Strategy Division,
Room 355
St Andrew's House
EDINBURGH EH1 3DG

Tel: 0131-244 3577
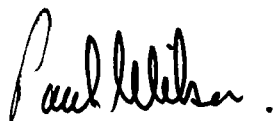Fax: 0131-244 3470

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4. **Value for Money.** All NHS in Scotland organisations should aim to exploit NHS Net framework contracts which cover the full range of needs for telecommunications services and may be tailored to meet local needs. Those planning and managing the provision of services in each area should ensure that the framework contract services are fully considered for all communications needs across Boards, Trusts and GPs in any area. General Managers and Chief Executives will wish to ensure that cost effectiveness is achieved both for individual organisations and on an area basis. They will also wish to note that the Accounts Commission may in future audit value for money achieved on telecommunications expenditures.

5. **Delegated Limits.** NHS in Scotland organisations may use the framework contracts to procure services up to the delegated limit for the procurement of IT services i.e. up to a capital value of £1 million. Projects exceeding the delegated level should be referred to the Management Executive in line with procedures contained in NHS MEL (1996)16. The former delegated limit of £5000 for telecommunications is withdrawn.

6. **Security.** All Health Board General Managers, NHS Trust Chief Executives, General Manager, CSA and GPs must ensure that any proposals for the exchange of patient identifiable information between computer networks meet the provisions for security set out in the code of connection, accord with the terms of the NHS in Scotland Code of Practice on Confidentiality of Personal Health Information, and conform to local procedures for the protection of data security and confidentiality.

7. Health Boards are requested to circulate this MEL to GP Fundholders and GPs within their area.

Yours sincerely

PAUL WILSON
Director of Trusts

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TELECOMMUNICATIONS MANAGEMENT IN THE NHS IN SCOTLAND

Introduction

1.   Developments in telephone technology and availability have increased the importance to the NHS of the telephone as a means of communication. While voice conversation between patients and the NHS, between separate parts of the NHS, and between individuals within every part of the Service remains the most heavily used NHS application of telecommunications, facsimile, paging, video-conferencing, telemetry and alarm systems have also been subject to continuous development. These applications, which are increasingly cost-effective means of communicating information, and the full potential of applications involving present and developing information technology systems cannot be realised without a supporting telecommunications infrastructure.

2.   A single infrastructure of telecommunications circuits and switches can now routinely support simultaneously a variety of separate applications. Voice, data and image traffic can travel together along the same fibre optic, copper or radio bearer. Applications which formerly required entirely separate, stand-alone fixed or mobile telecommunications networks to support them can increasingly be supported more cost-effectively by a common infrastructure. Furthermore, by utilising that common infrastructure, applications can readily be made available more widely.

3.   While effective management of the NHS use of telecommunications will be key to successful implementation of I M & T Strategy, at national and local levels, it is essential if the opportunities modern telecommunications technology offers are to be exploited to the maximum benefit of the NHS and its patients. Multi-media linkages between Health Centres, District General Hospitals and Teaching Hospitals can enable GPs to meet more of their patients' needs locally, can make fuller use of expensive hospital expertise and diagnostic machinery and significantly reduce both patient waiting times and costs. Thus telecommunications management should not be regarded as but an aspect of estate management, nor simply as an exclusively IT domain. Since telecommunications applications are now fundamental to every aspect of the NHS, and it is being used increasingly in the direct support of patient care, management of its use must reflect its importance.

Management

4.   It is a responsibility of each NHS Trust, General Practice, Health Board or other NHS organisation to identify and meet its requirements for the use of telecommunications services.

5.   However the freedom of action of individual NHS organisations to manage their provision and use of telecommunications must, necessarily, be limited. Firstly information needs to flow with minimum hindrance between different NHS organisations as well as to and from points outside the Service including, particularly, our patients in the community. This requires standards to be applied not only to ensure technical compatibility and connectivity of bearer systems and the applications they carry, but also in terms of message format and addressing schemes, system availability and security. Cost is another major constraint.

Common or similar telecommunications requirements are best met on a collaborative basis to achieve economies of scale and to avoid wasteful duplication.

6.   Local Co-ordination   MEL(1994)76 required NHS Trusts to consult together, taking health Board advice, to establish arrangements for the local so-ordination of telecommunications management. In the light of the Shields Report (MEL(1996))   Health Boards will wish to review with providers the arrangements made to ensure that they best meet the needs of all NHS organisations in their areas. Health boards are asked to arrange that the name and contact details of a person with whom details may be discussed be notified to the Common Services Agency (ISSG).

7.   National Co-ordination   To the Common Services Agency is delegated responsibility for:

- Co-ordinating local requirements for telecommunications services with those necessary for the support of national applications.
- Letting contract for, and managing supplier delivery to NHS in Scotland organisations of telecommunications services and equipment which meet those co-ordinated requirements.
- Maintaining liaison with NHS telecommunications and contract management authorities in England, Wales and Northern Ireland to ensure that services in Scotland interconnect with NHS services there.

These tasks will be carried out by CSA's Information System Support Group under a service level agreement with the Management Executive. As recommended by the 1994 SCOTMEG VFM Review of Telecommunications Management it is envisaged that the role and membership of the Commodity Advisory Panel on telecommunication will be extended.

NHS Net

Introduction

1.   The NHS Net is a telecommunications network established to meet NHS requirements for electronic communication (voice, data, images) throughout the United Kingdom. It is operated under contract to the NHS by Mercury Communications Ltd (MCL) and British Telecom (BT). Management of these contracts and supervision of the suppliers is, in Scotland, the responsibility of the Common Services Agency (CSA), whose Information Systems Support Group (ISSG) is contracted by the Management Executive to do this and maintain the necessary liaison with NHS Communications and contract management organisations elsewhere in the UK.

2.   The purpose of NHS Net is to support information transfer to, from and between all parts of the NHS. Its services are managed and tailored to meet NHS needs and have been tested against appropriate technical, performance and quality standards. Prices for the services being offered by MCL and BT reflect what has been a keenly fought open competition between a number of potential contractors under EC procurement rules, and that MCL and BT remain in competition for NHS business. In addition to providing a means of intercommunication, NHS Net will provide access to a range of value added services of use to the NHS which will be offered either by the NHS Net contractors, by NHS organisations or by approved external suppliers.

3.   NHS Net is a private network, but to meet user requirements it must provide connection to public telephone and other networks, including the Internet. To provide a base level of protection for every users information entrusted to NHS Net, controls, mechanisms and procedures to protect it from abuse or misuse have been put in place. The first of these is that the contractors are only permitted to connect *Designated Users* to the NHS Net.

Designated Users

4.   To become a Designated User of NHS Net, a Health Board, NHS Trust, General Practice, or other NHS organisation is first required to give certain undertakings relating to their use of NHS Net services, the management of these services, and, for data services, their adherence to the *Security Code of Connection* (see below). Details of the undertakings are contained in the Designated User Application Form at Annex A. In view of their importance, CSA (ISSG), to whom completed forms should be sent, has been instructed to reject any application form not signed personally by the organisation's Chief Executive/General Manager or equivalent.

Security Code of Connection

5.   The Code of Connection contained within the Designated User Application Form is designed to minimise the risk of unauthorised access to NHS information, arising from both within the NHS Net by bona-fide users attempting to access information systems for which they are not authorised, or from outside the network by external agents. While undertaking to abide by the Code of Connection is a pre-condition for connection to data services on NHS Net, it places ongoing responsibility on a Designated User to maintain effective controls on access to NHS Net including particularly any end systems attached to it.

6.   There will exist 2 levels of security clearance, Level 1 and Level 2. Level 1 will be immediately available to all users signing for amd being accepted as a Designated User. Level 2 will be available on successful meeting of the criteria laid out in the Code of Connection. Granting of Level 1 security does not preclude users from applying for, and being accepted for Level 2 clearance. The table below lists the facilities associated with the 2 levels of clearance.

Security Level	Form to be Signed	Facilities
Level 1	Application to become Designated User.	Voice Services
Level 2	Application to become Designated User and Code of Connection.	Voice Services Data Services

7. It is stressed that the Code of Connection provides only a minimum, base level of network protection. Any extra or specific data security requirement, additional to this baseline remains the responsibility of the owner of the information system or application to determine, implement and manage in accordance with current NHS in Scotland policy and guidance:

IT Security Guidelines - MEL(1992)45
IT Security Policy - MEL(1993)59
IT Security Manual - MEL(1994)75
Data Protection Manual

Access Agreement

8.   Acceptance as a Designated User will be notified by ISSG to the NHS Net contractors. MCL and BT offer NHS Net services under framework contracts (Managed Network Service Agreements - MNSA's). Designated Users may select either supplier. Completion of an Access Agreement with the chosen supplier will enable the Designated User to place orders for services. The Access Agreement is, in effect, the contract between supplier and Designated User for the provision of ordered NHS Net services in accord with the terms, service descriptions, and conditions set out in the framework contract. Forms of Access Agreement will be provided to Designated Users by the suppliers.

Advice and Assistance

9.   CSA (ISSG) within the terms of their contract with the Management Executive, are available to provide advice on NHS Net and the process of becoming a Designated User, and obtaining services.

The contact point is Mr Jack McArdle:- 0131-551 8396

Application to Become a Designated User Form

To: INFORMATION SYSTEM SUPPORT GROUP

Common Services Agency
Trinity Park House
South Trinity Road
Edinburgh EH5 3SH
(Tel: 0131-551 8396)
(Fax: 0131-551 8495)

Part 1   Applicant Details

1. Name of Organisation

2. Address

3. Telephone No.

4. Fax No.

5. E-Mail Address

6. Contact Name

Part 2   Application

Application is hereby made for this Organisation to become a Designated User of
NHS Net services and to be identified as such to the Service Providers.

It is understood that acceptance as a Designated User will enable this organisation to
conclude an Access Agreement with a Service Provider for the provision of NHS
Net Services.

UNDERTAKINGS

Use of NHS Net.

NHS Net is established to serve NHS purposes, it will be used for NHS business
only. An undertaking is hereby given that it will not be used to provide any commercial
services to or for third parties.

Connection.

No computer, computer system, data terminal or network will be connected either directly or indirectly to NHS Net unless the certificate of compliance with the Code of Connection at Part 3 below has been given.

Liability.

Liability is accepted for any cancellation or other charges or costs arising from disconnection from NHS Net where that occurs through withdrawal of Designated User status as a consequence of a violation of one of these undertakings or of the Code of Connection.

Supplementary Charges.

Should costs be incurred in the management of NHS Net which are not attributable to any particular user or group thereof, it is agreed that these be divided on the basis of NHS Net usage and recovered by way of supplementary charges being added to NHS Net contractor's invoices. On the understanding that scrutiny of such costs will be maintained by CSA auditors, liability for such supplementary charges, invoiced as described to this Organisation is accepted.

Signature   Date

Appointment

Part 3   Data Services - Code of Connection

Basic Requirements for Connection to NHS Net.

(Required to be met by organisations requiring the use of messaging services, such as electronic mail or electronic data interchange.)

I   The Organisation abides by this Code of Connection.

II   Access to NHS Net data services is protected by at least one authentication control (e.g. a password).

(This authentication control may be implemented within network access equipment installed in the organisation, or it may be managed centrally by the NHS Net contractor. It is necessary to have some form of authentication to ensure that each person utilising services can be individually identified and to ensure correct controls can be applied).

III   Links to other systems/networks not covered by a Code of Connection (e.g. Super JANET and the Internet) are permanently removed.

(This will ensure any system or network connected to NHS Net cannot unwittingly become a conduit for another organisation to gain access and present a threat to the integrity of NHS Net and systems connected to it).

(Access to external networks and services via the more rigorous controls implemented on NHS Net is the preferred solution. However, on an. exceptional basis it may in some circumstances be feasible to implement a local "firewall" rather than remove an external link altogether. ISSG advice should be sought).

IV   One named individual is made responsible for the security of any system or network connecting to NHS Net.

(While all users share responsibility for security, this must be co-ordinated. A single point of contact for all users within the organisation, for agencies linked to it and service providers is required. While a full time security manager may be neither practicable nor desirable, the person nominated should have appropriate authority and sufficient time for the role.)

V   All relevant staff are made aware of their responsibilities in relation to the security of NHS Net.

VI   Physical access to all NHS Net termination equipment is controlled.

(This should embrace not only the equipment itself but the software, data and network services supported by it.)

VII   All incidents which constitute a threat to NHS Net security are reported, in standard format with full details, to ISSG as and when they occur.
("Stitch in time saves nine" principle applies - early notification of a suspected incident is better than waiting for proof.)

VIII   Advertising or any other form of promotional activity for non NHS purposes is strictly forbidden.

IX   Any system connected to NHS Net is managed according to the requirements of NHS in Scotland Security Policy published in MEL(93)59 and in accordance with other IT security guidelines issued by the Management Executive.

X   Where direct (on-line) access to NHS systems is allowed, staff are made aware of the additional care required.

(Controls put in place by an organisation connecting to NHS Net should be selected by that organisation in the light of the data held on the organisations systems. However access to NHS Net requires users to abide also by the requirements of any remote interactive services, as well as ensuring they safeguard the method of accessing NHS Net.)

Additional Requirements for Connection to External Services.

(Where connection to external services such as the Internet are enabled and such connections are <u>NOT</u> through a secure gateway provided on NHS Net) (See note to III above).

XI   All programme files obtained through connection to external services are subjected to virus checking before being used on any system connected to NHS Net.

(Organisations will, most likely, have a policy on checking floppy disks for viruses, such procedures must be extended to check files obtained through network access.)

XII   Where the organisation provides a permanent host system on a network not subject to a NHS Code of Connection, there shall be no connection between the host system and NHS Net.

Certificate

I certify compliance with the Code of Connection, and that the necessary measures are in place and will be maintained.

The person to whom I delegate responsibility in accord with Article IV is...
He/she may be contacted at...
....Telephone...........................

Signature

Appointment