THE SCOTTISH OFFICE
Department of Health
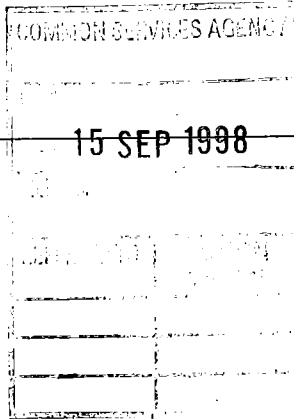
**NHS
MEL(1998)60**

Dear Colleague

National IM&T Programme Board and Strategy

Summary

1.   A National IM&T Programme Board has been set up under my chairmanship, reporting to the Management Executive Board, to ensure that the NHSiS is positioned to exploit IT and modern systems of communications for the benefit of patients and to promote consistency and coherence of approach to IM&T systems and investment across the service. Four sub programme boards will look at specific areas to be addressed and bring together expertise in these areas. The four areas are Primary Care, Acute Care, Infrastructure, and National Systems. The Chairs of these groups will serve on the main Programme Board. All groups will operate at a strategic, rather than operational management, level.

2.   Boards and Trusts are asked to ensure that the ME is kept closely informed of proposals for significant IM&T developments across the service and to ensure that the forthcoming HIPs and TIPs identify clearly what is proposed and what benefits are sought.

Background

3.   The purpose of this letter is to tell you about new arrangements to develop our IM&T Strategy. These will enable us to meet objectives (set out in the Government's White Paper, "Designed to Care") to use information technology to improve the co-ordination of patient care. Particular examples given in "Designed to Care" were telemedicine, and speeding up processes of transferring records, transmitting test results and making outpatient appointments.

Recycled

4.   The Programme Board and the Sub Boards will focus on:

- developing an integrated   vision and strategy which will significantly improve patient care and achieve improved management effectiveness and efficiency,
- identifying what should be consistent on an NHSiS -wide basis,
- developing a framework to enable the service to plan and implement systems effectively; and the ME to evaluate Business Cases against consistent criteria.
- establishing priorities for investment and/ or development,
- providing high level co-ordination and review.

3.   The work of these groups will found upon the principles laid out in the following documents :

3.1   The White Paper "Designed to Care", particularly Section 2 "Better Services for Patients" issued December 1997.

3.2   "A Strategic Framework for IM&T in the NHSiS 1998 - 2002. Taking Action, published this month on the SHOW website, which set out the basic principles:

> **The right information**
> under the
> **right safeguards**
> at the
> **right place and time**
> using the
> **right ways and means**

(www.show.scot.nhs.uk - Scottish Health On the Web; see National Initiatives).

3.3   The Acute Services Review, published June 1998, which:

- identified information technology as the real key to efficient and seamless services.

- supported the use of the Community Health Index (CHI) as a unique patient identifier

- attached critical importance to the development of coherent information and communication systems for the NHS in Scotland.

3.4   "Designed to Support Care", a report on the future development of IM&T in the NHSiS prepared by a Working Group of the Trust Chief Executives, issued April 1998. The principle recommendations of that group were:

- promote a vision and corporate direction for IM&T in the NHSiS with a clear goal to achieve the basic principles of the Strategic Framework,

- develop a national strategy for IM&T in the NHSiS to significantly improve patient care.
- restructure the national IM&T framework and organisations to support and champion the above recommendations.

3.4   Forthcoming Priorities and Planning Guidance for the NHS in Scotland which will reflect the objectives set out in "Designed to Care".

4.   Membership of the Programme and Sub Programme Boards is set out in the Annexe to this circular.

Actions

5.   The Programme Board is resolved to tackle current priority issues and to let the service know the outcome of its work quickly.   Specific issues which will receive the immediate attention of the Board include:

- use of the CHI number in all NHSiS systems
- exploitation of the new GPASS product
- road maps for systems in acute and primary care hospitals
- use of NHSnet
- links between hospitals and GP s
- issues of confidentiality of patients records
- implications of the Caldicott report for national data flows
- clinical coding.

6.   As part of the work of the Board we will need to understand more about local plans and readiness to achieve targets. This will   mean seeking information about current status and activities at local level; we will try to keep to a minimum the work required at local level for this purpose.

Yours sincerely

DR PAUL BRADY
Director of Finance

Programme and Sub Programme Board composition

National IM&T Programme Board

Dr P Brady	Director of Finance, ME (chair)
Mr R Copland	Director, ISD
Dr A Fraser	Deputy Chief Medical Officer, ME
Mr C B Knox	Head of Computing & IT Strategy Division, ME
Mr N McConachie	General Manager, Argyll & Clyde Health Board
Mr J Owens	Chief Executive, Royal Infirmary of Edinburgh NHS Trust
Mr D Pigott	Chief Executive, Edinburgh Healthcare NHS Trust
Mrs A Robson	Director of Primary Care, ME
Mr K Thomson	Chief Executive, The Yorkhill NHS Trust
Mr P Wilson	Director of Trusts, ME

Primary Care IM&T Sub Programme Board

Mrs A Robson	Director of Primary Care, ME (chair)
Mr C Baister	Information Services Manager, Greater Glasgow Community & Mental Health Services NHS Trust
Ms G Baxendine	Directorate of Primary Care, ME
Dr J Campbell	GP, Irvine
Mr N Campbell	General Manager, Dumfries & Galloway Health Board
Ms M Copping	Health Visitor, Dedridge Health Centre
Dr K Harden	Scottish General Medical Services Committee
Mr C B Knox	Head of Computing & IT Strategy Division, ME
Ms F MacKenzie	Chief Executive, Highland Communities NHS Trust
Dr H Wilson	Director of Primary & Community Care, Grampian Health Board

IM&T Infrastructure Sub Programme Board

Mr P Wilson	Director of Trusts, ME (chair)
Mr D Bolton	Director of Primary Care Development, Lothian Health
Dr A Bryson	Medical Director, West Glasgow Hospitals University NHS Trust
Dr L Burley	General Manager, Borders Health Board
Dr J Clarke	Consultant in Public Health Medicine, ISD
Mr S Hunter	Director of IM&T, Dundee Teaching Hospitals NHS Trust
Mr C B Knox	Head of Computing & IT Strategy Division, ME
Mr K Mackie	Chief Executive, Raigmore Hospital NHS Trust
Mrs D Stewart	Director of Nursing & Patient Services, Monklands & Bellshill Hospitals NHS Trust

National IM&T Systems Sub Programme Board

Mr R Copland	Director, ISD (chair)
Dr E Baijal	Director of Public Health, Highland Health Board
Mr M Bews	Chief Executive, Inverclyde Royal NHS Trust
Mr G Brechin	Chief Executive, Fife Healthcare NHS Trust
Dr A Bryson	Medical Director, West Glasgow Hospital University NHS Trust
Mrs R Crockett	Director of Community Services, Ayrshire & Arran Community Health Care NHS Trust
Mr D Griffin	Director of Finance & Information Services, Monklands & Bellshill Hospitals NHS Trust
Mr C B Knox	Head of Computing & IT Strategy Division, ME
Mr A Munro	Head of Economics & Information, ME
Mrs N Paterson	Director of Information Management & Technology, Renfrewshire Healthcare NHS Trust
Mr R Taylor	Information Services Manager, Borders Health Board
Ms J Warner	Head of Central Co-ordinating Unit for Breast & Cervical Screening, ISD

Acute Care IM&T Sub Programme Board

Mr K Thomson	Chief Executive' The Yorkhill NHS Trust (chair)
Mr S Greep	Chief Executive, South Ayrshire Hospitals NHS Trust
Mr C B Knox	Head of Computing & IT Strategy Division, ME
Mr K McDonald	IM&T Manager, West Glasgow Hospitals University NHS Trust
Dr S Miller	Medical Director, Hairmyres & Stonehouse Hospitals NHS Trust
Ms L Summerhill	Nurse Director, Dundee Teaching Hospitals NHS Trust
Dr A Westwood	Clinical & Diagnostic Services Director, Edinburgh Sick Children's NHS Trust