



THE SCOTTISH OFFICE

Department of Health

NHS
MEL (1998) 84

NHS Management Executive
St. Andrew's House
Edinburgh EH1 3DG

30th December 1998

ISD LIBRARY A023
Common Services Agency
NHS in Scotland
Trinity Park House
South Trinity Road
Edinburgh EH5 3SQ

Dear Colleague

STRATEGIC PROGRAMME FOR MODERNISING INFORMATION MANAGEMENT AND TECHNOLOGY (IM&T) IN THE NHS IN SCOTLAND

Summary

1. The creation of a National IM&T Programme Board with a remit to ensure the NHSiS is positioned to exploit IT and communications for the benefit of patients was announced in NHS MEL (1998) 60. This MEL announces that the Minister has agreed the attached Strategic Programme for Modernising IM&T in the NHS in Scotland, and signals the way forward.
2. As part of the Minister's recently announced Modernisation Programme, a central fund has been established to support the creation of the overall infrastructure across the NHS in Scotland essential to delivering the IM&T strategy. Health Boards and Trusts will require to collaborate to agree how the strategy can best be taken forward for the benefit of their patients in their areas. Some central funds will be available, Health Boards and Trusts must also give this programme a high priority in their investment plans if the key objectives are to be achieved.
3. The central fund will be applied to enable implementation of two of the key national strategic priorities – the implementation of the Community Health Index (CHI) throughout the NHSiS; and the integration of computer systems within Trusts and between Trusts and GPs. Invitations to submit proposals for access to the central fund will be issued shortly.
4. A single copy of the Strategic Programme document is attached. A limited number of further paper copies are available. It is also available electronically on SHOW (www.show.scot.nhs.uk) in various formats.

Addressees

For action:
General Managers, Health Boards
Chief Executives, NHS Trusts
General Manager CSA
Chief Executive, SAS
General Manager, State Hospital

For information:
Directors of Information

Enquiries to:

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

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

RECEIVED
NATIONAL HEALTH SERVICE
EDINBURGH
30 DEC 1998
104324



INVESTOR IN PEOPLE

Background

5. The White Paper "Designed to Care" and the Acute Services Review emphasise seamless and effective patient care as a central objective, and identify IM&T as a key tool in delivering it. To achieve this aim, information must be integrated and available where and when it is needed by clinicians and patients. Information about the patient should automatically move with the patient from General Practice to hospital, from ward to ward, and from hospital bed to community. Key sets of information should be shared electronically between healthcare professionals, including referrals and discharge letters, appointment bookings, laboratory tests and clinical information such as chronic conditions and allergies.

6. The attached strategy document, which will set the direction for the NHSiS to deliver these aims, has been developed by the National IM&T Programme Board which I chair and a series of Sub Programme Boards drawing on a wide range of senior managers and clinicians from across the service.

7. The benefits from the strategy will include:

- ◆ Better informed, and thus better quality clinical care throughout the patient's journey through the NHSiS;
- ◆ "Patients will know the date of their hospital appointments before they leave the surgery" (Designed to Care, 1997);
- ◆ Greater security and protection of patient confidentiality;
- ◆ Closer collaboration within and between primary and secondary care;
- ◆ Ready access to electronic sources of clinical knowledge and information to support best practice healthcare;
- ◆ Support for the re-design of healthcare through the exploitation of developments in telemedicine; and
- ◆ Reductions in bureaucracy and costs as well as reduced risks of errors in dealing with the paper record.
- ◆ Linking all parts of the NHSiS to the secure, private telecommunications network, NHSnet.
- ◆ Enabling information within NHS Trusts and across the whole spectrum of patient care to be shared electronically.

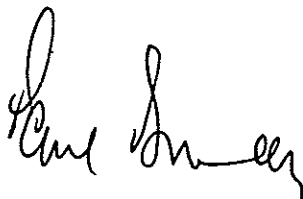
- ♦ Providing frameworks for safeguarding the security of patient information and for the training of staff using the information systems.

Funding Arrangements

8. I will shortly be issuing a request to Health Boards and Trusts for costed joint proposals to achieve the key national objectives of universal CHI usage and systems integration within and between Trusts and GPs. Both of these are regarded as essential pre-requisites to the delivery of the overall strategy. Proposals will require to outline Boards' and their Trusts' three year programmes, with estimated costs. The proposals should be discussed and agreed between Health Boards and Trusts and should be seen as an integral part of the local IM & T strategies to be prepared and submitted as part of this year's HIP/TIP process. A response to this request will be required by end February 1999.

9. The overall central funds available to support this work, including central payment of CHI costs, totals £12.5m in 1999/00 with similar sums being available in each of the following two years. This excludes central funds being made available to Boards to support the roll out of new GPASS. The distribution of the funds will be determined in the light of an assessment of the proposals received from Health Boards and Trusts.'

10. The issue of this strategy document to the service sets in motion a process whereby Health Boards and NHS Trusts will plan the way forward by reference to their present position and the targets described above. Our objective is to agree a three-year plan with each Health Board area that will set the NHSiS on a clear path to deliver the key aims of "Designed to Care". A monitoring and evaluation process will be put in place.



DR PAUL BRADY
Director of Finance