

NHS Board Chief Executives
SGPC

19 February 2008

Dear colleague

eHEALTH STRATEGY: SUPPORT FOR GENERAL PRACTICE AND COMMUNITY CARE

The purpose of this letter is to seek NHS Board's views on how the eHealth Strategy should treat support for general practice and community care. In addition to Board's general intentions in this area, reactions are sought on a specific proposed way forward.

As signalled in the Better Health Better Care Action Plan, a new eHealth Strategy is being developed for publication in the spring. As part of the development of this, we are keen to understand the latest thinking within NHS Boards about GP IT and how improved support should be provided to community care staff.

There has been excellent engagement from stakeholders to date on Integrated Primary and Community Care (IPACC), on both the Outline Business Case (OBC) and the Requirements Definition projects, and we would like to thank Boards for their input to date.

The eHealth Strategy Board has asked that we communicate the proposed approach to Boards in order to confirm the position before completing the eHealth Strategy.

Our proposed approach around primary and community care is as follows:

1. The intention remains to commence a national procurement. This will provide a suite of products supporting primary and community care. Boards will be able to call off against this contract.
2. The IPACC and PMS (Patient Management System) procurements will together provide a broad suite of products on framework contracts which NHS Boards can call off from according to their circumstances.
3. If Boards have products which meet their needs they will be able to retain them. This is in accordance with the non 'rip and replace' principle agreed by the Strategy Board. The one exception to this is GPASS where choice at a Board level will further increase the gap between the unit costs of the in-house product and the alternatives. Removing this extra cost is a fundamental part of the case for additional support for

IPACC. If GPASS remains a centrally funded product there will need to be an agreed date beyond which the service is no longer available.

4. The Scottish Government expects to continue to provide support for primary care IT at least at its current level. As the budgets currently funding GPASS become available for reinvestment, new services will be supported targeted at improving support for the wider primary and community care team. The basis on which national and local investment should work together to improve services is an area for further discussion.
5. National funding will be provided for the procurement and integration to national systems such as SCI Gateway. Central funding may also be used to encourage SEF-type developments with the successful supplier. The system may attract a level of central funding as a means of encouraging commitment and faster uptake, for example in supporting the migration of GPASS practices (in particular from 2010-11).
6. NSS will work with the winning supplier and NHS Boards to migrate GPASS practices. National support will only be provided to NHS Boards taking the national system(s) and other choices would be a matter for local decision and local investment.

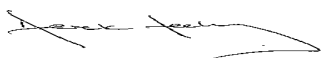
Boards are asked to respond to the following:

- A. Do you support the way forward on IPACC as set out above?
- B. If we assume that procurement could be started in June 08 with the new services available from June 09, does your Board have any views about the desirable pace of change? In particular in relation to GP IT and a switch off date for GPASS?
- C. An outline of the business approach/ model being put in place for community-based NMAHP services in their Board area, and therefore what IT support might be required.

I would be grateful for responses by 17th March in order to give time for analysis and subsequent definition of an approach which can be recommended to the eHealth Strategy Board.

Responses, and any questions, should be directed to Alan Hyslop
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Yours sincerely



DEREK FEELEY

Copy to: eHealth Leads