

Greater Glasgow NHS Board

Board Meeting
December 17 2002

Board Paper No. 02/86

Director of Finance

**INFORMATION TECHNOLOGY &
COMMUNICATIONS (ICT) STRATEGY 2002-04**

PROGRESS

Recommendation:

The Board is asked to:

- note the progress made with implementing the ICT Strategy across NHS Greater Glasgow in the six months since its formal approval in May 2002.

Summary

Significant progress has been made with each of the ICT priority projects, all of which are to timescale and budget.

Importantly, strong working relationships have been established both across IT staff across NHS Greater Glasgow and with the National Scottish Care Information (SCI) Team : Pilot work has been jointly agreed that will take forward the creation of electronic records and an IT system to support the ACADs.

The NHS Greater Glasgow ICT Programme Board has been reconstituted to include all clinical chairs of IT Projects : This forum continues to lead with energy and enthusiasm the contribution that IT can make to modernising patient services.

1. Introduction

This brief report outlines progress made with implementing the pan-Glasgow ICT Strategy since its formal approval by the Board in May 2002. A review such as this can never do justice to the energy, enthusiasm and commitment that this programme continues to generate : which will hopefully be reflected in productive debate at the 3rd Clinicians' Awareness Day to be held on 12 December 2002 [Outline programme attached.]

As progress is made with the individual priority projects, the overall understanding of the team (the Trust IT Managers and the ICT Programme Board) improves, resulting in greater clarity around the issues and actions. It has become apparent that overall success in implementing the ICT Strategy rests on three major components:

➤ Changing the Culture

Getting all clinician staff (doctors, nurses, paramedics, etc.) to appreciate the importance of IT as a modernising force that can make a major contribution to making better use of staff time and thereby improving the quality of patient services.

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➤ Upgrading to Electronic Network

Providing the bandwidth whereby clinical teams can share information about patients, diagnostic results and care given, "wherever and whenever required".

➤ Developing Electronic Records

Developing the underpinning technical infrastructure so that data on "who-did-what" to each patient can be "joined up", providing clinicians simultaneous access, through a user-friendly "home page", to all the data relating to a particular patient.

The following sections outline progress with the various priority projects that take forward the different aspects of these 3 main drivers.

2. Electronic Clinical Communications Implementation (ECCI)

The 3 priorities identified by clinical staff are:-

➤ Electronic Referral Letters from GPs to Hospital Consultants

The national target requires that 50% of practices produce referral documents electronically by March 2003. Local progress includes 4 pilot practices producing almost all referrals electronically, with 2 Hospital Medical Records departments processing all referrals from these 4 pilot practices electronically. 6 Consultants vet referrals "on screen" from the pilot practices. To date this has produced over 2000 referrals.

➤ Electronic Immediate Discharge Letters from Hospital Ward to GPs

The national target requires the production of electronic discharge letters in 50% of wards by March 2003. So far locally 10 wards are producing and emailing electronic discharge letters using the Stobhill system. 5 Pilot GP practices are now receiving electronic discharge letters.

➤ Electronic Transfer of Laboratory Results to GPs

The national target requires that 75% of GPs have "look up" access to laboratory results by March 2003. Again, local progress has included providing 4 GP Practices with access to Lab-results from the Southern General for Biochemistry, Haematology and Microbiology.

The next phase of the ECCI Programme is to now build on the successful pilot work and roll-out these 3 initiatives across Glasgow in line with the national targets and timetable.

3. Integrated Electronic Records to Support ACADs

A pilot has been jointly agreed with the Executive's SCI Team to take forward the development of the technical infrastructure required to support IT and the information needed to successfully run ACADs. This pilot will in effect prototype integrated electronic records and will thereby provide a generic solution to their development across Glasgow.

In addition, later phases of the project will explore the complex patient scheduling requirements of the new "one stop shop" way of working in ACADs.

Reliable data integration is not only about enabling technology, but will require the creation of a "universal patient index" to ensure the correct recording of patient data from different systems.

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The proof of concept phase of this project should be complete by end April 2003.

4. Teleradiology and PACs (Picture Archive Software)

Phase 1 of the Network Upgrade has enabled the electronic transfer of radiology images across Glasgow hospital sites. This potentially will have a major impact on the junior doctor cover required out of hours.

Home access is also being explored by Yorkhill so that Consultant Staff can view emergency scans at home, thereby avoiding the need for a day off next day if called out of hours.

Capital funding of £2.25m was provided to fully digitise Radiology facilities at Yorkhill, Gartnavel and the Southern General. The project is running to timescale and budget, having undertaken a joint procurement of the major equipment.

5. eMedicines Management

The implementation of the pan-Glasgow ASCRIBE System is almost complete. The project has provided valuable lessons learnt in managing a large and complex change to existing ways of working on wards. The next phase involving the piloting of electronic prescribing on the ward has been delayed pending the testing of the Ascribe's software module.

A successful awareness-raising event was held for Community Pharmacists exploring their need for electronic network links in anticipation of eventually piloting electronic prescription transfer from GPs to Pharmacists.

6. Network Upgrade

A recent progress report to the November 2002 ICT Programme Board sets out the scope of Glasgow's network proposals : this has generated considerable discussion within the SEHD on the appropriate technical architecture. Phase 1, the hospital core network upgrade to broadband/100 megabits per second has delivered immediate operational benefits. Phase 2 will extend such benefits through 10 megabits per second links to 31 PCT Priority sites. The business case underpinning increased bandwidth to all GPs and Health Centres needs further development locally, ideally in partnership with the City Council.

7. Changing The Culture

Quite the most challenging aspect of implementing the pan-Glasgow ICT Strategy is to significantly change the culture amongst Clinicians towards "managing with information". As the foregoing paragraphs suggest, good progress is being made in developing the required technology to achieve some of the priorities identified. There needs to be a corresponding and complementary process of working with clinical staff to gain confidence in using technology and to begin with to re-engineer work processes to exploit IT to improve patient services. The ICT Programme Board has had two sessions focusing on how best to achieve this change : A co-ordinated programme of organisational development and training with a project management focus is required. Again scale is relevant, real change means involving potentially all doctors, nurses and other direct care staff. The next stage is to formulate a supporting plan setting out the different approaches to be used to begin to address this issue.

8. Action Stations

This is the project that attempts to bring together a variety of initiatives focused on the individual clinical user : It reflects the national targets for access to computer workstations of 1 per Consultant Medical staff, 1 per 10 beds and 1 per Outpatient or other Clinical Department.

The project recognises that the user then needs skills in using the equipment, needs training and on-going support. More importantly the workstation becomes a means of accessing emails, the internet, research and library databases and other clinical information.

Significant recurring monies have been committed to fund support and training staff at each Trust to support these outcomes.

Success with this project will be measured by Clinical Staff beginning to have confidence in using computer and beginning to feel that "IT is beginning to really make a difference".