

**Guidance for NHS Foundation Trusts on
Co-operating with the National Programme for
Information Technology**

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Summary

Condition 20 of the terms of authorisation for all NHS foundation trusts states that:

“The Trust shall participate in the national programme for information technology, in accordance with any guidance issued by Monitor.”

This note summarises how Monitor will interpret the requirement on NHS foundation trusts to participate in The National Programme for Information Technology (NPfIT) as administered by Connecting for Health (CfH) and constitutes Monitor’s guidance under Condition 20.

Monitor recently published *Risk Evaluation for Investment Decisions by NHS Foundation Trusts*¹ which relates to high risk investments as defined by either size or risk. Each investment necessary under NPfIT should be evaluated against these definitions to confirm their status. In any event the frameworks in the guidance are good practice which should be applied to any investment decision undertaken, including those within NPfIT.

Context

NPfIT in the NHS is a multi-billion pound investment programme designed to support the process of NHS modernisation. The overall information system being delivered by NHS Connecting for Health will enable key patient and clinical information to flow across organisational boundaries. The objectives of the programme include:

- enabling the health records of individual patients (who have not opted out) to be readily available to authorised NHS staff and authorised staff of organisations providing care to NHS patients, whenever and wherever they are needed;
- allowing patients to access up-to-date information about their symptoms using a computer or digital TV via a secure link;
- allowing patients to phone a call centre to receive information or advice;
- enabling bookings to be made via the call centre, online or via the Internet 24 hours a day;
- giving health care professionals safe, fast, modern IT systems to support them routinely in their work, so that they can review case histories, schedule care plans, prescribe drugs, commission tests and view results quickly and conveniently; and
- giving health care managers reliable financial and clinical data to enable better workforce planning and management of resources, to improve clinical governance and to promote better planning of services supported by more sophisticated analytical and statistical input.

¹ *Risk Evaluation for Investment Decisions by NHS Foundation Trusts*, Monitor, February 2006

The new systems will be implemented by groups of commercial suppliers working together. They are known as National Application Service Providers (NASPs) and Local Service Providers (LSPs). NASPs are responsible for buying and integrating IT systems to be used nationally, such as the NHS Care Records Service, the Choose and Book Service, the New National Network (N3) and the NHSmail Service.

LSPs are responsible for delivering IT systems and services to be used locally by GPs and NHS Trusts. They will also make sure local applications can exchange and share information with the national systems. The LSPs are based around five regions, formed from 'clusters' of strategic health authorities. The regional clusters are: London, North East, Southern, Eastern and North West & West Midlands. Local Service Provider (LSP) contracts have been awarded to

1. Capital Care Alliance, led by BT, for the London Cluster;
2. Accenture for the North East and Eastern Clusters;
3. the CSC Alliance for the North West and West Midlands; and
4. the Fujitsu Alliance for the Southern Cluster.

The National Programme for IT is expected to deliver:

- **NHSmail Service (previously “Contact”)**
A centrally managed secure email and directory service provided free of charge to NHS organisations in England
- **NHS Care Records Service**
Every patient's medical and care records will be held electronically and will eventually be available securely online. The information will be safely and easily accessible to healthcare professionals and patients, at all times and in all locations.
- **Choose and Book**
GPs and other primary care staff will be able to book initial hospital appointments electronically, at a convenient date, time and place for patients, without sending referral letters to hospitals and waiting for a reply.
- **Electronic Prescription Service**
A new service computerising the issuing of a prescription, the dispensing of the medication and re-imburement, making it easier for GPs to issue prescriptions and for patients to collect medicines.
- **New National Network**
A national network (known as N3) with sufficient connectivity and broadband capacity to meet current and future NHS needs.
- **IT Support for GPs**
The Quality Management and Analysis System (QMAS) gives GP practices feedback on the quality of care delivered to patients measured against national achievement targets detailed in the General Medical Services (GMS) contract. GP Systems of Choice (GPSoC) provide GPs with a choice of IT system that meets nationally agreed functional and technical standards that will interface with compliant secondary care systems.

- **Picture Archiving and Communications Systems (PACS)**
Systems to capture, store, distribute and display static or moving digital medical images and ensure that these images may be moved seamlessly and without loss both within a “cluster” and nationally.
- **Secondary Uses Service (SUS)**
The Secondary Uses Service will protect the confidentiality of patients and will provide timely, pseudonymised patient-based data and information for purposes other than direct clinical care, including: planning, commissioning, public health, clinical audit, benchmarking, performance improvement, research, clinical governance and payment by results.

Requirements on NHS foundation trusts

In Monitor’s view, the requirement on all NHS foundation trusts (under Condition 20 of their Authorisation) to participate in NPfIT, means that NHS foundation trusts must achieve technical and functional compliance with the hardware and software provided under NPfIT.

There is, however, no obligation on NHS foundation trusts under their terms of authorisation to procure particular systems or hardware under that programme.

However, Condition 2 of the authorisation requires NHS foundation trusts to exercise their functions “economically, efficiently and effectively”, reflecting section 39 of the Health and Social Care (Community Health and Standards) Act 2003. The chief executives of NHS foundation trusts are also accounting officers, and are therefore personally accountable for ensuring value for money. Procurement decisions should be treated similarly to any other form of investment decision. The investment committee and/ or board of the NHS foundation trust is responsible for ensuring appropriate due diligence has been undertaken.

Functional compliance

NHS foundation trusts will need to be able to offer key services to patients in the same way as other NHS organisations. This means, for example, that NHS foundation trusts must be able to:

- connect securely to the NCRS Spine and use the associated NCRS administrative and clinical services;
- use and deploy compatible electronic care records effectively in conjunction with other NHS organisations;
- participate in Choose & Book and thereby put themselves forward as a provider to referring agencies;
- connect securely to and utilise the National Network (N3) for NHS wide communications;
- take up other clinical applications as they become available, e.g. electronic prescribing, order communications systems subject to investment evaluation as outlined above;
- ensure patient confidentiality through the application of Information Governance processes including Role Based Access Controls (RBAC) and the Legitimate Relationships Service (LRS); and
- generally conform to the functions as described and issued from time to time in the Message Implementation manual (this covers, but is not limited to, Choose and Book,

LRS, radiology, pathology, discharge summaries and other clinical functions as they become available e.g. electronic prescribing).

Technical compliance

The services available under the National Programme for IT are based on national standards and managed service levels mandated in contracts. NHS foundation trusts must be able to demonstrate compliance with these standards and the ability to meet stipulated service levels.

The National Programme for IT has established a National Integration Centre, staffed by a core of technical staff and personnel that includes IT suppliers, to enable suppliers (including non-contracted existing IT system suppliers) wishing to test their products and services, to demonstrate compliance with standards and to achieve full compatibility before release and adoption in the NHS. These facilities will be made available to NHS foundation trusts to help them demonstrate or achieve technical compliance as appropriate. Suppliers who do not have an existing arrangement with NHS Connecting for Health (including ISTCs and non-CFH suppliers contracted by NHS foundation trusts or others) will need to use the National Integration Centre at commercial rates to achieve compliance and accreditation.

Sources of technical information

The National Programme for IT has published comprehensive guidance about technical standards and compliance for the versions of software developed to date. These are common standards being used by all suppliers to ensure compliance and interoperability whether they are contracted by Connecting for Health or whether they are existing or potential future suppliers. The guidance will continue to be updated as future versions are developed. Details can be found in the Connecting for Health file system as shown in appendix 1. An account has been set up for each NHS foundation trust and account details and access information will be provided on receipt of an email to technology.office@cfh.nhs.uk.

NHS foundation trusts should note the requirements relating to data set change notices, as these are considered to be a particularly onerous requirement on suppliers. The relevant extract from the contract schedule has been attached, as appendix 2, for ease of reference.

Appendix 1 - Technical standards and compliance document indices

Business function	Module branch	Index document	FileCM reference
Choose & Book	Version 6	Choose and Book Compliance Specification	NPFIT-ELIBR-CHBO-COM-0001.01
	Version 6	Choose and Book Compliance Overview	NPFIT-ELIBR-CHBO-COM-0002.01
Electronic Prescription Service (EPS)	Version 1	Prescriber Index	NPFIT-ELIBR-AREL-EXLC-ETPFUL-0038 (internal ref NPFIT-FNT-TO-TIN-0132)
		Dispenser Index	NPFIT-ELIBR-AREL-EXLC-ETPFUL-0046 (internal ref NPFIT-FNT-TO-TIN-0133)
	Version 2	Prescriber and Dispenser Index	NPFIT-ELIBR-AREL-EXLC-ETPFUL-0089 (internal ref NPFIT-FNT-TO-TIN-0377)

Business function	Document title or required standard	FileCM reference, URL or comment
GP to GP (GP2GP)	GP 2 GP Messaging	NPFIT-ELIBR-AREL-EXLC-EXTGP2GP11-0002.03 (internal ref NPFIT-FNT-TO-TIN-0402.03)
NHS Data Standards & Data Products - IQAP	IQAP - Guidance on Ethnic Naming Conventions – version 2	NPFIT-FNT-TO-DQM-004.08
	IQAP - Guidance to Support Duplicate Record Management PAS v.4.0	NPFIT-FNT-TO-DQM-0026.06 V2.0
	Pre Live Patient Demographic Data Cleansing Guidance for Primary Care	NPFIT-FNT-TO-DQM-0032.04 V 3.0
	Guidance on the use of Default Dates of Birth	NPFIT-FNT-TO-DQM-0041 V 1.0
	IQAP Standards for Migration of Patient Administration System Data	NPFIT-FNT-TO-DQM-003 V2.0
	Archiving Requirements in respect of Patient Records Management	NPFIT-FNT-TO-DQM-0074.04
	Pre live patient demographics data cleansing guidance for secondary care v1.0	NPFIT-FNT-TO-DQM-0057.03 IQAP
	Standard for Migrating Addresses with Effective Dates v1.0	NPFIT-FNT-TO-DQM-0071.02
	Patient Merge in LSP Instances v1.0	NPFIT-FNT-TO-DQM-0072.04 v1.0
	Definition of Active Patients for Child Health	NPFIT-FNT-TO-DQM-0107.02
	IQAP Procedures for NHS Number Tracing Service 1.0 doc	NPFIT-FNT-TO-DQM-0107.02
	Appendix 1 NNTS Customer Information v2.0	

NHS Data Standards & Data Products - SNOMED	Ensure systems are SNOMED CT compliant	Systems need to comply with the TRUD interface spec - for receipt of Terminology data in electronic format from October 2006
NHS Data Standards & Data Products – Data Set Change Notices (DSCN)	Systems are able to meet all requirements in published DSCNs.	Requirements are specified in the contract schedule which is attached for ease of reference.
Communications and Messaging	MiM 4.1.01 – PDS Messaging	NPFIT-ELIBR-AREL-P1R2-0130.01 (NHS CFH Technology Office should be consulted prior to developing systems to meet this definition)
Communications and Messaging	MiM 5.0	NPFIT-ELIBR-AREL-P1R2-0135.01 (NHS CFH Technology Office should be consulted prior to developing systems to meet this definition)
Spine	EIS 6.4	NPFIT-ELIBR-AREL-P1R2-0124.01 (Internal ref NPFIT-NCR-20061-STGDEP-0020.03)
Information Governance	BS7799	
Information Governance	ISO27001	
Information Governance	National IG Practice Guides	http://nwww.connectingforhealth.nhs.uk/igsecurity
Information Governance	Statement of Compliance	To be published May 2006
Information Governance	IG Compliance Requirements	NPFIT-FNT-TO-TIN-0427.04
PDS	Overview of Demographics Migration Strategy	NPFIT-ELIBR-AREL-P1R2-0103 (internal ref NPFIT-FNT-TO-DSD-0020)
PDS	PDS Concept of Operation – 2005-5	NPFIT-ELIBR-AREL-P1R2-0104 (internal ref NPFIT-FNT-TO-DPM-0288)
PDS	PDS Local Interactions – Business Event Classes	NPFIT-ELIBR-AREL-P1R2-0111 (internal ref NPFIT-FNT-TO-DSD-0025)
PDS	PDS - Advanced Trace Guidance	NPFIT-ELIBR-AREL-P1R2-0105 (internal ref NPFIT-NCR-DES-0538)
PDS	Person Identifier Formats and Usage	NPFIT-ELIBR-AREL-P1R2-0106 (internal ref NPFIT-NCR-DES-0428)
PDS	PDS Backwards Compatibility	NPFIT-ELIBR-AREL-P1R2-0036 (internal ref NPFIT-NCR-DES-0291)
PDS	Tracing Behaviour for Local Systems	NPFIT-ELIBR-AREL-P1R2-0134.01 (internal ref NPFIT-FNT-DES-0980)
PDS	NHS Address Harmonisation Requirements.	NPFIT-ELIBR-AREL-P1R2-0110 (internal ref NPFIT-FNT-TO-DSD-0024)
PDS	PDS Phase 1 W1 Scope	NPFIT-ELIBR-AREL-P1R2-0107 (internal ref NPFIT-FNT-TO-DPM-0445)
PDS	PDS Phase 1 W3 Detailed Business Analysis	NPFIT-ELIBR-AREL-P1R2-0108 (internal ref NPFIT-FNT-TO-DPM-0446)
PDS	PDS P1R2 W5 Communications Definition v9.0 Note: W5 is also included as an External Document in	(internal ref NPFIT-NDA-COM-RZ-0092)

	the MIM – see (45) below for reference	
PDS	PDS Use Cases P1R2 - Access Sensitive Record Alert	NPFIT-ELIBR-AREL-P1R2-0013 (internal ref NPFIT-NCR-DES-0384)
PDS	PDS Use Cases P1R2 - Migrate P1R1 PDS Data to P1R2 PDS Data	NPFIT-ELIBR-AREL-P1R2-0020 (internal ref NPFIT-NCR-DES-0384)
PDS	PDS Use Cases P1R2 - Refresh Currently Effective Data	NPFIT-ELIBR-AREL-P1R2-0027 (internal ref NPFIT-NCR-DES-0384)
PDS	PDS Use Cases P1R2 - Allocate NHS Number	NPFIT-ELIBR-AREL-P1R2-0014 (internal ref NPFIT-NCR-DES-0384)
PDS	PDS Use Cases P1R2 - Perform Advance Trace	NPFIT-ELIBR-AREL-P1R2-0021 (internal ref NPFIT-NCR-DES-0384)
PDS	PDS Use Cases P1R2 - Resolve Missing Postcodes	NPFIT-ELIBR-AREL-P1R2-0028 (internal ref NPFIT-NCR-DES-0384)
PDS	PDS Use Cases P1R2 - Confirm NHS Number	NPFIT-ELIBR-AREL-P1R2-0015 (internal ref NPFIT-NCR-DES-0384)
PDS	PDS Use Cases P1R2 - Perform Algorithmic Trace	NPFIT-ELIBR-AREL-P1R2-0022 (internal ref NPFIT-NCR-DES-0384)
PDS	PDS Use Cases P1R2 - Retrieve Patient Demographics Data	NPFIT-ELIBR-AREL-P1R2-0029 (internal ref NPFIT-NCR-DES-0384)
PDS	PDS Use Cases P1R2 - Delete Service User	NPFIT-ELIBR-AREL-P1R2-0016 (internal ref NPFIT-NCR-DES-0384)
PDS	PDS Use Cases P1R2 - NSTS Merge	NPFIT-ELIBR-AREL-P1R2-0023 (internal ref NPFIT-NCR-DES-0384)
PDS	PDS Use Cases P1R2 - Unmerge Service User Profiles	NPFIT-ELIBR-AREL-P1R2-0030 (internal ref NPFIT-NCR-DES-0384)
PDS	PDS Use Cases P1R2 - Eliminate Duplicate Payload	NPFIT-ELIBR-AREL-P1R2-0017 (internal ref NPFIT-NCR-DES-0384)
PDS	PDS Use Cases P1R2 - Simple PDS Trace	NPFIT-ELIBR-AREL-P1R2-0024 (internal ref NPFIT-NCR-DES-0384)
PDS	PDS Use Cases P1R2 - Update Demographic Data	NPFIT-ELIBR-AREL-P1R2-0031 (internal ref NPFIT-NCR-DES-0384)
PDS	PDS Use Cases P1R2 - Insert Birth	NPFIT-ELIBR-AREL-P1R2-0018 (internal ref NPFIT-NCR-DES-0384)
PDS	PDS Use Cases P1R2 - Ping Spine Demographics	NPFIT-ELIBR-AREL-P1R2-0025 (internal ref NPFIT-NCR-DES-0384)
PDS	PDS Use Cases	NPFIT-ELIBR-AREL-P1R2-0032

	P1R2 - View Reports	(internal ref NPFIT-NCR-DES-0384)
PDS	PDS Use Cases P1R2 - Issue Notifications	NPFIT-ELIBR-AREL-P1R2-0019 (internal ref NPFIT-NCR-DES-0384)
PDS	PDS Use Cases P1R2 - Process Potential Duplicate Service Users	NPFIT-ELIBR-AREL-P1R2-0026 (internal ref NPFIT-NCR-DES-0384)
PDS	CDT D0033 NSTS / PDS Internal Interface Specification	NPFIT-ELIBR-AREL-P1R2-0033 (internal ref NPFIT-NCR-DES-0323)
PDS	CDT D0039 PDS Update Semantics	NPFIT-ELIBR-AREL-P1R2-0034 (internal ref NPFIT-NCR-DES-0226)
PDS	CDT R 0061 PDS P1R2 Use Case Survey	NPFIT-ELIBR-AREL-P1R2-0035 (internal ref NPFIT-NCR-DES-0383)
PDS	PDS Functional Spec P1-R1	NPFIT-ELIBR-AREL-DST-0024.01 (internal ref NPFIT-NCR-20055-TSTMGT-0174.01)
PDS	PDS Guidance Note - Updating the GP Code in PDS	NPFIT-ELIBR-AREL-P1R2-0038 (internal ref NPFIT-NCR-DES-0480)
PDS	PDS Guidance Note - Consent Values in PDS and Messaging P1R1 and P1R2	NPFIT-ELIBR-AREL-P1R2-0039 (internal ref NPFIT-NCR-DES-0366)
PDS	CDT D0002 External Interface Specification	NPFIT-ELIBR-AREL-P1R2-0093 (EIS 6.3) (internal ref NPFIT-NCR-20055-TSTMGT-0056)
PDS	NPFIT Message Implementation Manual 3.1.10	NPFIT-ELIBR-AREL-P1R2-0072 (internal ref NPFIT-NDA-COM-TZ-0160)
PACS	Accession Number and AET Standards	NPFIT-ELIBR-PACS-0001.01
PACS	Coding Guidelines	NPFIT-ELIBR-PACS-0003.01
PACS	Network Security for PACS PID	NPFIT-ELIBR-PACS-0006.01
PACS	Data Access Control Measures Approach Summary v3.0	NPFIT-ELIBR-PACS-0007.01
PACS	CRS Radiology Catalogue v2.0 (Examination Code Set)	NPFIT-LON-LBP-0228.06
PACS	NHS Number RIS- PACS statement – IQAP	NPFIT-FNT-TO-DQM-0103 06
PACS	DICOM 3.0 and its successors	adherence to DICOM 3.0 and its successors to enable interoperability of multiple suppliers' equipment in a network environment
PACS	IHE Integration Profiles	Compatibility with Integrating the Healthcare Enterprise (IHE) integration profiles to facilitate integration with other systems within the Authority

Appendix 2 - Data set change notices, standards and authority policies

The Contractor shall ensure that the System is able to capture all relevant data items mandated within each directive issued from time to time by the Secretary of State, the Authority, the NHS or any Authority Service Recipient notifying NHS organisations of mandatory or other changes to data collection requirements (a Data Set Change Notice). All requirements set out in a Data Set Change Notice must be fully implemented within the System in a live environment by the Contractor by the date specified in that Data Set Change Notice and at no cost to the Authority either in terms of increased charges, development, additional licence fees, implementation, support or on any other basis whatsoever.

Should the Authority wish to change any Standards or any Authority Policy or introduce a new Standard or Authority Policy (other than where any proposed new Standard is a Project Specific Standard or where the proposed change is to a Project Specific Standard) then it shall notify the Contractor by issuing a Standards Notice.

As soon as practicable and in any event within any reasonable required period set out in the Standards Notice the Contractor shall notify the Authority in writing of the Contractor's opinion as to:

- the impact that such introduction or change will have upon the provision of the Services and the ability of the Contractor to meet its obligations under this Agreement;
- any potential adverse impact of which it is aware on any part of the National IT Programme or the provision of services thereunder; and
- as to any modifications that will be required to the System (or any component elements thereof) or of any other parts of the Authority's ICT Infrastructure, the Authority's Software or the Authority's Data as a consequence of such introduction or change.

The Authority shall as soon as reasonably practicable following its receipt of the Contractor's notice inform the Contractor in writing as to whether or not it wishes to proceed with the introduction or change. Should the Authority indicate that it wishes to proceed with the introduction or change then the Contractor shall ensure that the Services and the System are fully compliant with the Standard or Authority Policy (as changed) or the newly introduced Standard or Authority Policy (as the case may be) by the date required in the Standards Notice or such other date as the parties shall agree in writing in accordance with the Change Control Procedure. The Contractor shall not be entitled to any payment from the Authority with respect to any increased costs (either in terms of increased Charges, development, additional licence fees, implementation, support or on any other basis whatsoever) that it incurs as a consequence of the change to a Standard or Authority Policy or the introduction of a new Standard or Authority Policy save where provided for pursuant to subclause 1.6.

If the Contractor fails to implement into the System in a live environment all requirements set out in a Data Set Change Notice and/or fails to ensure that the System and the Services fully comply with all Standards Notices required to be implemented in any Contract Month then the Services shall be deemed to be "not available" for the purposes of Schedule 1.2 (Service Level Specifications and Performance Monitoring) from the end of the Contract Month in which such date falls until all said Data Set Change Notices and Standard Notices have been implemented (and the System and Services fully comply) as required and Service Deductions will be applicable in accordance with Schedule 9.1 (Charging and Service Deductions), save to the extent that the failure arises due to an inability to implement any requirement set out in a Data Set Change Notice or Standards Notice due to any Authority Event of Default in which case then to such extent only no Service Deduction will be made.

Should the Authority wish to make a change to a Project Specific Standard or introduce a new Project Specific Standard such that the System and the Services shall be required to

conform to the Project Specific Standard as changed or the newly introduced Project Specific Standard (as the case may be) then the Authority shall issue an Authority Notice of Change and the relevant provisions of Schedule 7.3 (Change Control Procedure) shall apply.

Each party shall advise the other as soon as it becomes aware of any breach or potential breach of any Authority Policy, Standard or Data Set Change Notice