
NORTH WEST ELECTRONIC GOVERNMENT GROUP

IM&T Baseline Review of Single Assessment

Final

4 July 2003

NORTH WEST ELECTRONIC GOVERNMENT GROUP
IM&T BASELINE REVIEW OF SINGLE ASSESSMENT
FINAL

TABLE OF CONTENTS

SECTION	Page
1. Executive Summary.....	1
2. Introduction.....	5
3. IM&T Requirements Of Single Assessment	6
4. Organisation	10
5. Applications	14
6. Information Governance	20
7. Infrastructure	24
8. Person & Service Referencing.....	26
9. Pilots Elsewhere	29
APPENDIX	
A. Terms Of Reference	32
B. Structured Questionnaire	34
C. Summary Of Actions	39
D. Glossary	41

1. EXECUTIVE SUMMARY

INTRODUCTION

- 1.1. This is a report of the findings of a baseline review of IM&T support for Single Assessment of Older People across the three strategic health authorities in the North West. It was commissioned by the North West Electronic Government Group (terms of reference are given in Appendix A). The review was carried out between March and May 2003, using structured phone interviews with over sixty SAP and IM&T leads and three SHA workshops.
- 1.2. The report identifies IM&T requirements for SAP, assesses the current situation against these requirements and recommends actions for making progress. Actions are recommended at different levels including national, SHA and local, with dependencies being identified. Some pilots are recommended – these will be taken forward as a bid to the North West Electronic Government Group.

REQUIREMENTS (SEE SECTION 3)

- 1.3. Implementing the Single Assessment Process (SAP) is a major multi-agency project, requiring process, role, service and cultural change. Experience of those piloting SAP on paper has been that IM&T support is essential. IM&T support required for SAP includes:
 - Widespread networking infrastructure, PCs and mobile technology to provide access to SAP applications.
 - Information governance policies and procedures and users who are confident in using IT.
 - Information systems which can support common assessment and care planning as part of an integrated care process.
 - Common reference standards for service users, care practitioners and services.
- 1.4. Many of the requirements are broader than SAP, and there are SHA level initiatives across the North West to address them, but ***interdependencies need to be identified between these and local SAP plans and the IM&T plans need to recognise SAP as a priority.***

ORGANISATION (SEE SECTION 4)

- 1.5. Single Assessment is not generally regarded as a high priority on a par with, say, access targets, and the links between them are not being clearly made. ***National confirmation of the priority of Single Assessment and the key dependency on IM&T support would help raise the priority locally.***

- 1.6. SAP localities are generally focused around PCT boundaries, with some acute and mental health trusts spanning several localities. This could mean these trusts having to work with multiple SAP solutions, resulting in additional cost and complexity. ***Current SAP organisational arrangements need reviewing to ensure that processes and systems are more closely aligned with the older people's care networks.***
- 1.7. Ensuring that care practitioners are confident using IM&T will be key to implementing electronic SAP systems effectively. ***There are basic IM&T training programmes in place but they need aligning with SAP timescales, particularly given the large numbers of staff involved.*** Workforce Development Confederations need to ensure that IM&T is included as a core component of Single Assessment education and training programmes.

APPLICATIONS (SEE SECTION 5)

- 1.8. Single Assessment is only one element in an integrated care process for older people. It is also essentially the same as other initiatives in mental health and children's services which aim to share assessments and care plans. Integrated Care Records Services (ICRS) are the obvious solution, but will not be available within Single Assessment timescales. ***Clarification is needed nationally as to the timescales and scope for ICRS and other national IM&T programmes so that informed decisions can be made about short-term IM&T initiatives to support Single Assessment.***
- 1.9. SAP localities have been working through Single Assessment processes and some have identified either pilot or longer-term information systems solutions. ***A mechanism is needed for feeding SAP views into the Integrated Care Records Service (ICRS) requirements and implementation plans.***
- 1.10. Given the mis-alignment between SAP and ICRS timescales, ***localities may need to progress short-term IM&T solutions. Guidance is needed on potential migration paths to ICRS.***
- 1.11. Some of the current SAP pilots include data exchange with existing systems. There would be benefits in co-ordinating this work around a standard data set to avoid multiple implementations and associated costs. ***North West pilot(s) exchanging a standard data set are proposed, working with systems which are commonly used in the North West, e.g. Swift and Care First.***

INFORMATION GOVERNANCE (SEE SECTION 6)

- 1.12. Work is underway in all localities to draw up general information sharing protocols and many are at least at draft stage. ***However, lack of clarity nationally was identified as a major constraint and national guidance and exemplars would be welcomed.***

- 1.13. Work on identifying SAP-specific data flows is underway in some localities, but not yet incorporated into protocols. ***It is recommended that existing project(s) pilot the implementation of information sharing protocols to test out the practicalities in terms of data flows, service user consent and system access issues.***
- 1.14. There are existing data quality initiatives underway on a general basis across the North West. ***SAP should be a priority area for data quality work***, which could include, for example ensuring that NHS numbers are included in communications, use of standard templates on GP systems for older people's assessments, removing duplicate records, etc.

INFRASTRUCTURE (SEE SECTION 7)

- 1.15. There are SHA level plans for developing networks in line with the NHS-wide network re-procurement (known as N3). Again, ***SAP needs to be seen as a priority within implementation plans for networks.***
- 1.16. Some social services networks are connected to NHS networks and Greater Manchester has an initiative for connecting all remaining social services networks. ***All councils and their health partners should be connecting networks, making use of existing models (e.g. Greater Manchester).***
- 1.17. Mobile technology may be important for enabling peripatetic staff to record assessments and trigger referrals. ***There are several pilots underway and mechanisms are needed for sharing lessons learnt*** (such as SAP leads events, a regional SAP web-site, etc.).

PERSON & SERVICE REFERENCING (SEE SECTION 8)

- 1.18. The NHS number is now widely accepted as the unique identifier for health and social care. However, despite recent national guidance the situation regarding social care use of the NHS number remains unclear. ***National confirmation of social care use of the NHS number and access to the National Strategic Tracing Service is needed.***
- 1.19. There are several pilots underway in the North West investigating social care use of the NHS number. ***The project findings, including a framework plan, identifying data quality work, should be disseminated.***
- 1.20. As a multi-agency project, common care practitioner and service details will be needed, both to control access to shared systems and to support referrals to services and practitioners. ***Common national data standards are needed for care practitioners and services.***

- 1.21. There are many access initiatives underway across the North West, including electronic booking projects, PCT call centres and council client relationship management systems. It is not clear whether and how these could support single assessment and hence, *a project is suggested to map the current access points and their service reference databases. It may also be possible to pilot a common service directory, possibly within a specific area, for example residential homes.*

2. INTRODUCTION

- 2.1. The North West Electronic Government Group commissioned a baseline assessment of IM&T support for the Single Assessment of Older People.
- 2.2. The project was prompted by the deadline set by the NSF for Older People of April 2004 for single assessment to be implemented. However, given the scale of the project, it appears that full implementation is no longer expected by that date.
- 2.3. The terms of reference for the project are provided in Appendix A. The project was carried out using structured questionnaires in telephone interviews with PCT IM&T leads and NSF or SAP leads across the North West. A copy of the questionnaire is included in Appendix B. The findings were discussed at three SHA workshops attended by SAP, NSF and IM&T leads and the outcome of the workshops has fed into the recommendations made in this report.
- 2.4. The report sets out:
 - IM&T requirements for implementing Single Assessment – this provides the baseline against which current status has been measured.
 - A summary across the North West of the current status against the baseline, structured under the following headings:
 - Organisational development
 - Applications
 - Infrastructure
 - Information governance
 - Person and service referencing.
 - Recommended actions for progressing IM&T support for Single Assessment. These include both national and local actions and identify potential projects for inclusion in a second stage of the NWEKG project. Note that many of the actions are not specific to SAP, e.g. improving the networking infrastructure.
- 2.5. More detailed profiles by each SHA are also available as separate documents.

3. IM&T REQUIREMENTS OF SINGLE ASSESSMENT

3.1. This section outlines the IM&T requirements to support Single Assessment.

AIMS

3.2. Broadly, the aims of Single Assessment for Older People are to:

- Ensure a person centred approach to assessment.
- Avoid duplication, thereby saving service user, carer and professional time.
- Ensure that relevant previous information is available, so that the care practitioner is making decisions on the basis of complete information.
- Enable effective contributions from care practitioners, service users and carers to the assessment.
- Ensure an appropriate depth and scale of assessment relative to the situation and point on the care pathway.

SCOPE

3.3. There are four levels of assessment:

- Contact or initial
- Overview
- Specialist (e.g. mental health, occupational therapy)
- Comprehensive.

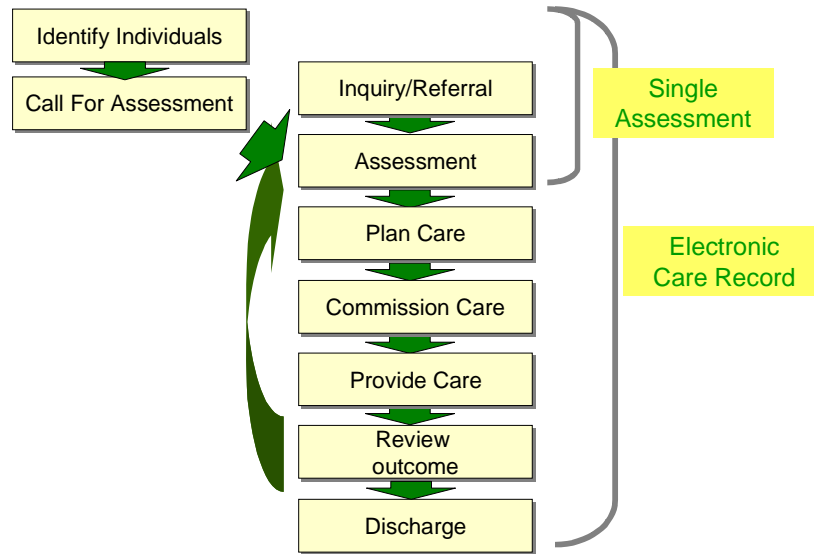
3.4. The assessments cover a wide range of domains, including:

- User perspective
- Clinical background
- Disease prevention
- Personal care and physical well-being
- Senses
- Safety
- Mental health
- Relationships
- Immediate environment and resources.

3.5. Assessments can be carried out by service users, their carers and care practitioners in hospital, community, mental health and primary care services and by those working in the voluntary sector.

3.6. The assessment is only one element of the care process and the aim is integrate the whole care process for older people, so that there is a

co-ordinated approach across all health and social care services. A high level overview of the process is illustrated below. It should be noted that 'Single Assessment' is commonly used to include other aspects of the care process, e.g. care planning and review, etc., not just the assessment.

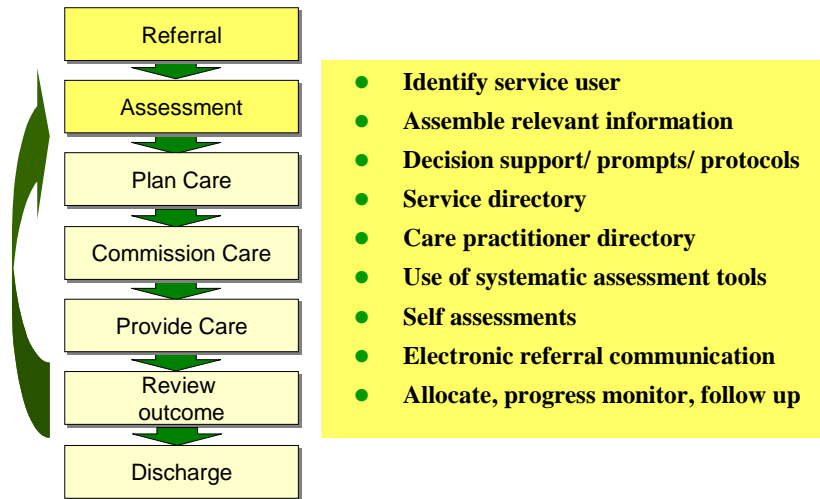


ORGANISATIONAL IMPLICATIONS

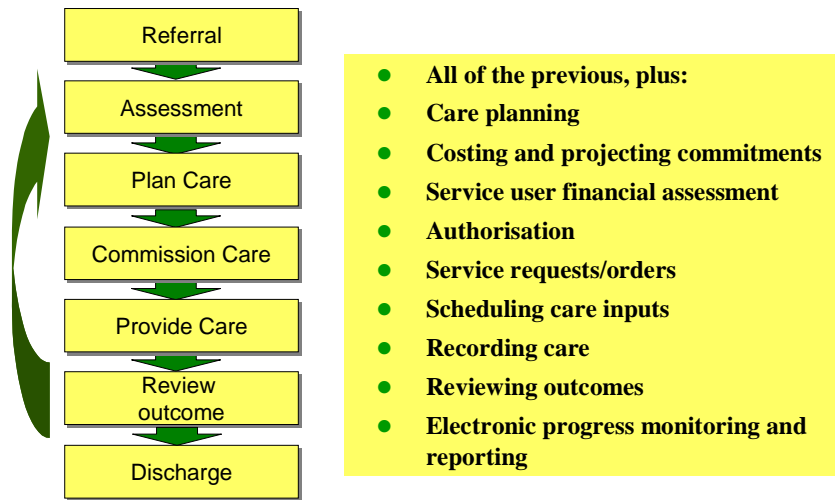
- 3.7. Single Assessment is a major multi-agency and multi-disciplinary project. To succeed it requires:
- Management commitment.
 - Effective multi-agency co-operation and co-ordination.
 - Major service, process, role and cultural change.

IM&T IMPLICATIONS

- 3.8. The main reference to IT in the national Single Assessment guidance is in the Annex on the Single Assessment Summary. However, the Integrated Care Records Service has moved the discussion on to be about a shared record rather than a shared summary.
- 3.9. The diagrams overleaf summarise the information systems requirements to support Single Assessment. They are based on the NSF Annexes of the Output Based Specification for Integrated Care Records Services.



3.10. Clearly the information systems used for single assessment will need from the user perspective to be a seamless part of the systems used to support the entire care process, as illustrated on the diagram below:



3.11. There will also be a need to extract information from operational systems to support management purposes. For management purposes, data will need to be pseudonymised (so that individual patients cannot be identified), but able to be linked across health and social care settings, across the health care process as a whole and combined with information on other conditions (e.g. diabetes, CHD).

3.12. Other IM&T implications are as follows:

- **Wide spread access needed from health, social care and independent sector locations and in the community.** This implies:
 - Adequate (i.e. reliable and fast) network connections to all sites.

- Secure links between health and social care networks.
- Adequate access to networked PCs for all care practitioners involved in single assessment.
- Availability of mobile devices to support recording in people's homes.
- **Data exchange to pull together records from different locations.** This implies:
 - Having systems that comply with technical (e-GIF) standards.
 - Adequate standards of data quality.
 - Standard data structures, data sets and terms.
 - Information sharing protocols and procedures.
- **The ability to identify people and services uniquely to control access to information and to support transfer of referrals and other information.** This implies:
 - Use of a common identifier for service users, used across health and social care, i.e. the NHS number.
 - Common identifiers for individual care practitioners.
 - Common identifiers for services, e.g. district nursing at Fairfield Clinic.

4. ORGANISATION

CURRENT SITUATION

Co-ordination & Collaboration

- 4.1. Most SAP steering groups are a sub-group of an older person's NSF Local Implementation Team. The LITs generally report to multi-agency executive forums (e.g. Joint Executive Group). Bolton, Salford and Trafford are setting up a Joint Partnership Board for Older People with executive powers for commissioning services.
- 4.2. Local implementation teams for Single Assessment are generally based on PCT boundaries, rather than a broader care network (for example cancer and CHD) or on the commissioning footprint. Acute and mental health trusts often span several SAP localities and there are likely to be additional costs and complexity in implementing different SAP solutions within a single trust, e.g. training in and use of multiple systems.
- 4.3. The degree of co-ordination and collaboration varies across the North West. A determinant is the presence of a county council with social services responsibility to co-ordinate an approach with local LITs:
 - Lancashire has a steering group, with Cumbria representation and with a single plan for SAP implementation across Lancashire. Work is shared between LITs and products and lessons learnt are shared.
 - There is an North West SAP leads group which meets on a regular basis to share good practice and lessons learnt.
 - Cheshire County Council and the LITs within it are looking to implement a single solution.
 - Joint working is also underway in other localities, e.g. Manchester City Council, with local PCTs, Liverpool City Council with local PCTs, St Helens and Knowsley, Tameside and Glossop and Rochdale, Heywood & Middleton.
- 4.4. There are issues at all levels, including nationally, about co-ordinating and collaborating on SAP implementation. Whilst part of the learning process means that individual LITs need to think through current processes and how they can be improved, learning from projects which are further ahead elsewhere is not generally being shared.

Service Models

- 4.5. There is a large SAP development agenda, encompassing process, service, role and cultural change. With the exception of Halton which is adopting the 'Evercare' model, a US model from United Healthcare,

other localities are not adopting a specific service model, but developing their own.

- 4.6. SAP projects are at different stages, with some only just starting whilst others have carried out extensive work, including pilots.
- 4.7. All LITs are mapping and reviewing assessment processes at some level, although some reported difficulties in progressing this work further without a clearer idea of how information systems could support them.
- 4.8. Given the breadth of the agenda, in addition to following the twelve national steps to implementing SAP, individual projects are focusing on specific aspects or services, often building on existing strengths. These include:
 - Multi-agency intermediate care and rehabilitation teams.
 - Primary care (e.g. use of the over 75 health check to identify people needing assessment, integration of social care into primary healthcare teams).
 - Acute hospital discharge processes.
 - Client relationship management (CRM) and booking management (BM) systems for contact assessments. For example, Sefton is looking to establish a single entry point, based on the social care CRM model. Some PCTs in Greater Manchester are planning single access points and Trafford is planning to pilot use of electronic booking systems.
 - Older People's mental health services.
 - Common care pathways, e.g. strokes, falls, alzheimers disease.
- 4.9. Many SAP projects are developing local assessment tools, although some are in the process of selecting or have chosen from nationally recommended tools. (For example, Cheshire has selected MDS and the Wirral ODPM pilot will use Easycare). Hence, there will be a need for information systems implemented as part of ICRS to support multiple assessment tools.

Engaging Management

- 4.10. With a few exceptions, Single Assessment is not seen as a high priority by management. Links with national priorities related to access and waiting lists have not been strongly made. Resources identified for SAP are limited. Some localities have dedicated leads for Single Assessment, but not all; the numbers are given on the table overleaf:

Cumbria & Lancashire	There is a dedicated post across Lancashire. One of the localities is bidding for funding for a post.
Greater Manchester	4 of the 10 localities have dedicated SAP leads and 3 have posts with some dedicated time.
Cheshire & Merseyside	3 of the 7 localities (including Cheshire) have a dedicated SAP lead, 2 have posts with dedicated time for SAP.

- 4.11. Whilst information systems support for Single Assessment was acknowledged as a key dependency by SAP leads across the North West, there is not a clear link made at a national level. For example, there is no IM&T workstrand within the twelve steps of 'Preparing for Implementation'. Unless these links are made, there is a risk that IM&T requirements for SAP do not get prioritised in the Integrated Care Records Service implementation plans.

Links With Other Relevant Projects

- 4.12. Sharing assessments forms a core part of integrated care services and is key to both the electronic Care Programme Approach in mental health and Identification, Referral and Tracking (IRT) of vulnerable children. Although links with multi-agency projects are generally co-ordinated through 'Information for Health' programmes, there appears to be little exploration of the potential for similar solutions across different client groups.

IM&T Skills

- 4.13. Basic IM&T skills training is being provided in all localities, often via European Computer Driving Licence (ECDL) initiatives. However, there are significant numbers of staff to be trained, particularly in the community health services, and concerns were expressed that the current pace of training provision might not be sufficient to prepare all staff prior to implementation of electronic SAP solutions.
- 4.14. There is a general shortage of IM&T implementation and support staff which could impact on implementation of electronic Single Assessment.
- 4.15. It is too early for SAP projects to have addressed the provision of joint health and social care IM&T support for electronic SAP solutions.

MAKING PROGRESS

- 4.16. There is a need at a national level for the priority of Single Assessment and its role in achieving access targets to be emphasised to raise it on local management agendas. There is also a need to emphasise the dependency on IM&T to enable Single Assessment to work effectively and hence for IM&T to form an integral part of SAP plans. Lessons

learnt and good practice elsewhere could also be more widely promulgated.

- 4.17. A review of the current organisation of SAP implementation is recommended, potentially led by the Strategic Health Authorities, to ensure that:
- At a locality level, SAP implementation follows more closely the older people's care networks, so that solutions are co-ordinated effectively where acute and mental health trusts span multiple localities.
 - Work is co-ordinated across localities so that, where possible, different localities focus on different aspects of implementing SAP and share lessons learnt with others.
 - IM&T is an integral part of SAP implementation plans.
- 4.18. At a local level basic IM&T skills training needs to be assessed to ensure that the timescales for training those staff affected by SAP fit with SAP implementation timescales.
- 4.19. A summary of suggested actions is given on the table below:

National	<ul style="list-style-type: none"> • Emphasise the priority of Single Assessment and IM&T as a key dependency on achieving national targets.
Local	<ul style="list-style-type: none"> • Review basic IM&T skills training plans to ensure that they are in line with Single Assessment timescales.
SHA	<ul style="list-style-type: none"> • Co-ordinate review of SAP organisation to ensure that localities follow more closely and support care networks for older people and that there is adequate co-ordination and collaboration. • Facilitate sharing of good practice and lessons learnt across the North West. • Workforce Development Confederation to co-ordinate provision of SAP training programmes, including relevant IM&T skills.

5. APPLICATIONS

CURRENT SITUATION

Capability of Current Systems

- 5.1. The types of systems in place currently are identified on the table below:

General Practice	A variety, with the major suppliers being: EMIS, InPractice (Vision) and Torex
Community health	Mostly older systems, such as Comwise, Comcare and Continuum. PCTs recognise the need to replace them.
Mental health	A variety of systems including: Protechnic, Maracis and use of general hospital PAS system. Some of the larger trusts have several different systems.
Hospitals	A variety of systems, including Torex, iSOFT, Meditech, IMS, Medway, HBOC. Some trusts consolidating different PAS systems across hospitals
Social Care	The main systems include: 9 Anite Swift systems 4 OLM Care First systems 2 PARIS systems 2 Local Authorities have in-house developed systems. LAs with older systems are generally in the process of procuring new ones.

- 5.2. Most Local Authorities have either fairly recently procured or are in the process of procuring new systems and hence would be unlikely to be willing to replace them.
- 5.3. The extent to which current health and social care information systems can support the single assessment process varies.
- 5.4. In general, older systems, focused more around management reporting than clinical or care support, have neither information nor functionality to support Single Assessment. These include the older community health systems (e.g. Comcare, Comwise) and hospital PAS systems.
- 5.5. The table below provides a high level assessment of the capability of newer information systems from different settings against the type of functionality required for single assessment in section 3 of this document. Although it indicates weaknesses in specific areas, suppliers are or are planning to develop functionality in these areas.

Functions	GP systems (e.g. Vision)	Social Services (e.g. Care First)	Acute EPR (e.g. Sunrise)	Mental Health/ community (e.g. Paris)	Workflow applications (e.g. Liquid Logic, ANS)
Case finding	✓	✗	✗	✗	✗
Assessment	Partial, templates	✓	✓	✓	✓
Integration & interfacing with other systems	✓	✓	✓	✓	✓
Text documents & images	Partial	Partial	✓	✓	✓
Workflow	✗	Partial	Partial	Partial	✓
Remote access	✗	✗	✓	✓	✓
Decision support	Partial	Partial	✓	Partial	✓
Access controls/consent	Partial	Partial	Partial	Partial	✓

5.6. As can be seen from the analysis, newer systems designed to support the care process appear to have much of the type of functionality needed to support Single Assessment but they are not currently being used for this and hence further development and/or configuration would be required. Note that only the GP system supports case finding as it is the only population based system.

5.7. Examples of initiatives where current systems are being used to record assessments are listed below:

- *Bury*: Templates on InPractice Vision general practice systems
- *Salford*: Templates on InPractice Vision systems and plans to do similar on Care First social care system.
- *Warrington*: Templates on EMIS system.

Data Standards

5.8. Whilst all LITs are developing shared terminology for Single Assessment (as one of the 12 steps to implementation), this is at a high level.

5.9. More detailed data definitional work is going on through the selection or local development of assessment tools, but this is either locally defined or based on standard tools (e.g. EasyCare, FACE).

5.10. Where pilots are underway they are using the data structures and items within the system itself, which may or may not comply with the NHS Data Manual and national social care data definitions.

- 5.11. The national Information Standards Board has a work programme to develop a Single Assessment Summary data set as the first stage of a broader older people's data set. It is planned to publish a draft for consultation around the end of June 2003.

Pilots and Future Plans

- 5.12. Some local implementation teams have defined a system architecture to support implementation of single assessment. Some solutions are intended as interim, to be replaced by the Integrated Care Records Service, in the longer term. However, in some instances, particularly where the solution uses the social care system, the hope is for it to be integrated with ICRS.
- 5.13. Other LITs have not yet identified a technical solution or are looking to the Integrated Care Records service to provide it. However, there is a conflict between timescales for SAP and those for ICRS implementation.
- 5.14. Most LITs have pilot projects underway or planned, some of these include use of information systems. These include:

Merseyside & Cheshire

- *Sefton*: Use of the Protechnic mental health system for assessment and care planning, with links planned to GP, social care and hospital systems.
- *St Helen & Knowsley*: Web-based forms application planned, with links to other systems.
- *Cheshire*: Piloted MDS assessment tool on paper. Now planning electronic implementation, including links to other systems.
- *Wirral*: ODPM pilot using Liquid Logic (Easycare) and links planned to Swift system.

Lancashire & Cumbria

- *Lancashire*: Pilot using ISSIS social care system and web-enabled forms.
- *Cumbria*: Pilot using web-enabled forms and e-works integration engine.

Greater Manchester

- *Tameside & Glossop*: Pilot planned using CSW Case Notes application to provide web-based forms.
- *Stockport*: Using Lotus Notes forms with XML data transfer planned to Care First and a healthcare database.
- *Trafford*: Pilot using the RBMS electronic booking system for contact and overview assessments.

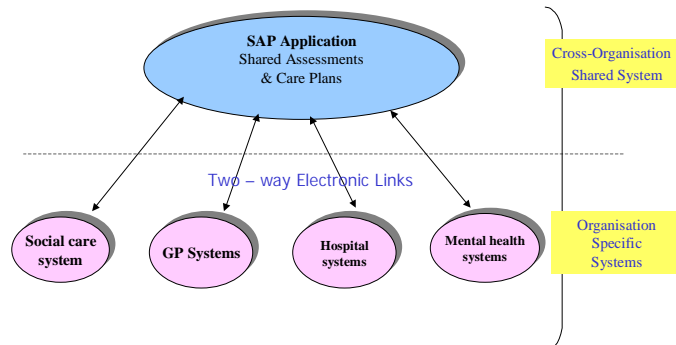
- 5.15. Whilst some of the solutions are local, some could potentially be extended across a broader area, for example:
- The Trafford RBMS pilot, should the same e-booking solution be implemented across Greater Manchester.
 - Interfaces to other systems, e.g. Swift.

MAKING PROGRESS

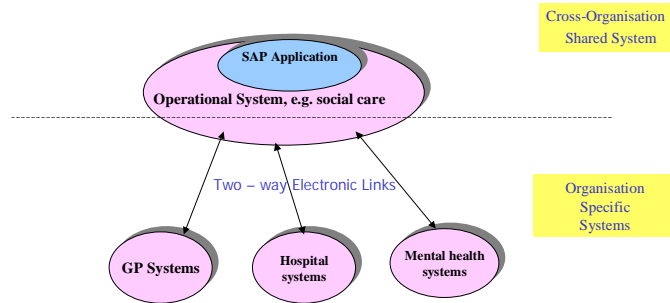
Making Strategic Decisions

- 5.16. Integrated Care Records Services (ICRS) are being procured nationally and implemented on a regional basis (with the North West being part of a 'region' with the West Midlands). This means a single supplier (known as a Local Service Provider or LSP) across the whole of the region. The supplier is required to supply fully integrated systems across the whole care process.
- 5.17. The initial version of the system specification (OBS) for ICRS did not include social care, but this is beginning to be addressed, although precise scope is not yet clear.
- 5.18. However, there are discrepancies between the SAP implementation timescales and national Integrated Care Records Service plans, as ICRS will be implemented on a phased basis over several years, starting from early 2004.
- 5.19. SHAs will be leading on developing requirements for Single Assessment in a local specification for Integrated Care Records Services (known as OBS2). Localities need to be consulted in the development of these requirements to ensure that the Local Service Provider is able to meet their needs and that SAP priorities are taken into account in ICRS implementation plans. The North West SAP leads group would provide a good forum for consultation.
- 5.20. There are a range of systems models which could apply to localities starting from different baselines in terms of current systems, as illustrated on the diagrams below.

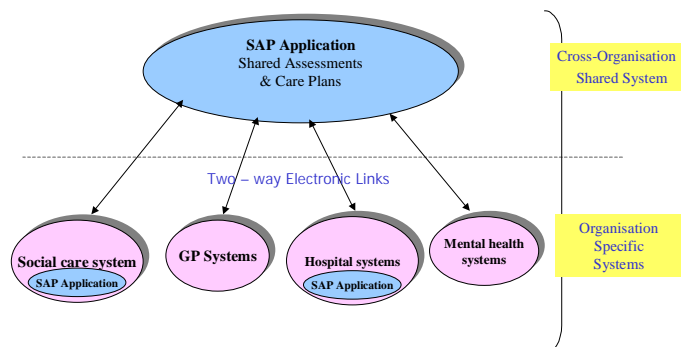
1. Separate SAP system, e.g. Liquid Logic



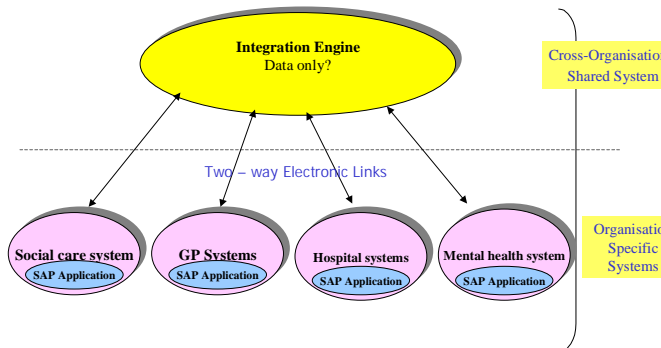
2. SAP as part of operational system, e.g. Swift



3. Hybrid, SAP application supplementary

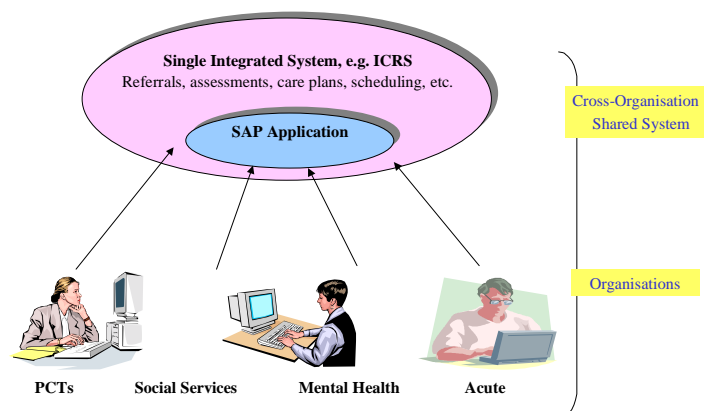


4. SAP as part of all operational systems, with data transfer



5.21. In addition to the above models which may be interim, there is a more strategic 'ICRS' model, which is provided below for completeness:

5. SAP as part of broader system, e.g. ICRS



Pilots

- 5.22. There are several pilots already underway in the North West and it is therefore suggested that resources should be put into ensuring that lessons are learnt from these pilots and that solutions are obtained that could be more widely applicable, rather than further pilots.
- 5.23. Collaboration on data exchange could be beneficial. For example, a single approach to suppliers to develop electronic transfer of standard data sets would save effort and costs over each locality approaching suppliers directly.
- 5.24. Clearly the publication of national specifications of data structures and sets for use in data exchange would support this.

Summary of Actions

5.25. In summary, the following actions are suggested:

National	<ul style="list-style-type: none"> • Publish common (health and social care) data standards, including structures, terms and codes for Single Assessment
Local	<ul style="list-style-type: none"> • Determine what interim IM&T solutions will be implemented locally including duration of interim implementations and how migration to ICRS could be effected • Continue pilots and share lessons learnt
NWEGG Phase II SHA	<ul style="list-style-type: none"> • Pilot data exchange with standard data structures • Develop local specification of information systems support for Single Assessment (OBS2) to feed into the ICRS implementation plans including local consultation, e.g. NW SAP Leads group. • Facilitate sharing of lessons learnt from pilots • Co-ordinate supplier developments to avoid duplication of effort/cost • Co-ordinate north west view on requirements for single assessment applications for LSP negotiations

6. INFORMATION GOVERNANCE

CURRENT SITUATION

Information Sharing Protocols

- 6.1. There is widespread development of information sharing protocols (this is one of the twelve steps in the national 'Preparing for Implementation' guidance), but only a relatively small proportion have as yet been signed up to by individual organisations.
- 6.2. There are many example protocols available on both the Department of Health and NHS In Scotland web-sites and locally (e.g. Greater Manchester, North Merseyside, Cheshire, Lancashire).
- 6.3. Some localities (e.g. Tameside and North Merseyside) are carrying out work to define the information flows between services, identifying who needs access to what information to support SAP.
- 6.4. The issues are as follows:
 - They are high level protocols, setting out general principles of information sharing, rather than being specific to Single Assessment. It is not clear how these will need to be adapted for SAP specifically.
 - Implementation of the protocols is being held up because of:
 - Lack of clarity nationally about what information can be shared with whom and whether or not explicit consent needs to be obtained from service users and/or carers.
 - The inability of current applications to record service user consent and any restrictions on disclosure of information.
 - The scale of the implementation task, i.e. training staff in new policies and procedures, informing the public, etc.
- 6.5. The consent issues are particularly complex, for example:
 - Whether the concept of a blanket consent is acceptable, whereby a service user consents to sharing relevant information across all agencies involved in their care. Alternatively, whether consent needs to be obtained by each agency with whom information may be shared.
 - The scope of a 'blanket consent', e.g. whether it applies just to health care agencies or to health and social care providing joint care.

- How consent should be recorded in a service user's record. Whether a signature is required and if so what arrangements need to be made where care has to be provided (and information shared) in advance of a signature being obtained.
- Practically, how the consent record could be made available to all involved in the care of the service user and how to restrict disclosure based on the consent provided (i.e. this functionality provided in the information system).
- The time period for which the consent is valid and whether and when consent needs to be reviewed and updated.

6.6. By Strategic Health Authority, the situation can be summarised as follows:

Cumbria & Lancashire	Both Lancashire and Cumbria have general protocols in draft.
Greater Manchester	All but two localities have general protocols at least in draft and the two have plans to develop protocols. There is also a Greater Manchester-wide draft protocol. Tameside and Bolton work on SAP specific data sets and flows.
Cheshire & Merseyside	All but two localities have general protocols at least in draft. Sefton work on SAP specific data sets and flows.

Information Governance

- 6.7. Information governance is key to safe and secure information sharing. Information sharing protocols require all organisations to have information governance arrangements in place, including:
- IM&T security
 - Caldicott principles
 - Data Protection Act principles, including service user consent
 - Freedom of Information Act
 - Data quality.
- 6.8. Greater Manchester and Merseyside and Cheshire have information governance programmes underway as part of the Local Delivery Plan (LDP).
- 6.9. Most organisations have information governance policies in place, with training provided (generally as part of staff induction). However, primary care appears to be an area of weakness, with practices varying in the extent to which they have such policies in place and active.
- 6.10. Data quality initiatives also vary. Whilst there is a national data accreditation programme in the hospital sector there are not yet

similar programmes in other sectors. Some PCTs have PRIMIS projects whose aim is to improve data quality in general practice. Some PCTs (e.g. Salford and Bury) have developed standard templates for recording Older People's assessments on general practice systems.

MAKING PROGRESS

- 6.11. There is an urgent need for national guidance on information sharing policies across health and social care, including what information can be shared with whom and requirements relating to service user consent. These should include recommended exemplars of protocols, staff procedures and guides and publicity for the public.
- 6.12. Locally there is on-going work needed related to information governance, including training staff in information governance policies and procedures.
- 6.13. Data quality work is needed across all sectors, including, for example:
- Development of standard assessment 'templates' on practice systems to enable consistent data recording.
 - Encouraging inclusion of NHS numbers in all information flows (in line with national targets).
 - Removing duplicate records and general data clean-up activities.
- 6.14. There is also a need in some localities to get general information sharing protocols signed off. Implementing the protocols is an on-going activity for all localities, including ensuring that staff and the general public are aware.
- 6.15. To assist in the development of protocols specific to Single Assessment, it is suggested that the phase II of the NWEgg programme includes a project to work with existing pilots to test out the practicalities of implementing information sharing protocols, including service user consent and access levels and to share the lessons learnt across the North West.
- 6.16. The table overleaf summarises suggested actions for making progress. Most of them are part of the broader IM&T agenda but specific work can be done relating to information sharing protocols and data quality initiatives focused on older people.

National	<ul style="list-style-type: none">• Produce guidance and exemplars clarifying information sharing policies
Local	<ul style="list-style-type: none">• Continue implementation of information governance• Data quality initiatives focused on older people• Continue work on information sharing protocols.
NWEGG phase II project¹	<ul style="list-style-type: none">• Existing pilots test out practicalities of implementing information sharing protocols, including service user consent and access levels and share lessons learnt
SHA	<ul style="list-style-type: none">• Explore opportunity for collaboration in information governance training, including links with Workforce Development Confederation• Facilitate sharing of lessons learnt/examples etc.• Cheshire & Merseyside SHA – attendees at the workshop requested an SHA level information sharing protocol.

¹ North West Electronic Government Group.

7. INFRASTRUCTURE

CURRENT SITUATION

Networks

- 7.1. Network coverage and bandwidth are variable across the North West, with particularly low levels of linkage to community premises. However, there are plans within all SHAs for upgrading networks and similar plans in Local Government through ODPM/DTI initiatives.

Social Care/ Health Network Links

- 7.2. Whilst some local authorities have connections to NHS networks others do not. Two different approaches have been adopted:
- Connection directly to health VPNs (virtual private networks) via firewalls. In some cases this has been done where there are difficulties isolating social care networks from the wider LA networks.
 - Connection to NHSnet, where the Local Authority has obtained trusted third party NHSnet Code of Connection.
- 7.3. Greater Manchester SHA is co-ordinating connection of the remaining Councils without NHSnet connections, based on the connection models already implemented within the SHA.

PCs

- 7.4. Many organisations are still working towards the national targets for access to NHSnet and the internet for all healthcare staff. Further investment is planned for 2003/04 in networked PCs. However, it is not clear whether achieving this target will be sufficient to provide adequate access to a single assessment application. There is insufficient experience of electronic single assessment to understand the extent to which mobile technology will be required by community staff, which would reduce the requirement for PCs.

Mobile Technology

- 7.5. Mobile technology is not generally used (except for community health activity recording applications, using old technology). However, there are several pilots underway in the North West, including:

- *Wigan*
- *Manchester*
- *Salford*
- *Blackpool*

MAKING PROGRESS

7.6. The table below lists suggested actions. Note that the infrastructure actions need to be progressed on an broader basis, rather than by SAP localities.

National	<ul style="list-style-type: none"> • Clarify plans for N3 (re-procurement of NHS-wide network), including links with ODPM/DTI networking initiatives. • Publish models for social care/NHS network connection
Local	<ul style="list-style-type: none"> • Complete networked PC implementation • Implement links between health and social care networks as a priority
SHA	<ul style="list-style-type: none"> • Continue to progress network upgrades/ procurements, recognising SAP priorities in implementation plans • Promulgate Greater Manchester social care NHS network connection models (and national ones when available) • Facilitate information sharing on lessons learnt from mobile technology pilots

8. PERSON & SERVICE REFERENCING

CURRENT SITUATION

Person Referencing

- 8.1. Although NHS numbers are now generally used on healthcare systems, they are not universally available nor recorded. In addition, use of NHS numbers highlights data errors and prompts the need for data validation and amendment, e.g. removal of duplicates. Generally data clean up is not a major focus of attention locally.
- 8.2. The current guidance from the Department of Health is that the NHS number cannot be held as a key on social care information systems except for service users for whom shared care is being provided. Social services department use of the National Strategic Tracing Service (which is the main source of NHS numbers for the health service), is currently precluded.
- 8.3. Some projects are providing social services with access to NHS numbers using the 'Exeter' system, which holds a population database based on GP practice patient registers. Some social services departments have run an extract from their client index against the Exeter register to obtain NHS numbers.
- 8.4. Interfaces have also been developed to the Exeter system allowing two-way transfer of patient demographics with other systems as part of the Walsall ERDIP project. Identifiers from other systems are held on the Exeter system to enable amendments to patient demographics to be updated across systems. The following projects have/are providing social care with NHS numbers:
 - *Wigan*: Greater Manchester supporting a bid for the social services to have access to the National Strategic Tracing Service to obtain the NHS number.
 - *Greater Manchester ODPM funded project*: project to encourage social care access to the National Strategic Tracing Service (NSTS) and use of the NHS number for shared care. They have also commissioned the NHS Information Authority to produce a business case for social care use of NSTS.
 - *Lancashire & Cumbria*: Use of the 'Open Exeter' system to provide a single Lancs/Cumbria community index and NHS numbers for social care.
- 8.5. The national IM&T Programme includes a 'national spine' which amongst other things will provide an index of service users. It is not clear yet how and when this will be implemented.

- 8.6. Experience elsewhere, for example, Walsall and the Wirral, indicate that common service user indices prompt the need for extensive data quality improvements.

Practitioner and Service Referencing

- 8.7. There are no common standards for identifying health and social care practitioners individually. NHSmail will identify health care workers individually but only for email and there is nothing similar planned for social care.
- 8.8. Similarly there are no common standards for identifying services across health and social care. Whilst the NHS organisation codes identify organisations within the NHS individually, there are no common standards for identifying services uniquely (e.g. district nursing service at Pond Road health clinic). Social care systems do not generally use the NHS standard codes for General Practitioner or GP practice.
- 8.9. Generally, service directories have not yet been considered in detail as part of the single assessment process. It is not clear what information on services needs to be recorded for what purposes, e.g. whether access methods and referral protocols are needed as well as service details. It is also unclear what functionality will be required, e.g. referrals to services and care practitioners, booking and scheduling services and events into care practitioner diaries, controlling user access to systems/data.
- 8.10. There are many access initiatives, with similar requirements for service (and in some instances care practitioner) details, including:
- Local government call centres and client relationship management systems
 - PCT and hospital call centres and plans for PCT-based centralised booking
 - Referral and booking management systems
 - NHS Direct
 - NHS.uk
 - Voluntary sector directories, e.g. Age Concern, MIND.
- 8.11. It is not yet clear whether and how these initiatives could support SAP. There is also potential for overlap of data recording between them unless responsibilities are clarified. It is also unclear whether there will be any national co-ordination of service and care practitioner indices.

MAKING PROGRESS

- 8.12. There is a vital dependency on national clarification of the status of social care use of the NHS number. Despite recent national guidance there is still confusion locally about whether and in what circumstances social care can use the number.
- 8.13. National guidance indicates that social care access to the National Strategic Tracing Service should follow from decisions about use of the NHS number. Guidance is needed about the data quality implications of using the NHS number, in particular whether data clean-up work could be done in advance.
- 8.14. There is a need for common data sets for person, care practitioner and service referencing which are used across health and social care and which are implemented on both social care and NHS systems.
- 8.15. National guidance about how common service user indices will be implemented is needed, including the scope and timing of the 'national spine' and whether the approach using Open Exeter can be taken forward as an interim or more strategic solution.
- 8.16. Locally there are several initiatives exploring social care use of the NHS number and these should be used to provide guidance about social care use of the NHS number and to inform others about requirements for data quality improvements so that early work can be carried out.
- 8.17. In line with national targets, NHS and social care organisations could improve use of NHS numbers in current data flows, which should reduce the data quality effort required later.
- 8.18. The table below summarises suggested actions:

National	<ul style="list-style-type: none"> • Confirm social care use of NHS number and national strategic tracing service. • Clarify any national approach to person, service and care practitioner referencing • Produce common national referencing data structures • Provide guidance on client relationship management and booking management systems in relation to SAP
Local	<ul style="list-style-type: none"> • Data quality work, including improving use of NHS number in current data flows • Continue pilots and share lessons learnt
NWEGG Phase II	<ul style="list-style-type: none"> • Use existing pilots to develop guidance, including a framework plan for implementing social care use of the NHS number, including work on improving data quality. • Review current access initiatives and associated service directories to understand current situation and plans, including whether and how they could support SAP. • Scope, plan and implement a north-west wide service directory, with a specific focus, e.g. residential homes.
SHA	<ul style="list-style-type: none"> • Facilitate sharing of lessons learnt from pilots

9. PILOTS ELSEWHERE

- 9.1. The IM&T baseline included discussions with SAP pilots taking place elsewhere to find out what lessons could be learnt for the North West. This section summarises lessons from other SAP pilots elsewhere.
- 9.2. Discussions were held with Newcastle, Cambridge, North & North East Lincolnshire and Kingston. Our thanks to the project leads for these pilots for their helpful and open discussions. An attempt was also made to speak to the West Surrey ERDIP project, but the project office has now been disbanded.
- 9.3. There is also useful information on lessons learnt which would be applicable to Single Assessment from other ERDIP projects in health and Information for Social Care pilots. Reports on findings are available on the Department of Health web-site. There is also the Hammersmith and Fulham JET (Information for Social Care) project web-site, which has useful guidance on information sharing and other aspects of multi-agency IM&T projects.

PILOT OUTLINE

- 9.4. The table below provides an outline for each of the pilots:

Cambridge 2001/02 & on-going	<ul style="list-style-type: none"> • Mobile devices – PDAs and laptops initially, changed to tablet PCs & GPRS as more robust and usable • Cambridge Assessment Tool (CAT) – download only to Swift social care system (not XML)
Newcastle May 02 - June 03	<ul style="list-style-type: none"> • 120 users: social care, A & E liaison nurses, GPs, MH, intermediate care – ‘initiators’ and ‘receivers’ • Easy Care/ Liquid Logic – no links with other systems
Kingston May 02 – June 03	<ul style="list-style-type: none"> • 25 – 40 users: social care, housing, intermediate care and Age Concern • Easy Care/ Liquid Logic: 1 way link with Swift, plan links with GP systems • Devised detailed protocols and data sets for sharing
N & NE Lincs March 04?	<ul style="list-style-type: none"> • 50 users: hospital, GPs, social care, intermediate care • Easy Care/ Liquid Logic: no links planned • Developing data set and information sharing protocols

STATUS

- 9.5. In terms of a final SAP electronic solution, all pilots are at a relatively early stage. For example:

- There has been little integration between systems demonstrated as yet, although this is seen by the pilots as critical to the success of electronic SAP. Lack of funding or difficulties getting suppliers to develop interfaces were identified as the main issues.
- We were unable to find any widespread SAP implementations. All the pilots are relatively small, with the exception of Newcastle which has 120 users. The Newcastle project considered that a more selective approach which was smaller in scale would have been better initially.
- The scope of the services covered by most pilots is restricted, again with the exception of Newcastle, which includes a range of health and social care settings and Kingston, which includes the voluntary sector.

LESSONS LEARNT

- 9.6. A brief summary drawn from phone discussions with pilots is given in this section. The Cambridge pilot report is available on the Department of Health website as other DoH pilot reports will when they are completed.
- 9.7. Generally very similar IM&T-related lessons were identified in discussions with the pilot projects, many of which related to infrastructure requirements rather than Single Assessment specifically. They include:
- Lack of baseline IM&T skills, which made it difficult to train staff in Single Assessment applications where staff were not already confident with a PC. This was highlighted particularly in the community health services.
 - Difficulties arranging for staff cover for training (generally around 1 day required for SAP, with additional for basic IM&T skills) and the need to make training accessible, again particularly for staff distributed across a wide geographical area.
 - Weaknesses in the networking infrastructure, again particularly in the community and in the coverage of PCs. Also lack of links between health networks and between health and social care networks.
 - Lack of understanding of the systems, their configurations and supplier support arrangements, particularly in primary care, making it difficult to load SAP software. Also a variety of operating systems, again making software distribution difficult.
 - Difficulties formulating and gaining agreement to information sharing protocols, exacerbated by lack of national guidance. Some of the pilots have used general protocols and others have developed SAP specific data flow details.

- Duplication where assessments are recorded on paper in the service user's home and then input into computer back in the office. Newcastle has provided additional administrative support to help with this. Cambridgeshire Social Services piloted mobile technology (PDAs and laptops) but concluded that they were unsuitable. (PDAs were too small and laptops too cumbersome and there were upload issues). Cambridgeshire are about to start a new pilot using tablet PCs and GPRS technology.

A. TERMS OF REFERENCE

The purpose of the review is to:

- Identify the baseline position in terms of organisational arrangements for implementing single assessment, including organisational structures, service models and integrated assessment and care processes.
- Identify the baseline position in terms of information and IT support for the single assessment process in each local community (e.g. applications, information governance arrangements, information standards, networking infrastructure, etc.) taking into account any already planned developments.
- Carry out an assessment of issues arising, developments required, and possible migration paths, including opportunities for collaborative work, for the North West communities to achieve the requirements for electronic single assessment.

The review is also intended to raise awareness and share knowledge of the issues that need to be addressed, to share examples of good practice and to co-ordinate work more effectively to achieve the electronic single assessment.

The review will include identification of local community arrangements for implementing single assessment across the 46 local councils, 42 PCTs and acute hospital trusts in the North West.

It will identify the service models and integrated assessment and care processes that are being put in place, including links with discharge planning and integrated care, and integrated commissioning / implementation of care plans.

For each community the review will identify the current position across all the relevant health and social care organisations in relation to the requirements for:

- Communications infrastructure including network integration between health and social services and the use of mobile technology.
- Information standards including use of the NHS number as a common identifier, and work on shared community indices, and any progress on common coding or terminology standards for assessment and care information.
- Applications that support elements of the single assessment process (including fragments of the single assessment record and supporting functionality). Is required functionality duplicated across different applications?

- Security and confidentiality including information sharing protocols, access control and authentication, and service user consent.

The baseline information collected will be consistent with and not duplicate the information being collected for the local delivery plans.

The baseline review will take account of lessons learnt from relevant leading edge projects in other areas e.g. ERDIP.

The baseline review will identify:

- Communities with similar starting points
- Any common implementation approaches across communities, service models and technical support.
- Advantages and disadvantages of different approaches, plus any issues that may arise.

The conclusion of the review will provide development proposals for further collaborating work across the North West.

B. STRUCTURED QUESTIONNAIRE

Ref.	Item	Current	Plans
<i>Organisational Structure</i>			
1	What is the locality for implementing SAP (PCT, council, Acute and MH Trusts)? Which of the following are actively involved: GPs, PCT, Council, Acute Trusts, MH Trusts?		
2	Are there adequate links in place between health and social care IM&T and with the LIT? What form do they take?		
3	What are the accountability/reporting arrangements for SAP in the locality? (i.e. organisational structures)		
4	Is it the same locality for implementing the OP NSF? If not, why does it vary? Is it clear where responsibility for ISOP sits locally?		
5	How does work on SAP fit with other multi-agency IM&T projects, e.g. IRT for vulnerable children?		
6	What is the role of the locality lead on SAP? Is there any dedicated time/post for implementing SAP?		
<i>Service Models</i>			
7	What are the overall service models for SAP? What are the priority areas?		

Ref.	Item	Current	Plans
8	How does SAP relate to the integration of other aspects of the care process, e.g. case finding and over 75 checks, referrals, care planning, care commissioning, discharge planning?		
9	Have single assessment processes been mapped, reviewed and revised? What approach is being adopted to this exercise?		
10	Have single assessment tools been selected/developed? What are they?		
11	Has a single assessment summary been defined?		
12	Has a consistent terminology been agreed?		
IM&T Plans			
13	Has an approach to implementing <i>electronic</i> SAP been agreed? If so what are the main principles? How does it relate to plans for implementing the Information Strategy for Older People?		
14	Are there any pilots or other initiatives related to implementing electronic SAP? If so what are the aims, deliverables, lessons learnt? ²		

² At this point we will mainly be identifying relevant initiatives for further more detailed discussions.

Ref.	Item	Current	Plans
Infrastructure			
15	Are local networks capable of supporting SAP (e.g. have they sufficient capacity & links to all locations)?		
16	Do all staff who need to use SAP have access to sufficient networked PCs and printers? If not, where are the gaps?		
17	Are there links between health and social care networks?		
18	Does the organisation make use of mobile technology? If so, what type, and what use is made?		
19	Is there sufficient basic IM&T skills training provision for all clinicians who need it? If not, where are the gaps?		
Policies and Standards			
20	Do all organisations use the NHS number on current systems? If not, are there plans to do so?		
21	What plans are there for implementing an integrated community index?		
22	What plans are there for implementing common terminology/ coding structures for assessments and care?		

Ref.	Item	Current	Plans
23	Are there shared protocols for security and confidentiality: <ul style="list-style-type: none"> • Information sharing? • Application security? • Service user consent? 		
24	To what extent have these protocols been implemented? (e.g. training staff, communicating with service users, etc.)		
Applications			
25	Which applications could currently support elements of SAP? What elements (case finding, referral, scheduling, assessment, care planning/commissioning, service directories)? Do systems support workflow type applications?		
26	Are these applications available to users outside the organisation? If so, read only or update access? Which organisations / staff groups?		
27	What is the technical configuration of any application supporting SAP?		
28	What is the capability of the application(s) to import and export data? What data exchange standards are supported (e.g. XML, etc.)		
29	Can the application(s) support multi-agency access control, authentication and service user consent functions?		

Ref.	Item	Current	Plans
30	What training is available to ensure appropriate use of the applications?		
31	What data quality work is being carried out on which applications?		
<i>IM&T Support</i>			
32	How do you envisage IM&T support for SAP to be provided across organisations?		
33	What arrangements are there in place for co-ordinating IT support across health and social care?		
<i>General</i>			
34	What are the main problems/barriers to implementing SAP?		

C. SUMMARY OF ACTIONS

This Appendix summarises suggested actions by organisation:

- National (DoH and NHSIA)
- Local (SAP-specific and broader IM&T)
- Strategic Health Authority
- North West Electronic Government Group project.

National	Organisation	<ul style="list-style-type: none"> • Emphasise the priority of Single Assessment and IM&T as a key dependency on achieving national targets.
	Applications	<ul style="list-style-type: none"> • Publish common (health and social care) data standards, including structures, terms and codes for Single Assessment
	Information Governance	<ul style="list-style-type: none"> • Produce guidance and exemplars clarifying information sharing policies
	Infrastructure	<ul style="list-style-type: none"> • Clarify plans for N3 (re-procurement of NHS-wide network), including links with ODPM/DTI networking initiatives. • Publish models for social care/NHS network connection
	Person & Service Referencing	<ul style="list-style-type: none"> • Confirm social care use of NHS number and national strategic tracing service. • Clarify any national approach to person, service and care practitioner referencing • Produce common national referencing data structures • Provide guidance on client relationship management and booking management systems in relation to SAP

Local	Organisation	<ul style="list-style-type: none"> • Review basic IM&T skills training plans to ensure that they are in line with Single Assessment timescales.
	Applications	<ul style="list-style-type: none"> • Develop views on requirements for information systems support for Single Assessment to feed into the ICRS implementation plans • Determine what interim IM&T solutions will be implemented locally including duration of interim implementations and how migration to ICRS could be effected
	Information Governance	<ul style="list-style-type: none"> • Continue implementation of information governance • Data quality initiatives focused on older people • Continue work on information sharing protocols
	Infrastructure	<ul style="list-style-type: none"> • Complete networked PC implementation • Implement links between health and social care networks as a priority
	Person & Service Referencing	<ul style="list-style-type: none"> • Data quality work, including improving use of NHS number in current data flows • Continue pilots and share lessons learnt

SHA	<p>Organisation</p> <ul style="list-style-type: none"> • Co-ordinate review of SAP organisation to ensure that localities follow and support care networks for older people and that there is adequate co-ordination and collaboration. • Facilitate sharing of good practice and lessons learnt across the North West. • Workforce Development Confederations to co-ordinate provision of SAP training programmes, including IM&T skills.
	<p>Applications</p> <ul style="list-style-type: none"> • Facilitate sharing of lessons learnt from pilots • Co-ordinate supplier developments to avoid duplication of effort/cost • Develop north west view on requirements for single assessment applications for LSP negotiations (in the local OBS2)
	<p>Information Governance</p> <ul style="list-style-type: none"> • Explore opportunity for collaboration in information governance training, including links with Workforce Development Confederation • Facilitate sharing of lessons learnt/examples etc. • Cheshire & Merseyside SHA – attendees at the workshop requested an SHA level information sharing protocol.
	<p>Infrastructure</p> <ul style="list-style-type: none"> • Continue to progress network upgrades/ procurements, recognising SAP priorities in implementation plans • Promulgate Greater Manchester social care NHS network connection models (and national ones when available) • Facilitate information sharing on lessons learnt from mobile technology pilots
	<p>Person & Service Referencing</p> <ul style="list-style-type: none"> • Facilitate sharing of lessons learnt from pilots

NWEGG phase II project³	<p>Applications</p> <ul style="list-style-type: none"> • Pilot data exchange with standard data structures and share lessons learnt
	<p>Information Sharing</p> <ul style="list-style-type: none"> • Existing pilots test out practicalities of implementing information sharing protocols, including service user consent and access levels and share lessons learnt
	<p>Person & Service Referencing</p> <ul style="list-style-type: none"> • Use existing pilots to develop guidance, including a framework plan for implementing social care use of the NHS number. This should include work on improving data quality. • Review current access initiatives and associated service directories to understand current situation and plans, including whether and how they could support SAP. • Scope, plan and implement a north-west wide service directory, with a specific focus, e.g. residential homes.

³ North West Electronic Government Group.

D. GLOSSARY

Explanation of terms and acronyms used in this documents is provided:

ECDL (European Computer Driving Licence)	A qualification adopted by the NHS providing a standard competency level in the use of MicroSoft systems.
ERDIP (Electronic Record Demonstrator)	NHS Information Authority programme to pilot and evaluate various approaches to implementing electronic health records.
ICRS (Integrated Care Records Service)	NHS Programme to procure and implement integrated information systems supporting patient care across all settings.
IM&T	Information Management & Technology – a collective term for information, information systems and their underpinning infrastructure.
LIT (Local Implementation Team)	Localities, generally based around PCTs with the responsibility to implement the Older Persons NSF.
Mobile technology	Mobile devices, such as PDAs, lap tops, tablet PCs.
N3	The national re-procurement of NHS networks.
NHSNet	The current NHS-wide secure network.
NHSIA (NHS Information Authority)	A Special Health Authority set up to implement national information and information technology policy throughout the NHS.
NHS Number	A unique identifier used in the NHS from birth to death.
NWEGG (North West Electronic Government Group)	A group established to promote electronic communications initiatives across statutory services in the North West.
Output Based Specification (OBS)	A specification of requirements for information systems, taking the approach of identifying the outputs required from the systems. The standard method of defining requirements in the NHS.

Older People's NSF (National Service Framework)	A national initiative for older people, which bring together evidence of effective health and social care practice with the views of service users to recommend how services should be provided.
PCT (Primary Care Trust)	Primary care organisations responsible for commissioning services on behalf of their local population and for the provision of primary health care.
SAP (Single Assessment Process)	An integrated assessment process for older people, taking a person centred approach aiming to reduce duplication and ensure that relevant information is available.
SHA (Strategic Health Authority)	Organisations responsible for performance management of local health organisations.
WDC (Workforce Development Confederation)	Organisations responsible for developing the health and social care workforce within a Strategic Health Authority area.