

North East Cluster *Clinical Engagement* e-bulletin

Feedback floods in on Lorenzo

Positive progress in the development of Lorenzo 3.5 continues across north and central England, with frontline NHS and social care professionals getting their first major opportunity to influence the early shape of the system.

Sixty delegates from across the North East, East of England and East Midlands and the North West and West Midlands Clusters came together in July and August at workshops hosted by the local service providers (LSPs). The aim of the events was to refine the functional requirements for increment 1 of Lorenzo which is focusing on the patient administration system.

“The sessions are clearly a valuable mechanism for NHS staff”

Participants were also asked to review the format of the functional design documents which will be used throughout the Lorenzo development - an exercise that generated around 700 comments from delegates.

Su Wilkinson, Integrated Care Records Services (ICRS) project manager from Yorkshire and the Humber Strategic Health Authority, said: “The Lorenzo workshop was extremely useful. Getting the chance to look closely at a functional design document has helped me to understand how the form works and how I’ll be able to use it in future to feed back comments.”

Local service provider, Computer Sciences Corporation (CSC), is delighted with the level and quality of input from the NHS experts taking part in the workshops and documentation review.

Judith Clark, lead Lorenzo architect for CSC, said: “Delegate feedback showed an average approval rating of more than 70 per cent - so the sessions are clearly a valuable mechanism to find out more about Lorenzo and to influence its future functionality.”

Many delegates have requested input into increment 2 of Lorenzo and workshops are scheduled to begin in early November.

Attendance at these events is being co-ordinated by the clusters.

In addition, the three clusters are jointly recruiting 15 clinicians from a broad range of professional backgrounds, clinical specialties and care settings to work with NHS Connecting for Health on a one-year secondment basis. This team will be a crucial link with the wider NHS to ensure the new system delivers the functionality patients and professionals need and want.

PACS a punch in Barnsley

Kate Brooke and Maxine Harrison – senior radiographers at Barnsley Hospital NHS Foundation Trust – are making full use of the Picture Archiving and Communications System (PACS). Their one regret? That the technology wasn’t installed sooner.

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Getting the picture: Kate Brooke and Maxine Harrison using the new PACS

It's all about people says SAP ERG

For Becky Nightingale, being chair of the Single Assessment Process Expert Reference Group (SAP ERG) presents a perfect opportunity to continue promoting person-centred care and service delivery.

A trained social worker, Becky believes the SAP ERG can play a major part in improving the way older people journey through the NHS system.

"Technology and patient held records can be excellent ways to improve things," she says. "And now with the new SAP system, these records can be shared electronically.

"Less time is now spent registering patients and asking these often vulnerable people the same questions over and over again."

With the once joint SAP and Community ERGs now running independently, the SAP group has been able to focus more closely on reviewing the functionality and usability of the SAP technology.

Sharing information across clusters about how SAP is being deployed and how it works in practice with TPP SystmOne, has also been high on the group's agenda.

Becky is currently SAP project officer for North Yorkshire County Council, implementing SAP across 12 NHS and social care organisations.

"It's a very challenging role, but with great rewards. The next stage is to try to involve the acute trusts more in single assessment, and maybe Lorenzo would be a good way of doing this."



Becky Nightingale,
SAP ERG chair

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Patient focus: benefits already being noticed

"The system is very intuitive," says Kate. "The advantages include speed and flexibility, which is saving time.

"Not only do we have instant image access, but we can do so much with the image once it's on the screen - use any magnification to zoom, for example, examine associated images and reports, take measurements and adjust images to see different body tissues."

Manipulating the image may even mean that the patient doesn't have to be recalled for follow up studies.

Maxine is equally enthusiastic about the PACS technology: "PACS has acted as an ambassador for the

department. Clinics are running more smoothly and quickly, giving staff more quality time with patients.

"In fact, patients are very impressed. By the time they have had their x-ray taken and returned to the clinic, the doctor already has the image on screen."

Kate and Maxine are keen to spread the benefits of PACS more widely and are already hosting demonstrations to interested groups from other trusts in the process of moving to PACS. Anyone interested should contact kbrooke@nhs.net or maxineharrison@nhs.net

Keeping an eye on the prize

- benefits update

Work is now underway on the annual statement which will quantify the benefits delivered by NHS Connecting for Health (NHS CFH) nationally. This is due to be published in spring 2007.

Feeding in to this are a range of projects in the North East Cluster (NEC) that are looking at how current processes, such as requesting tests and results reporting, can be measured before any NHS CFH systems are introduced.

"It's important that we link benefits to the wider NHS agenda"

"We can only measure the true impact and benefits of the new systems if we have a clear picture of what processes look like now," said Gill Stonham, NEC head of service implementation and benefits.

"It's important too that we link these benefits - which will be both financial and non-financial - to the wider NHS agenda of increasing productivity, supporting patient choice and ensuring that by 2008 no patient waits more than 18 weeks from GP referral to hospital treatment."

In an effort to maximise the value of this work, links are being made to ensure effective feedback to the NEC requirements team. The team will be using information about benefits and service changes to help define system requirements for Lorenzo.

Meet your clinical consultants

Heather Corlett

Heather Corlett is clear about the importance of involving clinicians right across the NHS Connecting for Health programme.



*Heather Corlett,
North East Cluster
clinical consultant*

"I took on the role of clinical consultant to promote the importance of the clinical voice," she said.

"Although there have been many challenges over the last 18 months, I'm hopeful that the recent Expert Reference Group (ERG) and core team secondments will increase the influence clinicians have on the new systems being developed by NHS Connecting for Health."

With a specific focus on stakeholder engagement and the ERGs, Heather works part time with the cluster in the role of clinical consultant.

Having initially trained as a nurse in London and worked in theatre, pre-admission and day surgery, she later attained a masters degree in IT, moving into IT development and implementation.

Tony Shannon

Tony Shannon sums up his role at the cluster very simply: to ensure that effective IT solutions are available to clinicians so they can provide better patient care.

"I have worked in the NHS for many years and noticed one recurring thing - gathering, collating and acting on information is key to delivering patient care."



*Tony Shannon,
North East Cluster
clinical consultant*

In his role as clinical consultant, he gives the cluster a valuable clinical perspective on ways to ensure a joined up approach to service improvement, as well as advising on requirements, and design, build and test activities.

"I work closely with colleagues at the Model Community, at Goole Hospital, which is a crucial stage in the whole development process because it tests systems in a safe environment before they go live in the real world."

Tony, who is also a consultant in emergency medicine at Leeds General Infirmary, qualified in Ireland and trained in emergency medicine and informatics in the north east of England and the USA.

News in brief

Clinical first for NHS CFH

Professor Michael Thick has been appointed as the first chief clinical officer for NHS Connecting for Health (NHS CFH). His main role will be to make sure improving patient care and safety continues to be at the heart of NHS CFH's work. Professor Thick - a consultant surgeon - is currently the national medical director for NHS CFH's Choose and Book and Picture Archiving and Communication Systems (PACS) programmes.

TPP landmark for cluster

Harewood Medical Practice in Catterick Garrison, North Yorkshire, became the 200th GP practice in the North East Cluster to start using The Phoenix Partnership's (TPP) SystmOne. With an annual patient turnover of around 30 per cent, the practice says the system will allow them to integrate with other services across the PCT. Practice manager Grahame Dickinson said: "SystmOne isn't complicated and it gives us different ways of doing things."

iCare brings clusters closer

The iCare website - introduced by the East of England and East Midlands (EEM) Cluster earlier this year to support collaborative working - has now been extended to encourage even closer links between the neighbouring North East Cluster and North West and West Midlands Cluster.

By allowing clinical colleagues across clusters to share their knowledge and expertise, the aim is to bring the benefits of these technologies on stream as quickly

as possible for patients and staff.

iCare offers secure areas which are available for Expert Reference Groups, with private libraries for more specialised information.

Register by clicking on the link below and specifying the areas you would like to access.

<http://www.connectingforhealth.nhs.uk/regions/east/icare/>

ERG updates

Primary Care ERG

Core members have taken part in a TPP SystemOne demonstration. The group also held a meeting for all members of the ERG on



12 September and three of those present went on to the North East Cluster's Lorenzo 3.5 workshop in Harrogate, on 27 September.

Paul Robinson said: "We hope that the ERG will continue to express the views of front line clinicians at future workshops of this kind."

Paul is also chairing the GP engagement forum workshop in Leeds on 26th October.

Chair Paul Robinson

Community Child Health ERG

Sue Howgate has taken over from Chris Webb and Dieter Damman as chair of the ERG, although Chris and Dieter will continue to be core members of the group.



The group reports a healthy membership list with more people keen to get involved. According to Sue, the ERG is particularly interested in attracting systems managers from child health and is actively recruiting in this area.

"We are currently looking at developing closer ties with other ERGs and communicating more effectively between groups," added Sue.

Chair Sue Howgate

Single Assessment Process (SAP) ERG

The SAP ERG have been working on a prioritisation exercise looking at what can be improved on the SAP Liquidlogic system, and have also looked at communications networks, especially how these can help promote and share patient information leaflets.

The group is also working with the Department of Health as part of a national eSAP (Electronic Single Assessment Process) consultation - the results of which can be found on the Centre for Policy on Ageing website at www.cpa.org

Chair Becky Nightingale

Perioperative ERG

The Perioperative ERG is still enjoying a thriving membership with more members recently being approved to join the ERG.



Chair Joe Psaila said: "We've been looking in particular at the ORMIS theatre system and hope to view the system shortly in a working environment in Sheffield. Watch this space!"

Chair Joe Psaila

Emergency Medicine ERG

Derek Birkham has agreed to act as deputy chair of the ERG and the group is currently trying to broaden the membership to non-clinical posts.



To progress this, Mark Simpson is planning to produce a presentation which will include generic material on the role of all the ERGs and specific information about the work of the Emergency Medicine group.

Chair Mark Simpson

Mental Health ERG

The Mental Health ERG is reporting good progress this quarter, with improved representation from IM&T and business experts and strong links developed with the National Institute for Mental Health in England (NIMHE).



Chair Brian Lunn

PACS ERG

Members will be visiting the PACS Model Community in Fenchurch Street, London at the end of October to test the system.

Chair Laurence Sutton

Acute ERG

The acute group is increasingly involved in Lorenzo development. There is a "real sense of progress and of gathering speed," said Ahmed Waise.

Chair Ahmed Waise

Many thanks to those chairs who submitted an update this quarter.

Mapping for success

More than 90 per cent of primary care colleagues taking part in a benefits mapping workshop hosted by the North East Cluster (NEC) have rated the event a success.

The workshop, which took place in Leeds, in September, gave primary care professionals who are running live NHS Connecting for Health projects the chance to discuss how the new systems will deliver the benefits they are seeking.

Facilitated by the strategic health authority change leads and the NHS

Integrated Service Improvement Programme (ISIP) team, the event focused on GP, child health and community systems project areas.

The main aim of the day was to help delegates identify and document the strategic objectives and the benefits they want the new systems to deliver, as well as the factors that will affect



Mapping things out: workshop delegates focus on benefits

success. The outputs from the session are being used to develop 'benefits dependency networks' - clear maps that demonstrate the links between projects, service changes and benefits.

Useful links and contacts

In the cluster...

North East Cluster extranet
www.connectingforhealth.nhs.uk/regions/north

North East Cluster Clinical Engagement

www.connectingforhealth.nhs.uk/necomms/servimpandben/clinical_engagement

Getting involved in the ERGs

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Tel: 0113 280 6684
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North East Cluster Model Community

www.connectingforhealth.nhs.uk/necomms/soldesbuildandtest/model_community/index_html

North East Cluster Service Implementation and Benefits

www.connectingforhealth.nhs.uk/necomms/servimpandben

North East Cluster Clinical Consultants

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North East Strategic Health Authority
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National...

NHS Connecting for Health
www.connectingforhealth.nhs.uk

National Clinical Engagement
www.connectingforhealth.nhs.uk/delivery/serviceimplementation/engagement

National Clinical Newsletter - Clinical Connections
www.connectingforhealth.nhs.uk/delivery/serviceimplementation/engagement/clinical_connections.pdf

Local Service Providers (LSP)

Accenture and CSC
www.accenture.co.uk
www.cscalliance.com