The NHS's National Programme for Information Technology

(NPfIT)

A Dossier of Concerns

26 October 2006

Extracted from the online dossier at http://nhs-it.info/

(In the online version virtually all the words and phrases shown in bold in this printed version act as links, which if clicked on take the reader to a further page of the dossier.)

Main Page

From Nhs It Info

These pages constitute a dossier of information relating to concerns over the current progress and direction of NHS Connecting for Health's National Programme for Information Technology (NPfIT) (http://www.connectingforhealth.nhs.uk/) . This dossier has been compiled over recent months by the set of signatories to open letters calling for an independent inquiry into and detailed technical review of NPfIT, as we continued to learn about the Programme, and is now made available here to a general readership.

Some noteworthy recent additions

'Gung-ho' attitude scuppers public-sector IT projects (http://www.computerweekly.com/Articles/20

What CfH Could and Should Learn from Defence Procurement

Fujitsu under spotlight for NHS failures (http://business.guardian.co.uk/story/0,,1929770,00.html

Contents

The Open Letter to the Health Select Committee

This letter, signed by twenty-three academics, was sent on 10 April 2006. One of the immediate consequences was that we all received invitations from the Director-General of NPfIT, to discuss the concerns expressed. In addition the House Select Committee requested from us, and were provided with, a memorandum (http://editthis.info/nhs_it_info/Memorandum_for_Health_Committee) containing a more detailed proposal and with suggestions for the terms of reference (http://editthis.info/nhs_it_info/Technical_Review_ToR) for an independent technical assessment of NPfIT, together with an initial version of a Bibliography of Published Concerns (http://editthis.info/nhs_it_info/Main_Page?title=Main_Page&action=submit#Bibliography_of_Published
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Agreed Statement

This statement was issued, and placed on the NHS Connecting for Health web-site, following the meeting at NHS attended by representatives of the signatories on 20 April 2006.

Initial Incorrect Version of the Agreed statement

This was placed on the Connecting for Health web-site shortly after meeting, but replaced by a corrected version once we had pointed out the small but significant error.

Current Replacement Text on the CfH Web-Site

The text (in place of the agreed text) provided on the CfH web-site as of 12 Oct 2006 - it is not known when the original agreed statement - which made it clear that *both* sides accepted that a "constructive and pragmatic independent review of the programme could be valuable" - was replaced by this text.

Media Commentary on the Open Letter and the Agreed Statement (http://editthis.info/nhs_it_info/Media_Commentary_on_the_Open_Letter_and_the_Agreed_Stateme

(Six articles)

Memorandum for Health Committee

(Sent on request 14 May 2006)

Technical Review ToR

(Attachment to the memorandum sent on 14 May 2006)

Second Open Letter to the Health Select Committee

(This further letter, by the same signatories, was sent to the Health Select Committee on October 6, 2006.)

Media Commentary on the Second Open Letter (http://editthis.info/nhs_it_info/Media_Commentary_on_the_Second_Open_Letter)

(Quotations from, and links to the full text of, 6 articles.)

Media Commentary on our NHS IT Info Dossier (http://editthis.info/nhs_it_info/Media_Commentary_on_our_NHS_IT_Info_Dossier)

Bibliography of Published Concerns Regarding NPfIT

This ever-growing set of quotations (now greatly expanded from the original version provided to the Health Select Committee in May 2006) gives just one side of the case, so to speak - no doubt a number of alternative quotations relating to NPfIT could be selected that would paint a somewhat rosier picture - this however is a task for CfH.

Supplier Problems - iSOFT

(Quotations from, and links to the full text of, 30 articles.)

Supplier Problems - Accenture

(Quotations from, and links to the full text of, 9 articles.)

Supplier Problems - Others

(Quotations from, and links to the full text of, 19 articles.)

User Surveys and Consultations

(Quotations from, and links to the full text of, 16 articles.)

Privacy and Safety

(Quotations from, and links to the full text of, 15 articles.)

System Reliability

(Quotations from, and links to the full text of, 13 articles.)

Delays and Specification Changes

(Quotations from, and links to the full text of, 25 articles.)

Warnings

(Quotations from, and links to the full text of, 20 articles.)

National Audit Office

(Reports and commentary)

Public Accounts Committee

(Hearings and commentary)

Parliament

(Official records, reports, etc.)

Individual MPs

Written parliamentary questions (since Jan 2004), and papers, speeches, etc., relating to concerns about NPfIT, by current MPs. (The answers to the written questions can be found via the links provided.)

David Amess, **Richard Bacon**, **Annette Brooke**, **Paul Burstow**, **Vincent Cable**, **Geoffrey Clifton-Brown**, **David Drew**, **Nadine Dorries**, **Andrew George**, **Ian Gibson**, **Sandra Gidley**, **Paul Goodman**, **Charles Hendry**, **Lynne Jones**, **Andrew Lansley**, **Edward Leigh**, **Tim Loughton**, **Austin Mitchell**, **Andrew Murrison**, **Douglas Naysmith**, **Stephen O'Brien**, **John Pugh**, **Laurence Robertson**, **Andrew Selous**, **Grant Shapps**, **Howard Stoate**, **Graham Stuart**, **David Taylor**, **Richard Taylor**, **Mark Todd**, **Keith Vaz**, **Steve Webb**, **Derek Wyatt**, **Tim Yeo**

British Computer Society

(On the BCS's statements about NPfIT; the actual statements are referenced in appropriate sections of the Bibliography of Published Concerns, above.)

Some NPfIT Specifications and Policies

(Quotations from, and links to the full text of, 6 documents.)

Other Documents

(Quotations from, and links to the full text of, 22 documents.)

Retrieved from "http://editthis.info/nhs_it_info/Main_Page"

Smart Wiki Appliance
Plug n Play on Network, WYSIWYG Outlook Plugin, Unlimited Upgrades
www.mindtouch.com

Dinosaurs
Free trial to the world's most authoritative online encyclopedia
www.britannica.co.uk

Free, Professional Wiki
Install our powerful Wiki software in minutes - save hours of hacking!
projectforum.com

- This page was last modified 12:37, 27 October 2006.

Terms of use

Supplier Problems - iSOFT

From Nhs It Info

Contents

- 1 Isoft issues FY profit warning after delays in NHS contract (28 Apr 2006)
- 2 iSoft restates accounts and axes 150 jobs (8 Jun 2006)
- 3 Accenture may drop iSoft from NHS work (1 Jul 2006)
- 4 Uncertainty hits Isoft shares (1 Jul 2006)
- 5 iSoft in crisis over £6bn NHS project (7 Jul 2006)
- 6 iSoft delays results as it looks to banks for help (8 Jul 2006)
- 7 Isoft faces formal probe (8 Aug 2006)
- 8 ISoft suspends founder over accounts queries (9 Aug 2006)
- 9 NHS gave iSoft money upfront during year of irregularities (10 Aug 2006)
- 10 Sheffield abandons iSoft iPM implementation (16 Aug 2006)
- 11 Company at heart of NHS reform in serious trouble (23 Aug 2006)
- 12 Government's experts urge "caution" over beleaguered Mater Dei bidder (24 Aug 2006)
- 13 Inquiry into profits of NHS computer firm (24 Aug 2006)
- 14 Waiting for Lorenzo (24 Aug 2006)
- 15 Isoft eyes bidders as it reports £343m loss (26 Aug 2006)
- 16 Ex-CBI boss caught up in NHS fiasco: Digby Jones drawn into row over iSoft as company reveals £344m loss (26 Aug 2006)
- 17 Accenture refuses to rule out dropping iSoft from NHS job (26 Aug 2006)
- 18 Preliminary results for the year ended 30 April 2006 (26 Aug 2006)
- 19 Bidders prowling round troubled health service supplier Isoft (27 Aug 2006)
- 20 Millions advanced for crisis-hit NHS system (27 Aug 2006)
- 21 What IT crisis? ministers ask (28 Aug 2006)
- 22 Press reports question future roles of iSoft and Accenture (29 Aug 2006)
- 23 Hewitt admits £82m payments to stricken iSoft (13 Sep 2006)
- 24 ISoft problems surfaced after NHS pulled plug in April (15 Sep 2006)
- 25 Sheffield concluded iPM was 'not fit for purpose' (26 Sep 2006)
- 26 NHS computer system target will be missed in two weeks (17 Oct 2006)
- 27 iSoft 'in talks with potential buyers' (17 Oct 2006)
- 28 ISoft puts itself up for sale as it sees off shareholder rebellion over pay (18 Oct 2006)
- 29 iSoft and its former auditors targeted by accounting inquiry (25 Oct 2006)

Isoft issues FY profit warning after delays in NHS contract (28 Apr 2006)

Forbes

http://www.forbes.com/markets/feeds/afx/2006/04/28/afx2706539.html

"Healthcare software supplier iSOFT Group plc said full year results would fall short of expectations after problems with a key contract with the UK's National Health Service. ISoft said it had 'experienced difficulty in delivering a trading result in line with the current market estimates' following a severe profit warning in January linked to delays on the 6.2 bln stg refit of the NHS's computer systems."

iSoft restates accounts and axes 150 jobs (8 Jun 2006)

E-Health Insider

http://www.e-health-insider.com/news/item.cfm?ID=1932

"Healthcare software company iSoft has seen its shares tumble to a new low, on the back of an announcement this morning that it expects full-year revenue and profit to be significantly lower than expected due to a change in accounting policy. . . The Manchester-based firm also announced that it will make 150 of its UK staff redundant by the end of the year as part of a cost cutting-drive to slash operating costs by £25m. A 90 day staff consultation began on May 15. The company says it will also look at disposing other assets. iSoft has contracts to deliver clinical software in three of the five clusters of the NHS National Programme for IT (NPfIT). Currently providing versions of legacy products the company is developing a next-generation Lorenzo product. E-Health Insider understands that Lorenzo, originally due to be available for NHS implementation in 2004-2005, is now not expected to be available for significant numbers of NHS deployments until 2008-2009."

Accenture may drop iSoft from NHS work (1 Jul 2006)

The Independent

http://news.independent.co.uk/business/news/article1152068.ece

"The management of the troubled UK software developer iSoft came under further pressure yesterday after Accenture, a key contractor of its software for the £12bn upgrade to the National Health Service's IT infrastructure, suggested it might be prepared to use another supplier on the project. John Weston, the chairman and interim chief executive of iSoft, is already grappling with a renegotiation of the company's banking arrangements as well as a rejig of the NHS contracts. Over the past six months, iSoft has lost about 80 per cent of its market value after several profits warnings and restating its previous accounts to reflect a change in its accounting policy. As if Mr Weston did not have enough on his plate, Accenture has cast doubt over iSoft's future involvement in the NHS upgrade. Bill Green, Accenture's chief executive, told analysts on a conference call after its third-quarter results: "We are watching the iSoft situation closely ... we have a series of alternatives that we can take forward." The loss of the two Accenture contracts could result in a loss of about £200m in revenue for iSoft. ISoft reported revenue of £262m in 2005."

Uncertainty hits Isoft shares (1 Jul 2006)

Financial Times

http://www.ft.com/cms/s/7a3c648e-089e-11db-b9b2-0000779e2340.html

"Added uncertainty over Isoft's involvement in a large project to overhaul the National Health Service IT network sent shares in the troubled software group down by more 5 per cent yesterday. The fall followed comments by Bill Green, chief executive of Accenture, Isoft's partner in two NHS contracts. He said Accenture "was watching the Isoft situation closely" and had a "series of alternatives" that it was "prepared to go with . . . if that became necessary". This intensified speculation that Isoft could be replaced by Cerner, its US rival."

iSoft in crisis over £6bn NHS project (7 Jul 2006)

The Guardian

http://business.guardian.co.uk/story/0,,1815307,00.html

"The future of iSoft, one of the key software suppliers in the government's £6.2bn upgrade of NHS IT systems, was thrown into doubt today as the company delayed publishing its annual results because it was still locked in crucial financing talks with its banks."

iSoft delays results as it looks to banks for help (8 Jul 2006)

Guardian

http://politics.guardian.co.uk/publicservices/story/0,,1815847,00.html

"The future of iSoft, one of the key software suppliers in the government's £6.2bn upgrade of NHS IT systems, was thrown into doubt yesterday as the company delayed publishing annual results because it was locked in crucial financing talks with its banks."

Isoft faces formal probe (8 Aug 2006)

Financial Times

http://www.ft.com/cms/s/2dc96048-2716-11db-80ba-0000779e2340.html

“Isoft faces the prospect of a formal investigation after a preliminary examination of its past accounts found evidence of irregularities. The struggling healthcare software group, which provides software for the government’s £6.2bn National Programme for Information Technology, told the stock exchange Tuesday that the initial investigation launched two weeks ago by Deloitte, its new auditor, had concluded that there were grounds for a further probe. Richard Bacon, the Conservative MP for South Norfolk and member of the public accounts committee, said he would ask the secretary of state for trade and industry to consider whether there should be an investigation of the conduct of Isoft’s directors under the Companies Acts.”

ISoft suspends founder over accounts queries (9 Aug 2006)

The Guardian

http://business.guardian.co.uk/story/0,,1840040,00.html

“ISoft, the troubled NHS software supplier, has suspended two employees, including one of the group's founders, Steve Graham, after an investigation by its auditors confirmed accounting irregularities over two years. The latest revelations at the software group prompted calls from MPs for a government investigation into the company's directors. In its statement to the stock exchange, iSoft also pointed the finger at "other employees" who had since left the company. It refused to name them, but said they "appear to be involved" and that a further investigation would be required.”

NHS gave iSoft money upfront during year of irregularities (10 Aug 2006)

The Guardian

http://business.guardian.co.uk/story/0,,1840840,00.html

“The NHS has admitted it made an upfront payment to healthcare software provider iSoft in the last days of its 2005 financial year. The firm's auditors found this week that revenues that year were recognised earlier than they should have been. An iSoft spokesman said the payment in April 2005 had related to future revenues from maintenance contract extensions on legacy computer systems. These are still in use as doctors and hospital staff await the next generation of software - the £6.2bn national programme for IT. Tory MP Richard Bacon, a Commons public accounts committee member, last night said: "This is clear evidence that Connecting for Health [the NHS body implementing IT systems] has been making upfront payments to a company during a critical financial period where there are clearly now questions of accounting irregularities. It is plain the Department of Trade must investigate this." . . . Connecting for Health agreed to upfront payments to cover predicted maintenance revenues from legacy systems in 1,500 NHS trusts and practices. It said it received a discount for paying ahead. Such deals are not unusual for the NHS. ISoft directors' bonuses, set by a remuneration committee chaired until last year by former CBI boss Sir Digby Jones, were closely tied to revenues and profits.”

Sheffield abandons iSoft iPM implementation (16 Aug 2006)

e-Health Insider

http://www.e-health-insider.com/news/item.cfm?ID=2073

“Sheffield Teaching Hospitals NHS Foundation Trust has abandoned plans to implement a new patient administration system from iSoft, the stage of the local Care Records Service (CRS) software being offered to it under the NHS Connecting for Health programme. After delays stretching back to 2004, the independent foundation trust covering one of the eight largest cities in England outside London will now instead seek an “alternative solution” for use across the trust. This may be a non-CfH system. The Sheffield’s board finally decided to call a halt to the implementation of iSoft iPM on 9 August. In a statement the trust told E-Health Insider the decision was reached because: “A number of requirements were not met before the go live date of June 2006. These requirements were agreed by senior representatives of the trust, the LSP and CfH.” The trust had originally been due to receive the basic Phase 1 Release 1 (P1R1) of CRS back in November 2004, but the date has repeatedly been put back, and the project stopped and started, due to delays in completing the software. EHI has learned that the decision to abandon implementing iPM was taken after Sheffield made site visits to both Scarborough Hospital and University Hospital Birmingham to see their CfH implementations of iPM. The trust, however, denied these visits had specifically triggered the decision: “The site visits did not have any material impact on the decision made by the trust but they informed our formation of the pre ‘go-live’ requirements.” To date Accenture, the local service provider (LSP) for the North-east region, has implemented the CfH version of iPM at just one hospital trust – Scarborough and North East Yorkshire NHS Trust, which has proved problematic.”

Company at heart of NHS reform in serious trouble (23 Aug 2006)

The Guardian

http://business.guardian.co.uk/story/0,,1856154,00.html (Front page lead)
http://business.guardian.co.uk/story/0,,1856163,00.html (Main story - business section)
http://business.guardian.co.uk/story/0,,1856162,00.html (Timeline)

"The full extent of the financial difficulties facing the company at the heart of the NHS's £6.2bn computer upgrade will be revealed later this week. The troubled software company iSoft must release twice-delayed financial results to the stock market by Friday or trading in its shares will be suspended. The company's results are expected to show a dramatic downward reassessment of its profitability. A series of highly unusual accounting practices appears to be behind much of the company's initial financial success. . . . One of the final payments received for the year to April 30 2005 was an up-front sum from the NHS's IT procurement arm Connecting for Health. This month the Guardian reported that the payment related to future revenues from maintenance contract extensions on legacy computer systems which are still in use as doctors and hospital staff wait for iSoft's next generation software package, called Lorenzo. The legacy software contract extensions came with software upgrade licences that allowed iSoft to recognise at least part of the NHS money in its 2005 accounts. ISoft said this was in line with accounting policies at the time. It is believed that, at one stage, a similar last minute, up-front payment from the NHS had been anticipated for the year to April 2006. That payment was not made. Meanwhile concern is mounting about iSoft's Lorenzo software, a centrepiece of the NHS's £6.2bn nationwide software upgrade, being developed at the firm's base in Chennai in India. Consultancy firms Accenture and CSC, iSoft's partners on three big NHS contracts, produced a review of the software in February which found, aside from a basic version of Lorenzo tailored for GPs, there were 'no believable plans for releases'. The review said iSoft's release date targets 'must be viewed as 'indicative' at best and are likely to be highly optimistic'. The software is at the heart of iSoft's plans for the future and was described in its annual report last year as being already 'on the market' and 'available' from early 2004. ISoft expects to give an update on Lorenzo progress when it reports its figures later this week. Last

month it signalled that it expected to take a 'material' goodwill impairment charge."

Government's experts urge "caution" over beleaguered Mater Dei bidder (24 Aug 2006)

Malta Today

http://www.maltatoday.com.mt/2006/08/06/top_story.html

"The British firm short-listed to provide Mater Dei's IT system, iSoft, has had its ratings revised downwards by industry experts Gartner, the same consultants government chose to assist the committees evaluating the offers from tenderers. . . .Mater Dei's crucial IT system has to be in place by December 2006 if Prime Minister Lawrence Gonzi wants to cut the inauguration ribbon on 1 July, 2007, his fifty-fourth birthday. The decision on the crucial contract is now expected to be taken shortly after iSoft and AME consortium presented their final offers earlier this week. The consortium – Austrian firm AME, Intercomp and Italian firm Inso SpA, the suppliers of Mater Dei's medical equipment – presented a EUR29,133,600 bid. iSoft presented a higher price at EUR29,630,153. . . In June 2006, iSoft announced a change in accounting policy which reversed GBP165 million of revenue it had booked upfront in the past three years. As a result, CEO Tim Whiston resigned in June 2006, with chairman John Weston taking over. According to Gartner, new chief operations officer Bill Henry has "no experience with complex clinical information systems". iSoft's share value dropped by 90 per cent this year after issuing a warning that revenues and profits from the UK's National Health Service IT project (NPfIT) would be lower than expected, due to delayed delivery of iSoft applications. Irrespectively, iSoft spokesperson John White claimed last week that the company was a "strong" company, in a letter to MaltaToday. London's Financial Times reported iSoft's diatribe earlier this week, but iSoft denied it had complained about the coverage through the British High Commission. iSoft is providing three of the five regional contracts for the NPfIT. According to Gartner, iSoft's Lorenzo software will require substantial investment and that iSoft "must ensure it will have the resources to make this investment. iSoft appears to have seriously underestimated the time and effort necessary to develop the Lorenzo application suite." Although Gartner notes that such delays are unsurprising given the large scale of the project, it noted that iSoft's reduced profitability and capitalisation "could impair its ability to accelerate this work, because delays in delivery Lorenzo applications will require iSoft to maintain its existing applications longer than anticipated." iSoft provides software for the transmission of information from patients to doctors. Software licences are usually spread out over several years. While some companies pay a lump sum upfront, others pay in staggered amounts over the life of the agreement. Under CEO Tim Whiston however, iSoft often booked the full value of contracts and services as revenue upfront, regardless of how customers paid. This meant that in many cases it booked revenue which the firm would not see for several years."

Inquiry into profits of NHS computer firm (24 Aug 2006)

The Guardian

http://business.guardian.co.uk/story/0,,1857404,00.html (Front page lead)
http://business.guardian.co.uk/story/0,,1857221,00.html (Main story - business section)

The software company at the heart of the NHS's plans for a £6.2bn overhaul of GP and hospital computer systems is being investigated by the Financial Services Authority after revelations about irregularities in its accounts. The City of London regulator is believed to be examining whether iSoft misled investors over how much it had earned. This month, the company confirmed that a provisional inquiry by its auditors, Deloitte, had unearthed evidence that revenues for 2004 and 2005 had been booked in the accounts "earlier than they should have been". The Serious Fraud Office is understood to have been alerted to the situation at iSoft, but a file has not been referred to it or opened by it. . . Separately, the Guardian has given notice to iSoft that it will apply to the high court to remove a gagging order secured by the company to halt a Guardian investigation into its accounting practices in 2004.

Breach of confidence and defamation laws meant the dispute ended in the Guardian being unable to publish information from two iSoft-related documents."

Waiting for Lorenzo (24 Aug 2006)

e-Health Insider

http://www.e-health-insider.com/comment_and_analysis/index.cfm?ID=161

"A detailed review of iSoft's development of Lorenzo, carried out by Accenture and Computer Sciences Corporation this year concluded that there is a "significant risk" the software will not meet NHS requirements as defined by NHS Connecting for Health. EHI has obtained a copy of the confidential report, which indicates the development of the Lorenzo system bought for the NHS IT programme remains fraught and is still at an alarmingly early stage. By February no module had yet been completed or tested and development plans for more complex later releases were sketchy at best. Overall the report paints a bleak picture of iSoft's approach to project management and rigorous software development. It also reveals the company's limited readiness to share development plans with its prime contractors Accenture and CSC. The iSoft review warns that urgent steps must be taken "if we are to avoid the delivery of Lorenzo in a timeframe that will inevitably be far too late for CfH". It further suggests the NHS may wind up with a solution "whose scope does not match that required by CfH, as it has not been defined from the top down with LSP in respect to the CfH requirements". Lorenzo is the core clinical software at the heart of the NHS IT modernisation programme, and is meant to be delivered to 60% of the English NHS. The first versions of Lorenzo are now running two years late, having due to be delivered from 2004. . . The Lorenzo review, which involved a team visiting iSoft's Chennai development facility in India, assessed 39 matters relating to Lorenzo. Nineteen were flagged up as "red" - meaning they required immediate work. Of particular concern were questions over iSoft's ability to plan, produce credible roadmaps for products, and estimate how long the development process would take. Damningly, the Lorenzo review found "no evidence for the development, nor testing of, technical procedures that would be required for operation and maintenance of the live system . . . this is the main risk to the successful delivery of a fit-for-purpose solution." One of the red flags was the absence of robust change control mechanisms. . ."

Isoft eyes bidders as it reports £343m loss (26 Aug 2006)

Financial Times

http://www.ft.com/cms/s/e3f9276e-349e-11db-bf9a-0000779e2340.html

"Isoft, the beleaguered software supplier to the £6.2bn National Health Service IT project, is considering several informal bid approaches as it looks to improve its precarious financial footing. It comes as Accenture - the consultancy that has taken a $450m (£238m) charge for possible losses on the same project - is attempting to renegotiate its involvement with the NHS scheme. If a deal goes ahead on either front, it would add to the sense of turmoil surrounding the world's largest non-military IT project, an ambitious plan that would allow doctors fast access to electronic patient records, but which is running about two years behind schedule. . . Several potential private equity and trade buyers are understood to have approached Isoft to buy all or part of its business. Isoft yesterday declined to comment. There was no news of any renegotiated deal with Accenture. Relations between Accenture and Isoft are understood to be fraught - each side blaming the other for delays to the project. Accenture insiders say the company's involvement in the NHS project has proved hugely damaging financially and reputationally. Accenture, CSC, Isoft and Connecting for Health, the NHS's IT procurement arm, all declined to comment on negotiations involving Accenture's future role."

Ex-CBI boss caught up in NHS fiasco: Digby Jones drawn into row over iSoft as company reveals £344m loss (26 Aug 2006)

The Guardian

http://politics.guardian.co.uk/publicservices/story/0,,1858833,00.html (Front page lead)

http://business.guardian.co.uk/story/0,,1858786,00.html (Business section)

http://politics.guardian.co.uk/publicservices/comment/0,,1858814,00.html (Leader)

"Sir Digby Jones, one of Britain's best-known businessmen, was last night enmeshed in the worsening controversy over the government's £6.2bn effort to overhaul the NHS computer system. . . Sir Digby, who until recently was director general of the Confederation of British Industry, the "voice of British business", was an iSoft non-executive director in 2004-2005. This is the period when the accounting issues now under the microscope took place. He also served on its audit and remuneration committees. When Sir Digby was questioned during a Guardian inquiry into iSoft's accounting in August 2004, he said he had thoroughly investigated allegations put by the newspaper. Sir Digby, who made his name campaigning for high standards in corporate governance, accused the paper of "serious and unfounded insinuations of impropriety". He was "satisfied that the company has followed best practice". In a statement yesterday he said he "welcomed the investigation by [City watchdog] the Financial Services Authority into the affairs of iSoft. I will be making no further comment."

From the Leader: "Even more worrying than the corporate scandal is the fact that iSoft's failure to deliver on time could threaten the future of the massive health service reforms on which Labour has pinned many of its electoral hopes. The disaster scenario is that iSoft's problems will eventually trigger a domino collapse among other firms, halting the transformation of the NHS or postponing completion for yet more years. It could also be a swansong for Britain's indigenous health technology industry, a sector that had been flourishing until recently. Many of the smaller companies involved have been acquired by iSoft, which may find it hard to survive as an independent company."

Accenture refuses to rule out dropping iSoft from NHS job (26 Aug 2006)

The Times

http://www.isoftplc.com/corporate/media_files/Preliminary_Results_April_2006.pdf

http://business.timesonline.co.uk/article/0,,9075-2328828,00.html

"Doubt surrounds IT company's contracts as it wins banks' backing and issues its twice-delayed results. ACCENTURE, the American information technology group that is rolling out new computer systems to GPs and NHS hospitals, refused to rule out dumping iSoft as a contractor yesterday as the British healthcare IT company said that it had secured backing from its banks for another 15 months. The US group refused to expand on its relationship with iSoft, beyond noting comments that it made in March, when it blamed iSoft for its expected losses on the NHS work and said that it was "actively exploring all options with respect to the contracts". John Weston, iSoft's recently appointed chairman, conceded that Accenture was "still looking at other alternatives", but said that he was "reasonably optimistic" of a suitable outcome for iSoft. "We're waiting to see what happens," he said. ISoft is working on two contracts with Accenture, in the North East of England and the East Midlands. It is working with CSC, a rival to Accenture, on the North West and West Midlands regional deployment. CSC said yesterday that it was "fully committed" to iSoft as it extended an existing agreement with the company to supply its software to seven NHS trusts in London and the South East of England."

Preliminary results for the year ended 30 April 2006 (26 Aug 2006)

iSOFT Group plc

"The second half of the financial year ended 30 April 2006 was a turbulent period for iSOFT and

long-term shareholders will be feeling deeply disappointed by the events of recent months. . . LORENZO is iSOFT's flagship strategic offering and it is central to the Group's future. . . Within the NHS, hospitals and general practice surgeries vary enormously in the sophistication and maturity of their use of IT and their methods of working. The functional requirements which the software has to satisfy are also open to a number of different interpretations, which has led to disagreements with the LSPs about whether software meets the functional requirements. . . A number of difficulties experienced on the programme are outside the Company's control, but some have resulted in formal correspondence being exchanged between the Company and both Accenture and CSC, alleging material contractual breach by the Company. . ."

Bidders prowling round troubled health service supplier Isoft (27 Aug 2006)

Sunday Times

http://www.timesonline.co.uk/article/0,,2095-2330116.html

BIDDERS are circling Isoft, the embattled software firm at the centre of the National Health Service's multi-billion- pound IT upgrade programme. Health-industry sources said last night that BT and CSC, the American computer giant, were both looking over the company, although it was not clear whether either would bid. Both have big contracts under the NHS programme, to which Isoft is a key supplier. It is the software subcontractor in three of the five regional "clusters" under which the IT revamp is organised. Last week Isoft cemented an important additional supply deal with CSC. But Connecting for Health, the agency running the NHS programme, might take a dim view if either group decided to make a play for Isoft. "They are not particularly keen on the idea of a reduction in the number of suppliers to the programme, or in vertical integration between prime contractors and their suppliers, particularly when it involves such a key player as Isoft," said one health-industry source."

Millions advanced for crisis-hit NHS system (27 Aug 2006)

The Observer

http://observer.guardian.co.uk/uk_news/story/0,,1859513,00.html

The crisis surrounding the rollout of the NHS's multi-billion-pound computer system took a new twist last night when it emerged the government had paid a key contractor working on the project millions of pounds for services in advance of delivery. Paying for services up front is a highly unusual move when it comes to IT projects. The revelation has been seized upon by critics who claim the project is in danger of becoming a white elephant costing the taxpayer billions of pounds and appears to contradict statements made by the health minister, Caroline Flint, who told the BBC's Newsnight programme that 'we don't pay until we get delivery'. . . In a letter in today's Observer, Flint also maintains contractors are paid only 'once IT systems have been delivered, protecting the taxpayer'. . . However, a letter seen by The Observer, sent in May 2005 from Gordon Hextall, the project's chief financial officer, to all NHS trust executives, confirms that the Department of Health 'agreed to make annual payments to iSoft (the company supplying the software that powers much of the NHS's system) in respect of predicted charges payable by trusts/GPs'. The Observer understands these advanced payments totalled more than £30m. . . The Tory MP Richard Bacon, a member of the Public Accounts Committee, has a list of questions about where the money has gone. 'I want to know about every payment, how much it was, who paid it and who it went to,' Bacon said. 'There have been forward payments: we just don't know how many. This is a City scandal funded by the taxpayer.'"

What IT crisis? ministers ask (28 Aug 2006)

Daily Telegraph

http://www.telegraph.co.uk/money/main.jhtml?xml=/money/2006/08/28/cnhs28.xml

The Government last night insisted there was no risk to its multi-billion pound overhaul of the NHS computer system despite its main software supplier iSoft diving into the red, being investigated by the City's financial watchdog and openly squabbling with its partners. In a statement, the Department of Health said: "The NHS IT programme is not at risk of stalling, in jeopardy or close to collapsing because of iSoft's recent troubles. It [iSoft] confirmed that it will make its new software through 2008 - so in no way is the programme at risk." The news was greeted with incredulity by MPs from both main parties. Paul Farrelly, Labour MP for Newcastle-under-Lyme, said: "The Department of Health was alerted to iSoft in parliamentary questions over two years ago. It responded with a very complacent statement then. This is not the time to repeat that mistake. From iSoft's results announcement... it was quite clear that question marks remain over the future viability of the company." Richard Bacon, Conservative MP for South Norfolk who is also a member of the House of Commons' Public Accounts Committee, added: "The idea there is no risk at all around this project is nonsense." Last week iSoft revealed a pre-tax loss of £343.8m and admitted that it is being investigated by the Financial Services Authority over possible accounting irregularities. Auditors Deloitte & Touche gave a qualified opinion on its accounts which were published on Friday after delays."

Press reports question future roles of iSoft and Accenture (29 Aug 2006)

e-Health Insider

http://www.e-health-insider.com/news/item.cfm?ID=2093

"Weekend press reports raised further questions over the future shape of the NHS National Programme for IT and the long term involvement of key software contractor iSoft, together with raising questions over the future involvement of consulting giant Accenture. . ."

Hewitt admits £82m payments to stricken iSoft (13 Sep 2006)

The Guardian

http://business.guardian.co.uk/story/0,,1871050,00.html#article_continue

"The government has admitted making two upfront payments, totalling £82m, to iSoft, the financially stretched software group playing a central role in the NHS's £6.2bn overhaul of computer systems in hospitals and GP practices across England. The health secretary, Patricia Hewitt, said payments of £58m and £23.8m were made to iSoft in 2005 and this year respectively. On each occasion, transfers were made just days before the company's financial year came to a close on April 30. . . The health secretary disclosed the upfront payments in a written answer to the Tory MP Richard Bacon, a member of the public accounts committee. Mr Bacon said: "It is hard to avoid the conclusion that Connecting for Health [the NHS's IT procurement arm] has repeatedly bent over backwards to try to rescue this company from its financial crisis, presumably to avoid the disaster that would hit it if a vital software supplier were to collapse. . . "

http://www.guardian.co.uk/letters/story/0,,1876289,00.html (Rebuttal letter from James Herbert, CfH Director of External Affairs)

ISoft problems surfaced after NHS pulled plug in April (15 Sep 2006)

The Guardian

http://politics.guardian.co.uk/economics/story/0,,1873013,00.html

The government refused a last-ditch request by iSoft, the troubled NHS software supplier, for a multimillion-pound up-front payment - on top of £82m already advanced by the Department of Health - in a move that precipitated the near financial collapse of the company. In April, the then chief executive

Tim Whiston banked on delays to the NHS's £6.2bn National Programme for IT providing a short-term windfall for the firm. Because of the delays, he believed, a contract relating to its ageing software - used across almost 400 NHS trusts and GP practices - would have to be extended by the Department of Health. . . By April, not only did Mr Whiston expect the Department of Health to extend contracts relating to antiquated iSoft systems, but he anticipated payment would largely take the form of a multimillion-pound up-front sum. Connecting for Health, the NHS's IT procurement arm, told Mr Whiston there would be no contract extension and no up-front cash. The government had already made a £58m up-front payment to iSoft a year earlier - a vital cash injection helping the company to meet its financial targets for 2005. The payment was made after Mr Whiston and iSoft's three founders had begun building personal fortunes through the sale of shares. Mr Whiston made £5.2m after cashing in shares last year. ISoft founders Patrick Cryne, Steve Graham and the late Roger Dickens netted £41m, £30m and £10m respectively between 2001 and 2005. . . The disclosure that iSoft had received payments for work yet to be carried out is highly embarrassing for Ms Hewitt. The government has repeatedly insisted no cash would be paid for work on the National Programme until services are proven to be delivered and operational. Old iSoft systems, Ms Hewitt has stressed, are not part of the National Programme."

Sheffield concluded iPM was 'not fit for purpose' (26 Sep 2006)

e-Health Insider

http://www.e-health-insider.com/news/item.cfm?ID=2155

"A confidential review of the two Local Service Provider versions of iSoft's iPM patient administration system carried out by Sheffield Teaching Hospitals NHS Foundation Trust concluded the system was not, in its team's opinion, "fit for purpose" and created "clinical risks", due to a series of performance issues. The team looked at versions of the initial Care Records Service (CRS) software implemented by CSC in Birmingham and by Accenture in Scarborough. The Sheffield trust is in the North-eastern cluster being managed by Accenture. . ."

NHS computer system target will be missed in two weeks (17 Oct 2006)

The Guardian

"A key delivery target on the NHS's £6.2bn IT upgrade will be missed in two weeks time as the troubled project fails to meet a promise to have iSoft patient-administration systems installed at 20 acute trusts by the end of October. The latest NHS figures show 11 of the iSoft systems were operational at the end of September - just one more than when the promise was made to MPs in June. Richard Granger, NHS director general for IT, wrote to the public accounts committee four months ago detailing which acute hospitals would receive the iSoft systems by October 31. Promising 21 new patient-administration systems - 10 of them from iSoft - he told MPs the information was "as accurate and up to date as possible". Since then the only new acute trust to be added to the list of iSoft users under the NPfIT has been Robert Jones & Agnes Hunt, a specialist orthopaedic trust in Shropshire. . . The NHS had planned to have more than 100 acute hospitals operating patient-administration systems and clinical systems by April this year. Patient-administration software is one of the first building blocks of the NPfIT. It handles appointments and patient movements around hospitals. Clinical tailored systems hold information on blood tests and other investigations as well as best practice for treatments. There are no NPFfIT clinical systems installed anywhere as yet. . ."

iSoft 'in talks with potential buyers' (17 Oct 2006)

e-Health Insider

"iSoft, the UK health software vendor, has announced that it will open discussions with potential bidders and partners to clarify the strategic options open to the company. The company said this morning

confirmed that it has received expressions of interest in buying the group and is in talks with potential buyers. It has appointed advisors and said that discussions “may or may not lead to an offer for the company”. . ."

ISoft puts itself up for sale as it sees off shareholder rebellion over pay (18 Oct 2006)

The Guardian

http://business.guardian.co.uk/story/0,,1924592,00.html

"ISoft, the troubled software supplier to the National Health Service, put itself up for sale yesterday in an effort to secure its future after warning yet again about falling sales. The firm also suffered a blow as a shareholder revolt over pay deals for directors saw 40% of votes at its annual meeting in Manchester cast against iSoft's remuneration report. . ."

iSoft and its former auditors targeted by accounting inquiry (25 Oct 2006)

The Guardian

http://business.guardian.co.uk/story/0,,1930678,00.html

"Accountancy regulators are to investigate troubled NHS software supplier iSoft over "recent events" at the firm and the conduct of management, auditors and non-executive directors. The Accountancy Investigation and Disciplinary Board has decided to focus on financial statements from 2003 to 2005. Two months ago iSoft said an investigation by Deloitte, its new auditor, had unearthed "accounting irregularities" relating to 2004 and 2005. It suspended co-founder Steve Graham from his post as operations director and also pointed the finger at "other employees" who had since left the business. The AIDB's decision to delve further into iSoft's past is understood to have been made without consulting the company, which is under new management. Meanwhile, the Deloitte report has been handed to City watchdog the Financial Services Authority, which is carrying out its own investigation into whether iSoft statements misled investors . . ."

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Supplier Problems - Accenture

From Nhs It Info

Contents

- 1 Accenture Reports Second-Quarter Fiscal 2006 Financial Results (28 Mar 2006)
- 2 CfH demands heads roll at Accenture (May 2006)
- 3 Accenture ready to axe NHS IT contract (27 Aug 2006)
- 4 Accenture winds down acute hospital trust work (31 Aug 2006)
- 5 Consultant may sue to quit IT upgrade (15 Sep 2006)
- 6 Accenture to quit NHS technology overhaul (28 Sep 2006)
- 7 Accenture pulls out of national programme (28 Sep 2006)
- 8 iSoft was central to Accenture's NHS pull-out (28 Sep 2006)
- 9 MPs say Accenture's departure evidence of NPfIT failure (29 Sep 2006)

Accenture Reports Second-Quarter Fiscal 2006 Financial Results (28 Mar 2006)

Accenture

http://www.accenture.com/xd/xd.asp?it=enweb&xd=_dyn/dynamicpressrelease_974.xml

“Accenture (NYSE: ACN) today reported net revenues for the second quarter, ended Feb. 28, 2006, of $4.10 billion, a 13 percent increase in local currency. GAAP diluted earnings per share were $0.11, including a pre-tax provision for future losses of $450 million related to the company’s future deployment of systems for the National Health Service (NHS) in England.”

CfH demands heads roll at Accenture (May 2006)

The British Journal of Healthcare Computing & Information Management

http://www.bjhc.co.uk/news/1/2005/n508002.htm

“NHS Connecting for Health — the DoH agency in charge of the policy for, and implementation of, England’s National Programme for IT in the NHS — has issued an icy rebuttal to claims by local-service provider Accenture that delays by its subcontractor iSOFT in developing the core-software solution Lorenzo were responsible for recent losses suffered by the firm. Instead, CfH shifted the blame onto Accenture for failing to manage its suppliers properly, and contrasted the LSP’s performance to date unfavourably with that of another, CSC, which also manages iSOFT as a core-software supplier. Connecting for Health stated that it has demanded sackings of key project managers within Accenture to rectify the firm’s failures.”

Accenture ready to axe NHS IT contract (27 Aug 2006)

The Observer

http://observer.guardian.co.uk/business/story/0,,1859025,00.html

Accenture, the international consultancy and technology group, is ready to resign from the government’s controversial £12bn IT programme designed to keep electronic records of 30 million NHS patients throughout the UK. If it does, it would be a major blow to the project, which has drawn fire from

politicians, contractors and the City. The programme is £6bn over budget and more than two years behind schedule. Accenture, the largest prime contractor, is in negotiations with the authorities in a bid to ditch its £2bn contract. But there is something of a Mexican stand-off here, because the government agency overseeing the project is sticking to its position that Accenture is liable to a £1bn penalty if it walks away. Accenture says the sum should be reduced to take account of the fact that the contract has changed in nature since it clinched the deal three years ago. One analyst said: 'In essence, what Accenture is saying is "we want compensation because this thing isn't going to plan, and it's costing us a bomb".' Earlier this year, Accenture, which is based in Bermuda and was once part of accountancy firm Arthur Andersen, took a $450m hit because of cost-overruns and delays. A compromise solution would see the whole NHS IT contract renegotiated on more favourable terms for the contractors in recognition of the new trend towards local autonomy in the NHS, which means GPs and NHS trusts can take systems other than those being developed by Accenture and the other prime contractors, BT, CSC and Fujitsu. If Accenture does 'walk', it is understood that CSC is ready to step in to take on its responsibilities."

Accenture winds down acute hospital trust work (31 Aug 2006)

e-Health Insider

http://www.e-health-insider.com/news/item.cfm?ID=2098

"Accenture, the local service provider for the NHS IT programme in the North-east and East of England, is winding down its implementation team working on putting new patient administration system into NHS hospitals. E-Health Insider has been told that the acute implementation team was almost completely disbanded at the beginning of July, with a number of redundancies and contractors let go. Some Accenture staff were redeployed to work on primary and community care projects. . . Industry speculation, however, is increasingly pointing to CSC being allowed to take over Accenture's acute hospital work in the two clusters – taking over responsibility for implementing iSoft products in trusts across two additional regions. Accenture would potentially continue to be responsible for community and primary care work. "The rumour is that they [Accenture] will get out of secondary care and do primary care across all three clusters," the source said. . . Whatever the final outcome it is clear that new installations of administration and clinical software at hospitals the North-east and Eastern regions of the NHS IT programme have largely ground to a halt, with the troubled £6.2bn NHS IT project beset by yet more uncertainty and delay. In June Accenture and NHS Connecting for Health stated in a written response to the House of Commons Public Accounts Committee member Richard Bacon MP that it would install iSoft's iPM patient administration system at five trusts by the end of October. Only one, Ipswich NHS Trust, now says it is working towards meeting this date. The remaining four NHS trusts named by Accenture two months ago have now told E-Health Insider over the past week that they no longer plan to take the system or don't have an implementation date. . ."

Consultant may sue to quit IT upgrade (15 Sep 2006)

The Guardian

http://politics.guardian.co.uk/economics/story/0,,1872995,00.html

"Accenture, a lead contractor on the £6.2bn upgrade of National Health Service IT systems, is preparing legal action against the government as part of an attempt to extricate itself from the project. Accenture, the US-listed consulting group responsible for implementing the National Programme for Information Technology (NPfIT) in eastern and north-eastern regions, has already made provisions of $450m (£238m) against potential losses from its contract with the government and has been rumoured for some time to be keen to withdraw. Industry sources suggest that Accenture has threatened legal action by the end of the month if it cannot reach a satisfactory agreement with Connecting for Health, the NHS's IT procurement arm, on ending or substantially renegotiating the contract. Any withdrawal would be a further blow to the NPfIT, already beset by worries about cost overruns and delays. The move comes as

BT said it would consider taking the place of Accenture if given the opportunity by Connecting for Health."

Accenture to quit NHS technology overhaul (28 Sep 2006)

The Guardian

http://business.guardian.co.uk/story/0,,1882423,00.html

"Accenture, the biggest and most successful regional contractor working on the NHS's troubled £6.2bn IT overhaul, is poised to pull out of the project. This will be a body blow for the NHS as Accenture has been responsible for deploying more than 80% of the systems installed so far by the four lead contractors under the National Programme for IT. An exit deal has been agreed with health executives. A joint statement from Accenture and the NHS could be issued as early as tonight, when the consultancy firm is due to report full-year earnings figures in the US. . . The loss of Accenture from NPfIT - the world's largest non-military IT project, designed to revolutionise the health service's largely paper-based systems - raises questions about the performance of the other lead contractors, BT, Computer Sciences Corporation and Fujitsu. None of them has disclosed provisions or write-downs despite NHS figures showing that their work on comparable NHS contracts remains some way behind Accenture's. According to figures released by the NHS, of the 1,028 systems deployed by the regional lead contractors so far under the programme 827 were carried out by Accenture. The US consultancy has deployed 89% of general practitioner surgery IT systems so far installed, 94% of community primary care systems and 82% of primary care child health systems. While NPfIT still has a long way to run, it is losing its largest and most advanced contractor. . ."

Accenture pulls out of national programme (28 Sep 2006)

e-Health Insider

http://www.e-health-insider.com/news/item.cfm?ID=2163

"Accenture has departed from the NHS National Programme for IT, walking away from two contracts worth a total of more than £2bn. The company, which is the second biggest supplier to the national programme, made the announcement before its fourth quarter earnings call today. It is understood that the firm has been unable to reach an agreement with NHS Connecting for Health on renegotiation of its contracts. As widely predicted by industry and city sources, Computer Sciences Corporation (CSC), the local service provider (LSP) in the North-west and West Midlands cluster, will take over both of Accenture's two national programme regions: the North-east and Eastern clusters. The departure of Accenture is a body blow for the NHS IT modernisation programme, raising tough questions over why one of its most experienced international contractors has decided it is best served by walking away from over £2bn worth of contracts. It also raises a question mark over the viability of the programme for the other prime contractors: BT, CSC and Fujitsu. According to CfH figures, of the 1,028 systems deployed by the regional lead contractors so far under the programme 827 were carried out by Accenture. . ."

iSoft was central to Accenture's NHS pull-out (28 Sep 2006)

ZDNet UK

http://news.zdnet.co.uk/business/management/0,39020654,39283714,00.htm

"On the day major contractor Accenture announced it was pulling out of the NHS' NPfIT programme, troubled subcontractor iSoft emerged as key to its departure. Healthcare software provider iSoft has emerged as the central cause for Accenture's withdrawal from the NHS' massive IT rehaul. Accenture confirmed on Thursday afternoon that it was pulling out of most of its £2bn contracts with NHS Connecting for Health, the department responsible for implementing the National Programme for IT

(NPfIT). With the exception of its role in moving medical imaging services to a digital platform in the North West, Accenture's work will now all be handled by Computer Science Services (CSC), another of the major NPfIT contractors. In a teleconference on Thursday afternoon, Guy Hains, the European president of CSC said the rollout of new NHS software and infrastructure could be sped up following Accenture's withdrawal, mainly because of new arrangements surrounding iSoft — which had been subcontracted into NPfIT by both Accenture and CSC. . . The transferral of work from Accenture to CSC will take place over the next three months. A sizeable proportion of Accenture's NPfIT staff will move to CSC to ensure "an orderly transfer of services and to minimise disruption", according to NPfIT boss Richard Granger. Accenture's withdrawal means the technology services and consultancy firm will have to repay £63m of the £173m it has already been paid by the NHS. It will, however, be unable to recoup any of its losses by bringing legal action against iSoft, as any potential litigation relating to the period between 2 April, 2004 and 28 September, 2006 was annulled in the termination agreement between the two companies. . ."

MPs say Accenture's departure evidence of NPfIT failure (29 Sep 2006)

e-Health Insider

http://www.e-health-insider.com/news/item.cfm?ID=2166

“Opposition MPs were quick to voice doubts about Accenture’s departure from most of its work under the National Programme for IT, seeing the move as evidence of failure. Liberal Democrat health spokesman, Steve Webb, said: “This is yet more evidence of a project in deep trouble that will doubtless mean more instability distracting health professionals from concentrating on patient care. “This firm’s departure will generate yet more fears that the NHS IT project’s costs and problems will escalate further. Inevitably, when you change supplier there will be handover costs and the danger that people with valuable knowledge will leave.” Conservative MP and member of the Commons Public Accounts Committee (PAC), Richard Bacon, said: “This just replaces one regional contractor with another which has less experience. However, the main problem is not with the regional contractors but with the product they are being asked to implement, iSoft’s Lorenzo system, which still does not work properly. . .”

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Supplier Problems - Others

From Nhs It Info

Contents

- 1 BT Takes Second Penalty In NHS Programme (4 Oct 2004)
- 2 Secrecy of NHS contracts begins to unravel (10 May 2005)
- 3 BT risks losing NHS contract (13 Jul 2005)
- 4 Tata blames NHS National Programme for IT for revenue slowdown (22 Aug 2005)
- 5 ComMedica closes diagnostic imaging business (23 Feb 2006)
- 6 NHS trusts pay millions in fines to suppliers of delayed IT system (6 Jun 2006)
- 7 NHS IT costs hospitals dear: Fujitsu scores £19m compo (6 Jun 2006)
- 8 Cerner predicted to replace GE in London (13 Jun 2006)
- 9 Less than 1.5 per cent of electronic prescriptions seamless (23 Jun 2006)
- 10 Inside the NHS Connecting for Health project (7 Jul 2006)
- 11 NE trust faces clinical systems conundrum (20 Jul 2006)
- 12 IMS signs contract with BT for London trust (17 Aug 2006)
- 13 When Bill met Tony, seeds of a grandiose scheme were sown (26 Aug 2006)
- 14 BT gets only £1.3m for two years' NHS work (28 Aug 2006)
- 15 BT faces watchdog inquiry into work on NHS computer revamp (29 Aug 2006)
- 16 British Telecom ... And the £1billion con-tract (15-28 Sep 2006)
- 17 Delays to NHS computer system could cost taxpayers £40bn (1 Oct 2006)
- 18 CSC says it will implement iPM at Bradford in six months (18 Oct 2006)
- 19 Fujitsu under spotlight for NHS failures (24 Oct 2006)

BT Takes Second Penalty In NHS Programme (4 Oct 2004)

MCN Direct Newswire

http://www.conferencepage.com/mcndirect/issues2004/mcndirect041004.asp#4

"BT's services business, which is the biggest supplier to the programme, admitted the NHS withheld £300,000 in July - around 30% of the monthly payment on the national application service provider contract - because BT failed to meet a target of 99.8% availability for the national data spine."

Secrecy of NHS contracts begins to unravel (10 May 2005)

Computer Business Review

http://www.cbronline.com/article_news.asp?guid=3CC199E8-47F7-4A54-A5F8-B889DCC6EDA5

"The UK National Health Service's enormous IT overhaul is beginning to show signs of strain, only 18 months after the NHS signed deals worth a total of GBP6bn ($11bn) with a number of vendors. So far though, it is the suppliers rather than the UK government that are looking decidedly unwell. The companies involved are being gagged by some totalitarian-style privacy rules, but news of problems is beginning to surface. Accenture was forced to reveal earnings shortfalls from its NPfIT (National Future Information Technology) contracts, Tata Consultancy Services blamed delays in its NHS work for its recent revenue shortfall, and a new UK law threatens to expose the details of the deals. . . Controversially, the government has deemed it necessary to demand that suppliers keep secret the details such as delivery deadlines of the contracts, hoping to avoid the bad publicity it has suffered previously. So far, very little is known about the structure of the deals, but this could change. The Freedom of Information Act came into full effect at the beginning of the year, which gives the public greater access

to government-held information, and may well be invoked to force the NHS to reveal some of the details of the contracts. In March, a leaked memo revealed that the government has put pressure on NHS executives to refuse requests for information under the act, while it considers publishing some details of the contracts."

BT risks losing NHS contract (13 Jul 2005)

Computing

http://www.computing.co.uk/computing/news/2139734/bt-risks-losing-nhs-contract

"BT must start meeting its London NHS commitments or risk losing its £996m Connecting for Health (CfH) contract, says NHS IT director general Richard Granger. In an exclusive interview with Computing, Granger acknowledges that there are considerable implementation problems in the capital, and blames the supplier's handling of subcontractor IDX."

Tata blames NHS National Programme for IT for revenue slowdown (22 Aug 2005)

The British Journal of Healthcare Computing & Information Management

http://www.bjhc.co.uk/news/1/2005/n508002.htm

"Tata Consultancy Services, a key supplier of data-migration services to the National Programme for IT in the NHS in England (NPfIT), has blamed delays in implementing the National Programme across the whole country for a slowdown in its revenues from its European operations."

ComMedica closes diagnostic imaging business (23 Feb 2006)

North Mersey Connect Portal - I & M T News

http://www.northmerseylis.nhs.uk/news/shownews.asp?id=3608

"ComMedica Limited, the UK-based developer of Picture Archiving and Communications Software has announced that it is closing its diagnostic imaging software business. The company has announced a "significant restructuring", including the closure of its diagnostic imaging software business, resulting in over 100 redundancies at its Woking office and elsewhere. ComMedica said the move followed the Department of Health's decision to suspend deployment of CSC's ComMedica/Kodak PACS/RIS reference solution for the North-West and West Midlands region."

NHS trusts pay millions in fines to suppliers of delayed IT system (6 Jun 2006)

The Guardian

http://www.guardian.co.uk/uk_news/story/0,,1790952,00.html

"NHS trusts are being made to pay multimillion-pound penalties to computer suppliers because of a clause in contracts for the health service's £20bn IT scheme. Arrangements disclosed today by the magazine Computer Weekly show the government committed trusts to provide 200 staff to work with the computer companies to devise the best possible systems. In southern England the NHS was unable to meet an obligation to second 50 full-time employees to the Japanese-owned Fujitsu Corporation. The trusts will now have to pay Fujitsu £19m."

NHS IT costs hospitals dear: Fujitsu scores £19m compo (6 Jun 2006)

The Register

http://www.theregister.co.uk/2006/06/06/nhs_contract_chaos/

“More bad news for the UK government’s NHS IT programme - cash-strapped health authorities are having to pay millions in compensation to Fujitsu and CSC . When contracts were first set up by central government, NHS trusts promised to provide staff to help work on the new systems. But according to reports, health authorities in the south of England have failed to find enough people so they have to pay Fujitsu $19m compensation. The south of England was supposed to find 50 staff to work at Fujitsu. The Department of Health told the Guardian: “An agreement has been reached to buy out the liability at a cost of £19m in 2006-07 as NHS trusts have decided not to supply the staff resources.” In the north west and west Midlands, the NHS is contracted to provide 50 staff but is struggling to find enough people. Part of the problem is that NHS staff will be paid their standard salary even after moving. The staff were supposed to go to CSC, which is entitled to £6.9m every year for the 10 year term - or just under £70m. Health trusts are looking at ways to buy their way out of the ageements, according to documents seen by Computer Weekly which has more details here. . . Government IT projects either fail because of overambitious, and under-achieving, suppliers or because of incompetent and feckless civil servants. Rarely do they manage to do such damage to both suppliers and customers before anything is actually delivered.”

http://www.theregister.co.uk/2006/06/12/npfit_talks_back/ (Response from CfH)

http://www.theregister.co.uk/2006/06/13/letters_1306/ (Readers’ responses)

Cerner predicted to replace GE in London (13 Jun 2006)

e-Heath Insider

http://www.e-health-insider.com/news/item.cfm?ID=1937

“An analyst report from the US has said that there is a high probability that clinical software firm Cerner will replace GE Healthcare as main the supplier of clinical systems to the NHS in London. If a change does occur it is likely to initially result in further delivery delays to modernising NHS IT systems in the capital, as part of the late running £6.2bn NHS National Programme for IT (NPfIT). BT is understood to have been examining options for a replacement for IDX since the beginning of the year due to the difficulties in delivering the system to NHS trusts in the capital. In the past 30 months BT has implemented the software at just one hospital trust. . .”

Less than 1.5 per cent of electronic prescriptions seamless (23 Jun 2006)

e-Heath Insider

http://www.ehiprimarycare.com/news/item.cfm?ID=1962

“E-Health Insider has learned that of the 1.6m electronic prescriptions issued by the Electronic Prescription Service, just under 30,000 have been seamlessly sent and received all the way through to dispensing. Out of the 1.6m scripts created electronically by GPs, just 29,386 have then been sent over the NHS spine, received and called down by a local pharmacist for dispensing. Of those called down, 26,676 have been dispensed to patients. This means that less than 1.5% of electronic prescriptions issued are actually being managed electronically end-to-end by the initial version of the EPS -- which still involves the printing of a paper prescription. . . The major efficiency benefits of the national EPS system are only likely to be possible when the majority of scripts generated are entirely electronic. This is a goal that remains a long way off. In a typical week the NHS dispenses 13.7m prescriptions.”

Inside the NHS Connecting for Health project (7 Jul 2006)

Computer Business Review

http://www.cbronline.com/article_cbr.asp?guid=0FD865FC-2602-4606-80D8-6A00FF41A833

"Richard Granger, director general of IT at the National Health Service, not only hit back at critics of the $10bn Connecting for Health (CfH) project last month, he also claimed that there is an "essential dishonesty" between IT services vendors and their customers. Granger singled out major NHS contractor Accenture for particular criticism, and said that the project's detractors have failed to appreciate the enormous complexity of the program. . . He added that there remained an, "essential dishonesty between the IT industry and the consumer, with the IT industry still trying to claim that there's a scientific basis behind its estimations of the costs involved in outsourcing projects, when practical experience shows that there isn't."

NE trust faces clinical systems conundrum (20 Jul 2006)

e-Health Insider

http://www.e-health-insider.com/news/item.cfm?ID=2015

"A mental health trust board formed from three merged organisations has been advised to stop using a clinical information system supplied under the National Programme for IT on part of its new territory and use another single system across the whole trust. Northumberland Tyne and Wear NHS Trust board members received a paper on options for clinical information systems (CIS) which has been leaked to E-Health Insider. Board members were recommended to continue negotiation with CSE-Servelec for its RiO mental health system and to support the development of detailed plans to implement RiO, which is already used in part of the trust. NTW is not alone in its deliberations over strategy to fill the gap between the arrival of national programme solutions and the expiry of existing IT contracts. In December 2005 Norfolk and Norwich NHS Trust, located in the Eastern cluster of the national programme, decided to shelve implementation of an interim PAS system. In the same month Tees and North East Yorkshire NHS Trust, a mental health trust, also postponed an Accenture implementation of iSoft iPM. South West Yorkshire Mental Health Trust has also gone outside the NPfIT programme to procure a new integrated clinical system, as an 'interim solution'."

IMS signs contract with BT for London trust (17 Aug 2006)

e-Health Insider

http://www.e-health-insider.com/news/item.cfm?ID=2075

IMS MAXIMS Plc today announced that it had signed a three year contract with London local service provider, BT, to supply its web-based clinical software to Barking, Havering and Redbridge NHS Trust (BHRT). . . A BT spokesperson told E-Health Insider that the deal for IMS at the east London trust was not long term: "This is a time limited, interim arrangement The plan is for BHRT to migrate to the strategic solution in due course." . . . The announcement of the deal further confuses the picture of how the £6.2bn Connecting for Health NHS IT programme is now to be delivered in London. In December 2003 the DH awarded BT a £996m 10-year contract to modernise NHS IT in the capital. To date it has installed core patient administration software at one acute trust - Queen Mary's, Sidcup. BT's clinical software provider is currently GE Healthcare, but the company has made clear its intention to switch to Cerner. A contract has yet to be completed."

When Bill met Tony, seeds of a grandiose scheme were sown (26 Aug 2006)

The Guardian

http://business.guardian.co.uk/story/0,,1858787,00.html

"When Bill Gates met Tony Blair at Downing Street in 2001 the seeds were sown for the hugely

ambitious plan to transform the NHS with the power of computers. Mr Gates, the billionaire software pioneer, had just written a book about how IT could transform economies. The prime minister, determined to reform Britain's public services, was hooked. Just one year later, representatives of Mr Gates's Microsoft empire attended a seminar at No 10 at which the NHS's £12bn IT programme was conceived. A core principle of this grandiose plan was that it should never rely on a single computer contractor and that the work should be carried out by global players. It is a measure of the crisis that these principles have been sacrificed and the NHS finds itself heavily dependent on one contractor, iSoft, a British-based specialist formed only in 2000. . . To create this system, the Department of Health in 2002 appointed Richard Granger, a former management consultant whose last project was the London congestion charge, as IT director at a salary of some £250,000. . . In placing contracts, Mr Granger says that he consciously structured the procurements to attract global players back to the NHS. He divided the NHS in England into five regions: the north-east, the east, north-west with west Midlands, the south and London. Each placed a 10-year contract worth about £1bn with a prime contractor to install standard systems. . . NHS Connecting for Health, the agency set up to run the programme, says that the choice of subcontractor lay entirely with the prime contractors, which carry the risks. . . In this arrangement, the NHS's safety net was always to have a backup supplier if one failed. The first to fail was IDX. In the south of England, Fujitsu has replaced IDX with Cerner. Last month, London followed suit. Hence the importance of iSoft, which although it has so far delivered only the first basic models of its hospital system and has financial troubles, is still seen by the NHS as the star performer, especially in its partnership with CSC. Mr Granger likens his relationship with suppliers to that of a polar explorer with his huskies: he once warned companies that weak performers would be fed to the strong. His problem is that he is rather short of huskies to shoot."

BT gets only £1.3m for two years' NHS work (28 Aug 2006)

The Guardian

http://business.guardian.co.uk/story/0,,1859650,00.html

"BT has been paid just £1.3m for the first two years of its work introducing new computer systems across GP practices and hospitals in London, despite spending an estimated £200m-plus of its own cash. The company insisted last night it would not be forced to follow competitors and write down the value of the London NHS contract in its accounts. Three years ago, BT announced it had won a £996m 10-year deal as lead contractor to design, deliver and operate next-generation computer systems in the London area as part of the NHS's £6.2bn nationwide IT overhaul. At the time, it was heralded as a landmark deal for BT by chief executive, Ben Verwaayen. He said: "These wins are BT's biggest ever, and evidence of the new face of BT truly emerging. This is BT taking on world-class competition on its own territory, and winning." Last month, again, BT chairman Sir Christopher Bland, who received his knighthood for services to the NHS, told investors: "BT has achieved some notable successes on its NHS National Programme for IT contracts." But it has emerged that for the first two years of its London contract, BT has been paid by far the least of any of the NHS's lead contractors - just £1.3m. This is believed to reflect the extent to which the NHS thinks BT has met its delivery targets. A spokesman for BT said it was perfectly normal for revenues to be slim at the start of a lengthy contract. "There is a lot of investment up front, but the profitability comes towards the end." But the NHS's other lead contractors, operating similar-size projects around the country, have all been paid at least 20 times more than BT over the same period. . . . BT's reputation in London took a heavy blow earlier this year when it emerged that a child health computer system it designed and installed in several primary care trusts had many shortcomings. The system failed to hold correct data on whether babies had routine health checks, vaccinations, visits from health visitors and assessments for special needs. A spokesman for BT insisted many of the problems related to inaccurate paper records and said the trouble had largely been rectified."

BT faces watchdog inquiry into work on NHS computer revamp (29 Aug 2006)

The Times

http://business.timesonline.co.uk/article/0,,9076-2332472,00.html

“BT is facing a fresh inquiry into its work on the NHS’s ambitious IT upgrade, amid growing concerns about the £12.4 billion project.The National Audit Office (NAO), the parliamentary watchdog, said yesterday that it may undertake a fresh examination of the mammoth NHS IT upgrade project, on which BT is one of four main suppliers. Another supplier is the troubled software group iSoft. The threat of further scrutiny followed the revelation in a parliamentary answer that BT has been paid just £1.3 million for about two years’ work on one £996 million contract. Though the group insisted yesterday that this was in line with its expectation of laying down investment initially with revenues coming through later, some analysts speculated that the tiny size of the payments could reflect delivery failings by BT. The developments will increase pressure on BT to provide further details about the project’s progress when it updates investors about its global services division — the arm that supplies telecoms and IT services to business — next month. The NHS work, worth in total more than £2 billion over ten years, is one of the biggest contracts in the division.”

British Telecom ... And the £1billion con-tract (15-28 Sep 2006)

Private Eye

“Now that the Financial Services Authority (FSA) has decided to investigate one of the companies involved in the multi-billion pound NHS IT project, iSoft, over presenting dodgy figures to the stock market, will it dare take a look at another of the big players, BT? The *Eye* has already questioned BT’s performance on the troubled rogramme . . . On the largest and most crucial part, its £996m contract for the London region, up to March this year it had received just £1.3m for installing only a fraction of the IT systems it should have, while its expenditure on the deal is likely to have exceeded £200m. Yet its accounts up to 31 March 2006 showed no losses from the project. Then last month BT ditched the software contractor it had been using as it shed all this cash, IDX, casting doubt as to whether its huge costs were, as its accounts would have it, “work in progress” and not money down the drain. . .”

Delays to NHS computer system could cost taxpayers £40bn (1 Oct 2006)

The Observer

http://politics.guardian.co.uk/egovernment/story/0,,1885133,00.html

“The company charged with rescuing the NHS's troubled IT system has consistently failed to meet its deadlines for introducing the project across the health service, The Observer can reveal. Last week Computer Sciences Corporation (CSC) was awarded a £2bn contract to take on a bigger role in overseeing the implementation of the Connecting for Health system, the biggest civilian computer project in history which is supposed to electronically link all doctors' surgeries and hospitals. But government hopes that CSC will prove the £12.4bn project's salvation have been hit by news that the company has itself experienced huge problems in implementing even the most basic parts of the project. According to its original business plan, obtained by The Observer, CSC was contracted to install new computer systems to 32 acute hospitals by April 2006. However, according to the NHS, only eight of the hospitals had received the basic 'administrative' systems by that date and the company had failed to deliver any working clinical systems - the key part of the project which is supposed to record a person's medical data electronically. . . Critics suggest the eventual cost to the taxpayer of fixing the system's myriad problems will push the total bill for Connecting for Health to in excess of £15 bn. Some have suggested it will rise to as much as £20bn - enough to fund 40,000 nurses for the 10-year lifetime of the contract. . . 'This just replaces one regional contractor with another which has less experience,' said Richard Bacon, a Conservative MP who sits on the Public Accounts Committee. 'By passing the baton to CSC with indecent haste, the government has missed a golden opportunity to think again and to give more control to hospitals locally. I feel very sorry for hospitals who will have to put up with more delays and with systems that just don't work properly.' IT experts predicted the system's delivery could be completed on

time and on budget only if it was scaled back. They warned patients' health could suffer unless problems were resolved soon. 'This is about more than taxpayers' money, this is about people's lives,' said Stephen Critchlow, chief executive of Ascribe, an IT company that supplies computer systems to hospitals."

CSC says it will implement iPM at Bradford in six months (18 Oct 2006)

e-Health insider

http://www.e-health-insider.com/news/item.cfm?ID=2205

"Bradford Teaching Hospitals NHS Foundation Trust, which had gone outside the NHS National Programme for IT to procure for a new patient administration system, has come back into the fold. The trust has signed a deal with Computer Sciences Corporation (CSC) to implement iSoft's iPM in just six months, in a deal underwitten by NHS Connecting for Health. Having abandoned its procurement the trust is now dependant on CSC successfully installing iPM more rapidly than it has previously managed. Should this not be achieved NHS Connecting for Health has pledged to meet the extra cost to the trust of paying for continued support of its existing Siemens IRC system. . ."

Fujitsu under spotlight for NHS failures (24 Oct 2006)

The Guardian

http://business.guardian.co.uk/story/0,,1929770,00.html

"Fujitsu, one of the lead contractors on the NHS's troubled £6.2bn IT upgrade, has installed only three patient-administration systems in two-and-a-half years on the project. It has recently all but frozen further installations while it struggles to fix problems at these sites. Fujitsu's problems are the latest blow for the health service's ambitious IT upgrade, the biggest non-military project of its kind in the world, which has been dogged by delays and contract disputes. Concern about the Japanese consultancy's work has until now been eclipsed by fears over Accenture and iSoft. . . In addition to these other challenges, health service IT bosses have become increasingly concerned about Fujitsu's progress on installing patient-administration systems. In March 2004, having signed a £900m 10-year contract, Fujitsu said it would have the systems up and running in 17 acute trusts, 36 community trusts and eight mental health trusts by this April. But by April Fujitsu had managed only one installation, at Nuffield Orthopaedic, a small acute trust in Oxford. Two months later, Fujitsu promised it would install 12 further systems in acute trusts by the end of this month, but it has added only two more so far and NHS IT bosses now privately admit the target will not be met. Fujitsu's installation programme has been paralysed by problems at the first three trusts to receive the systems. Nuffield Orthopaedic, Fujitsu's first acute trust project, recently said it blamed problems with its computer systems after it lost its top-level three-star performance rating and was assessed as "weak". In a "serious untoward incident" report to the Strategic Health Authority weeks after the Fujitsu system was installed last December, the trust said disruption caused by the installation could have put the safety of patients at risk. Concerns over Fujitsu installations have led to planned "go-live" dates at hospitals across the south of England - the region for which Fujitsu is lead contractor - being repeatedly put back, sometimes with just a few days' notice for staff. A spokesman for Milton Keynes, which has twice had its go-live date delayed, said Fujitsu was "sorting out the odd glitch", but the installation has now been postponed with no new date set. . ."

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User Surveys and Consultations

From Nhs It Info

Contents

- 1 Health policy debate (Feb 2004)
- 2 EMIS users urged to protest about systems choice (2 Sep 2004)
- 3 Medix UK plc survey (Q558) of doctors' views about the National Programme for IT - NPfIT (Oct 2004)
- 4 A Baseline Study on the National Programme for IT (Jul 2005)
- 5 QinetiQ survey reflects health professionals concerns about NHS IT security (19 Jul 2005)
- 6 Doctors "demoralised" by £6.2bn NHS IT scheme (5 Aug 2005)
- 7 Challenges to implementing the national programme for information technology (NPfIT): a qualitative study (6 Aug 2005)
- 8 Knowledge of the Choose and Book Programme Amongst GPs in England (Sep 2005)
- 9 BMA response to 'Clinical development of the NHS care records service' (5 Oct 2005)
- 10 Medix UK plc survey (Q850) of doctors' views about the National Programme for IT - NPfIT (Jan 2006)
- 11 GPs dissatisfied with IT system (30 May 2006)
- 12 Speech by Mr James Johnson, BMA Chairman at the Annual Representative Meeting 2006 (26 Jun 2006)
- 13 CfH still sidelining doctors, BMA chair claims (27 Jun 2006)
- 14 Mixed feelings on NPfIT in primary care, poll shows (21 Jul 2006)
- 15 CfH “to learn” from nurse disquiet over IT programme (22 Aug 2006)
- 16 Nurses and NHS IT developments: Results of an online survey by Nursix.com on behalf of the Royal College of Nursing (22 Aug 2006)

Health policy debate (Feb 2004)

Britsh Medical Association

http://www.bma.org.uk/ap.nsf/Content/media13feb

"The biggest nightmare of the National Programme for IT (NpifT) is that significant numbers of clinical staff just refuse to change…So winning doctors' hearts, as well as minds, is crucial. Hence the top-level interest in the results of 1000 doctors' opinions published this week. It was carried out electronically by Medix, a respected sampler of medical opinion. The good news is that three-quarters of doctors…say the IT programme is an important NHS priority. The bad news was a raspberry for the project with the highest political profile, e-booking. That scored bottom on the question "is the focus on the right projects? Another worry is that doctors still believe they are not being told enough about the whole scheme."

EMIS users urged to protest about systems choice (2 Sep 2004)

e-Health Insider

http://www.e-health-insider.com/news/item.cfm?ID=849

"The head of the EMIS National User Group (NUG) has written to all EMIS users calling on them to lobby their MPs, local Primary Care Trusts or Local Medical Committees to express their concerns about National Programme for IT (NPfIT) strategy on choice of GP systems. . . "The LSPs don't appear to be paying the slightest bit of attention to the GP contract commitment to choice [paragraph 4.34]," Dr Mary

Hawking, EMIS NUG committee member told E-Health Insider."

Medix UK plc survey (Q558) of doctors' views about the National Programme for IT - NPfIT (Oct 2004)

Medix

http://www.medix.to/Q558.pdf

"As a practicing clinician, I am concerned that this IT programme has all the hallmarks of previous governmental IT failures, for example failure to consult with end-users about how it will integrate with their daily work and make their work easier. If it is perceived as management or government driven additional tasks (which it is currently, by the few who have heard of it), then it will fail. Dr James Woolley, Psychiatrist, London."

A Baseline Study on the National Programme for IT (Jul 2005)

MORI for NHS Connecting for Health

http://www.connectingforhealth.nhs.uk/delivery/serviceimplementation/engagement/morifull.pdf

"Overall, the findings are positive, showing that staff are supportive of what the programme is trying to achieve and consider it an important priority for the NHS. However, they also indicate that some staff groups, especially front-line staff, are not yet fully engaged in rolling out the programme. . . Managers are most favourable towards the programme as it currently stands and Doctors are most critical of the programme."

QinetiQ survey reflects health professionals concerns about NHS IT security (19 Jul 2005)

Qinetiq

http://www.qinetiq.com/home/newsroom/news_releases_homepage/2005/3rd_quarter/qinetiq_survey_refl

"As the National Health Service's (NHS) national programme for IT (NPfIT) is rolled out, a QinetiQ sponsored survey about NHS requirements reveals that 71% of healthcare professionals place IT security at the top of a list of current issues likely to remain a concern over the next three to five years. These are the headline results from QinetiQ's health sector survey reported today in Health Director magazine. The concerns about IT security are set against the background of implementation of the NPfIT scheduled between 2004 and 2010 and wide-spread criticism of patient confidentiality, cost and impossible deadlines. The NHS Care Records element - intended to hold electronic patients records securely on line and make them easily accessible to healthcare professionals and patients, and the Choose and Book element, an electronic hospital appointments booking systems for GPs and patients, are two areas under fire. Both are scheduled to be implemented in 2005."

Doctors "demoralised" by £6.2bn NHS IT scheme (5 Aug 2005)

Silicon.com

http://management.silicon.com/government/0,39024677,39151068,00.htm

"Frontline health service staff are "heavily demoralised" over the lack of information and communication around the £6.2bn NHS IT modernisation programme. Researchers at the London School of Hygiene and Tropical Medicine (LSHTM) claim the situation is so serious that the whole Connecting for Health programme (formerly known as the National Programme for IT) is at risk because it is falling behind schedule in key areas. The research team looked at four hospital trusts in England and, in the first part of

what will be an ongoing study, talked to 23 managers and doctors involved in the implementation of the new NHS IT systems. Although the new IT systems are centrally funded under the Connecting for Health programme, the research found NHS managers are still concerned about where the money will come from for staff training and to accommodate changes in the way the NHS will have to work once the new system is up and running. Doctors are also concerned that previously scheduled upgrades to creaking radiology or pathology systems have been put on hold while funds are diverted to installing the new patient record system in every NHS trust. LSHTM health policy researcher Dr Naomi Fulop warned there is a risk of current systems failing before the new one is ready."

Challenges to implementing the national programme for information technology (NPfIT): a qualitative study (6 Aug 2005)

BMJ Information in Practice

http://bmj.bmjjournals.com/cgi/content/abstract/331/7512/331

"Results: The trusts varied in their circumstances, which may affect their ability to implement the NPfIT. The process of implementation has been suboptimal, leading to reports of low morale by the NHS staff responsible for implementation. The overall timetable is unrealistic, and trusts are uncertain about their implementation schedules. Short term benefits alone are unlikely to persuade NHS staff to adopt the national programme enthusiastically, and some may experience a loss of electronic functionality in the short term.

Knowledge of the Choose and Book Programme Amongst GPs in England (Sep 2005)

D.n for the National Audit Office

http://www.nao.org.uk/publications/gp_survey_2005.pdf

"An overwhelming majority of respondents felt that the consultation on implementation of Choose and Book was inadequate – 93% of respondents felt this."

BMA response to 'Clinical development of the NHS care records service' (5 Oct 2005)

BMA

http://www.bma.org.uk/ap.nsf/Content/ncrsresponse

"Whilst the BMA supports the sharing of information to improve patient care, we are disappointed that the architecture of a system, which will have huge implications to the delivery of healthcare, was commissioned and built prior to stakeholder consultation."

Medix UK plc survey (Q850) of doctors' views about the National Programme for IT - NPfIT (Jan 2006)

Medix

http://www.medix.to/reports/Q850.pdf

". . . many doctors believe that NPfIT could provide valuable benefits to clinical care in the NHS. However, they also confirm Medix's finding a year ago that doctors are increasingly critical of its costs and of the way it is being implemented. For example, whereas three years ago 47% of doctors thought NPfIT a good use of NHS resources and 27% thought not, today 17% say it is and 57% disagree. And, when asked to rate progress so far, only 1% considers it good or excellent. One aspect of earlier survey findings is unchanged however: most doctors have little information about NPfIT and continue to say

that there has been inadequate consultation with them about it."

GPs dissatisfied with IT system (30 May 2006)

BBC News

http://news.bbc.co.uk/1/hi/health/5028762.stm

"Doctors have called for a review into the £6.2bn NHS computer project, according to a survey by BBC News. The IT upgrade aims to link up 30,000 GPs to nearly 300 hospitals in a radical overhaul of the NHS IT network. Half of the GPs said the "choose and book" online booking system was poor or fairly poor. The poll was completed by 447 hospital doctors and 340 GPs. . . Four out of five GPs had access to the computer system, but half said they rarely or never use it. Only about one in five said it was good or fairly good. The overwhelming majority - 85% - say there should be an independent review of the entire scheme by technical experts to check its basic viability."

Speech by Mr James Johnson, BMA Chairman at the Annual Representative Meeting 2006 (26 Jun 2006)

BMA

https://www.bma.org/ap.nsf/Content/ARM2006JJohnson

"I hear concerns from NHS managers, civil servants and politicians too. You tell me that the breakneck pace and the incoherent planning behind systems reform are seriously destabilising the NHS. The message I am getting from the medical profession is that the NHS is in danger and that doctors have been marginalized. The message I pick up from every meeting I attend, every bit of research that crosses my desk, every seminar is the same. Everyone is telling Government – you must get the professions on board; you must involve clinical staff; you can't make this work without doctors. Connecting for Health is the obvious example. Last year at the ARM, I criticised the failure to engage with clinicians. There are some very good doctors involved with the project now, but overall I would have to say that another year has been wasted because doctors are still not at the heart of determining how the systems should work."

CfH still sidelining doctors, BMA chair claims (27 Jun 2006)

e-Health Insider Primary Care

http://www.ehiprimarycare.com/news/item.cfm?ID=1967

"The chairman of the British Medical Association has told his members that "another year has been wasted" in efforts to implement the National Programme for IT. In his keynote address to the BMA's annual representative meeting (ARM) Mr James Johnson claimed that doctors were being marginalised in all aspects of system reform and that Connecting for Health was the obvious example of that."

Mixed feelings on NPfIT in primary care, poll shows (21 Jul 2006)

e-Health Insider Primary Care

http://www.ehiprimarycare.com/news/item.cfm?ID=2018

"Only one in four GPs feel favourably about the National Programme for IT although the overwhelming majority rate NPfIT as an important priority, according to Connecting for Health's latest poll of opinion among doctors, nurses, NHS managers and IM&T staff. GPs felt substantially less favourable than hospital doctors, with 25% of GPs liking what they had seen so far compared with 46% of hospital doctors. MORI, which conducted the telephone survey of 1197 NHS staff between January and February

this year, believe Choose and Book may be to blame for the lack of enthusiasm from GPs."

CfH "to learn" from nurse disquiet over IT programme (22 Aug 2006)

Computer Weekly

http://www.computerweekly.com/Articles/2006/08/22/217878/CfH+%E2%80%9Cto+learn%E2%80%9D

"Connecting for Health, the organisation in charge of the NHS's £12.4bn National Programme for IT, has pledged to learn from a survey that showed nurses losing faith in IT developments. The Royal College of Nursing's survey of nearly 4,500 nurses found that only four out of 10 believed current IT developments were a good use of NHS money – fewer than the 43% who disagreed. The level of dissatisfaction was nearly four times higher than the 2004 figure of 11%. Nurses also echoed concerns raised by doctors that they had not been sufficiently consulted over IT plans."

Nurses and NHS IT developments: Results of an online survey by Nursix.com on behalf of the Royal College of Nursing (22 Aug 2006)

http://www.e-health-insider.com/tc_domainsBin/Document_Library0282/nursix-rcn-survey-2006.pdf

Royal College of Nursing

"This survey was commissioned by the Royal College of Nursing to investigate the views of UK nurses about NHS IT developments. 4,451 nurses responded. The objectives were (a) to investigate nurses' views about NHS IT developments, especially the proposed integrated electronic patient record system, known in England (and in this report) as the Care Records Service or CRS, and (b) to consider how those views had changed over the past two and a half years. . . although many nurses are enthusiastic about CRS, that enthusiasm has declined over the past two and a half years. Further they continue to know little about it – inadequate consultation having barely improved over the years. . . there has been a sharp reduction in those believing that spending several billion pounds on IT is a good use of NHS resources: two and a half years ago, 67% said "yes" and 11% "no" whereas today the figures are 40% and 43% respectively . . . If current NHS IT developments are to succeed and to realise the hopes many have of them, a fresh approach by the Department of Health seems essential: if understanding of the benefits of these changes amongst individual front-line nurses were to be massively increased by rigorous, interactive, detailed and widespread personal communication, their support and enthusiasm for changes is likely to strengthen. That should vastly improve the chances of a successful outcome.

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Privacy and Safety

From Nhs It Info

Contents

- 1 Computer loophole hits hi-tech NHS trial (14 Nov 2004)
- 2 NPfIT wins a Big Brother Award (Sep 2004)
- 3 Doctor's notes (29 Mar 2005)
- 4 NHS Confidentiality Consultation - FIPR Response (25 Jun 2005)
- 5 Publically Reported Breaches in EPR Confidentiality (13 Sep 2005)
- 6 Focus: Anatomy of a £15bn gamble (16 Apr 2006)
- 7 Paradoxical access (May 2006)
- 8 Thousands of children at risk after computer fault (26 Feb 2006)
- 9 When did we last see your data? (8 Jun 2006)
- 10 GPs and their families urged to boycott NHS 'spine' (20 Jun 2006)
- 11 Don't trust our data to NHS computers (22 Jun 2006)
- 12 NHS database? No one asked me! (7 Jul 2006)
- 13 NHS trust uncovers password sharing risk to patient data (11 Jul 2006)
- 14 Doctors attack NHS IT system: Patient confidentiality at risk, say concerned sawbones (26 Jul 2006)
- 15 Call for national standards on remote access (22 Aug 2006)

Computer loophole hits hi-tech NHS trial (14 Nov 2004)

Sunday Times

http://www.timesonline.co.uk/newspaper/0,,176-1358226,00.html

"Part of the trial for the government's multi-million-pound scheme to computerise the National Health Service has been halted over fears that patient confidentiality may be compromised. Medical staff in a pilot project for the "choose and book" appointments system — designed to speed up referrals to consultants — claim it gives any doctor access to any GP's patient's records and allows them to make changes. Confidentiality is just one problem detailed in a leaked memo by a project leader in the national programme for information technology (NPfIT) which outlines seven reasons why doctors have refused to use the system, even in trials. . . The leaked document informed trusts involved in the scheme that doctors in Barnsley had refused to use the system. Although clinicians had been given access from July, "no actual live bookings have taken place". The scheme was then temporarily halted. The memo details a wide range of problems. In addition to allowing any user to access a patient's records, the system does not keep sensitive details such as HIV and pregnancy terminations from being made available on the NHS's central computer."

NPfIT wins a Big Brother Award (Sep 2004)

The British Journal of Healthcare Computing & Information Management

http://www.bjhc.co.uk/news/1/2004/n40923.htm

"Human-rights watchdog Privacy International (PI) announced the winners of its Big Brother Awards 2004 in July. It is the sixth year that the privacy group has run a competition to name those who have "done the most to devastate privacy and civil liberties in the UK". The Most Appalling Project accolade went to England's National Programme for IT in the NHS, for its national database of medical records

and its continuance of plans to computerise medical records in a way that is both insecure and dangerous to patients' privacy. Issues involving patients' informed consent and overall control of the information in the records are currently of most concern."

Doctor's notes (29 Mar 2005)

The Guardian

http://www.guardian.co.uk/g2/story/0,,1447062,00.html

"Electronic medical records for all UK patients are in the final stages of planning. . . . But electronic medical records will not just be open to your necessary healthcare staff. Pilot studies have shown instances where the Department of Work and Pensions has accessed medical records in respect of benefit payments."

NHS Confidentiality Consultation - FIPR Response (25 Jun 2005)

FIPR

http://www.cl.cam.ac.uk/~rja14/fiprmedconf.html

"The fundamental question is whether the Department of Health should have a database containing a fairly complete record of every hospital treatment in the UK, including not just the treatment code and the cost, but also the name and address of the patient. A secondary question is whether the Department of Health should have an accessible central record of all a patient's care relationships. . . FIPR believes that no one in central government - whether ministers, DoH officials or NHS central managers - should have access to identifiable health information on the whole UK population. This is backed up by studies showing that although patients trust their carers with medical information, the majority do not trust NHS administrators."

Publically Reported Breaches in EPR Confidentiality (13 Sep 2005)

Jeremy E. Rogers, Manchester University

http://www.cs.man.ac.uk/mig/people/jeremy/Confidentiality.html

"An e-mail error led to confidential information about 92 patients being distributed by Melton, Rutland and Harborough Primary Care Trust to 35 local organisations including the local press and local government representatives."

Focus: Anatomy of a £15bn gamble (16 Apr 2006)

Sunday Times

http://www.timesonline.co.uk/article/0,,2087-2136718.html

"The Nuffield Orthopaedic Centre was at the forefront of a multi-billion-pound revolution to modernise the entire computer system of the National Health Service — and the screens had suddenly frozen. Medical staff looked on in disbelief as they tried to retrieve lost records. . . Although the system was functioning again the next day, some patient files seemed to have disappeared completely. The trust was so alarmed that it sent a report to the National Patient Safety Agency, warning that it had posed a potential risk to patients."

Paradoxical access (May 2006)

Dr. Paul Thornton

http://www.ardenhoe.demon.co.uk/privacy/Paradoxical%20access.pdf

"Patient records will be unavailable for care with consent but widely accessible to others contrary to the wishes of patients. . . Large numbers of patients who live close to the boundaries between clusters will find that their GP in one "cluster" is unable to share a detailed care record even with the patient's consultant in the local District General Hospital if it is in the adjacent "cluster". GP's may even be disconnected from cross boundary district nursing teams. . . The active, expressed dissent of the patient will be required to place limited restrictions on the access to information. The proposals do not reach the standard of dialogue required for "implied" consent that was set by the previous Information Commissioner."

Thousands of children at risk after computer fault (26 Feb 2006)

The Observer

http://www.guardian.co.uk/medicine/story/0,,1718325,00.html

"As many as 3,000 babies and toddlers may have gone without crucial vaccinations because a privatised NHS computer system has failed to monitor which children are due for jabs and whether they have received them. An Observer investigation has found that the child health information system, introduced last summer as part of the government's £7 billion IT programme, has derailed the country's entire vaccination programme, leaving health staff resorting to slips of paper to work out who needs immunising. Several women whose babies were stillborn have received letters asking them to take their babies for their first vaccinations. . . The problems began last summer, when primary care trusts across north London and Essex, covering some five million adults and children, switched over to a new system - Child Health Interim Applications (CHIA), run by BT. The system was supposed to work across different health districts, replacing one that for years had collected all the data of the immunisation of pre-school children. It was supposed to trigger an automatic response when a child was due to have a jab. . . But, according to the Health Protection Agency and others, it soon emerged that CHIA was not capable of producing the lists needed to record immunisation status of children. Nor was it capable of monitoring the health of the children, to show whether any suffered side-effects from vaccines. "

When did we last see your data? (8 Jun 2006)

The Guardian

http://technology.guardian.co.uk/weekly/story/0,,1792102,00.html

"Last month, the Information Commissioner's Office (ICO), the state-funded watchdog for personal data, published a report, What Price Privacy?. The title's question was answered with a price list of public-sector data: £17.50 for the address of someone who is on the electoral register but has opted out of the freely available edited version; £150 to £200 for a vehicle record held by the Driver and Vehicle Licensing Agency; £500 for access to a criminal record. The private sector also leaks: £75 buys the address associated with a mobile phone number, and £750 will get the account details. . . Medical professionals are concerned about risks to data security caused by the creation of the NHS's Connecting for Health's Care Records Service. That will establish electronic patient records for everyone in England, accessible at any NHS site, and replace on-site computerised or paper patient records. Users log on using a "chip and pin" smart card and number. Access will be limited to those with a reason, and there will be an audit trail. Patients will be able to put sensitive information in an electronic "sealed envelope". Last week Lord Warner, the health minister responsible, said the overall programme is more than two years late - due partly to software problems, but also to disagreements over access to records. Of 787 doctors contacted recently by researcher Medix for the BBC, 44% disagreed that the proposals to maintain confidentiality of records were satisfactory, while 21% agreed. Among GPs, 57% disagreed and 13%

agreed. Dr Richard Vautrey, a Leeds GP and member of the British Medical Association's GP committee, says the technical security seems state of the art. However, "the proposal is that there will be an assumption of consent that records can be shared", he says. Patients will have to opt out of sharing. And it is not clear who might see records, Vautrey says. "The patient may be happy for a consultant to have access, but not a social worker." But once data is on the national system, patients may be unable to stop access by other parts of government, he adds. That could damage the trust between patients and doctors. Patients might refuse to divulge data, or demand a second "private" record is created - just what the system was meant to prevent."

GPs and their families urged to boycott NHS 'spine' (20 Jun 2006)

e-Health insider Primary Care

http://www.ehiprimarycare.com/news/item.cfm?ID=1956

"Last week's local medical committees' conference voted in favour of a proposal to advise GPs to consider withdrawing from the spine after hearing about access to the personal demographics service (PDS) which holds demographic data on every patient in England. . . A total of 54% of representatives voted in favour of the proposal with 46% against despite a speech in defence of the PDS from Dr Gillian Braunold, national GP clinical lead for Connecting for Health and a GP in London."

Don't trust our data to NHS computers (22 Jun 2006)

Times Online

http://www.timesonline.co.uk/article/0,,8122-2236581,00.html

". . . If hackers could penetrate the Pentagon programs, the NHS database with its countless access points and numerous bona fide password holders will be easy pickings for hackers. It will also provide all the data that any government department should decide it must have so that, for example, an identity card database would be superfluous. And what happens when the system goes down, either for maintenance purposes or it crashes? No computer program is guaranteed crash-proof. I wouldn't want my data to be unavailable when the worst happens to me. I would want it on hard copy. If the powers-that-be wanted a safe method of storing personal data, surely the smart-card system, whereby everyone had their own data on their own card kept in their purse or wallet, would be free from hackers and free from computer crashes."

NHS database? No one asked me! (7 Jul 2006)

The Register

http://www.theregister.co.uk/2006/07/05/nhs_readers_letter/

"I was horrifed to discover that here was the government creating a database of everyones patient records, records which up until now I had thought were privy only to my doctor and a few others at local level. . . I wrote to Patricia Hewitt's office and demanded an explanation and got by return a snooty letter saying how everyone would benefit from having access to their medical notes countrywide and how I should be grateful the database is being formed. . . Let's hear the other side of this debacle, how the Public is not being ASKED if it WANTS this database - what do you think the average person would say if they knew the implications of some nasty neighbour who worked in the NHS getting to look at their records or some hacker publishing their records on the Net? How cheated do you think a rape victim will feel if everybody gets to know because someone accidentally, or deliberately makes the information public? How long will it be before we all start getting refused insurance with no explanation and then find our insurance companies have read our medical history?"

NHS trust uncovers password sharing risk to patient data (11 Jul 2006)

Computer Weekly

http://www.computerweekly.com/Articles/2006/07/11/216882/NHS+trust+uncovers+password+sharing+ri

The UK's largest NHS trust has discovered endemic sharing of passwords and log-in identifications by staff, recording 70,000 cases of "inappropriate access" to systems, including medical records, in one month. The Leeds Teaching Hospitals NHS Trust said there was a "wholesale sharing and passing on of system log-in identifications and passwords" and it warned that uncontrolled access "presents a considerable risk to the security of patient data" and consequently puts the trust at risk. The Leeds trust is the largest in the UK and includes the biggest teaching hospital in Europe. It has a budget of £730m, employs 14,000 people across eight sites and treats about one million patients a year. A management paper to the trust's main board, dated 6 July, said that in one month alone "70,000 examples were detected of inappropriate access of IT systems by trust staff". The paper added, "This took the form of wholesale sharing and passing on of system log-in identifications and passwords. The system misuse was widespread across departments, sites and disciplines." Doctors said the sharing of codes which give access to NHS systems and medical records was an ingrained practice within the NHS. This culture was recognised as a threat to the confidentiality of medical records which are due to be uploaded from local systems to a national data spine under the NHS's National Programme for IT (NPfIT). Under the NPfIT, sensitive information on 50 million people in England is due to go online, although this has not happened yet. NHS managers can discipline staff after a breach has occurred - but they cannot stop it happening. . ."

Doctors attack NHS IT system: Patient confidentiality at risk, say concerned sawbones (26 Jul 2006)

The Register

http://www.theregister.co.uk/2006/07/19/patient_confidentiality_risk/

"Doctors have spoken out against the controversial £12.4bn NHS IT system that is over budget and behind schedule, claiming that patient confidentiality is being put at risk by the system. Writing in the British Medical Journal, a series of doctors have said that it is unwise to put the medical records of the entire population on one computer. . . Meanwhile a report has discovered that NHS IT system security is being compromised because of poor or non-existent mobile device security. Carried out by Pointsec Mobile Technologies and the British Journal of Healthcare Computing and Information Management, the survey has found that two thirds of mobile data storage devices have inadequate security."

Call for national standards on remote access (22 Aug 2006)

e-Health Insider Primary Care

http://www.ehiprimarycare.com/news/item.cfm?ID=2081

"GPs are calling for national standards on remote access to practice computer systems because of concerns that present methods could potentially put patient data at risk. Dr Paul Bromley, a GP in Leek, Staffordshire, and colleagues from the EMIS National User Group are unhappy that the current arrangements delegate decision-making to primary care trusts (PCTs) and argue that definitive national guidance is needed. Dr Bromley, who has developed a special interest in remote access over the last few years, says that for several years he used the solution offered by Cable and Wireless, and latterly BT, which secured the connection between the remote computer and NHSnet. He told EHI Primary Care: "It was only later, after somebody pointed it out to me, that I realised the virtual private network tunnel only went as far as the NHSnet connection, not all the way to our practice server and so could be intercepted form within NHSnet." . . . The issue of remote access was the responsibility of the NHS Information

Authority. Since its demise, however, this has been delegated to PCTs. GPs say they are concerned that no-one at PCT level will have sufficient expertise in remote access security."

Retrieved from "http://editthis.info/nhs_it_info/Privacy_and_Safety"

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Terms of use

System Reliability

From Nhs It Info

Contents

- 1 NHS User Survey: Appendices 1-6 (17 Jun 2005)
- 2 Patient data errors created by iSoft's iPM system (9 Jan 2006)
- 3 A spineless performance (12 Jan 2006)
- 4 Paper working after disaster 'not acceptable' (1 Feb 2006)
- 5 Fears over faults in NHS patient records system (25 Jun 2006)
- 6 Experts try to fix NHS IT failure (1 Aug 2006)
- 7 NHS computer system 'won't work' (6 Aug, 2006)
- 8 E-mail reveals outage disrupted patient care (7 Aug 2006)
- 9 NHS suppliers face review of disaster plans (15 Aug 2006)
- 10 Major incidents hit NHS national systems (19 Sep 2006)
- 11 NPfIT systems failing repeatedly (20 Sep 2006)
- 12 Some N3 links 'too slow for Choose and Book' (25 Sep 2006)
- 13 Hospital blames IT for fall in status (17 Oct 2006)

NHS User Survey: Appendices 1-6 (17 Jun 2005)

TFPL Ltd. for NHS NHS Connecting for Health

http://www.library.nhs.uk/nlhdocs/Appendices_1-6.pdf

"Not surprisingly the professional population canvassed are comfortable using e-resources though not everyone was confident that they used them well. House officers experience frustration with changing Athens passwords as they moved locations. Manager's views of Athens were mixed – some had no issues, others experienced technical unreliability. Firewalls present another issue – managers get over this by using some resources from home. . . Access to Athens needs to be more reliable and easier to use. Athens takes too long to use and access is not technically reliable enough."

Patient data errors created by iSoft's iPM system (9 Jan 2006)

e-Health Insider

http://www.e-health-insider.com/news/item.cfm?ID=1632

"A flaw has been identified in the iSoft iPM patient administration system being provided as the standard solution to NHS trusts in the North West and West Midlands that can corrupt patient data creating suspected clinical risks to patients"

A spineless performance (12 Jan 2006)

The Guardian

http://society.guardian.co.uk/e-public/story/0,,1684068,00.html

"The system at fault was not the booking software as such, but in the underlying digital "spine" supposed to connect all parts of the NHS in England. Officials had previously boasted that the spine would be available 99.8% of the time, with recovery within 30 minutes of any crash. . . The trouble began on

December 18 with the installation of a major upgrade of the spine software. . . The new software reacted badly with one of the many different systems used by GPs to manage their practices, and generated spurious messages that overwhelmed networks and servers. This rogue behaviour masked other incompatibilities between the new demographics service and the "choose and book" software. "We were into Christmas before we were able to start diagnosing," said one of the team who worked over the holiday to resolve it."

Paper working after disaster 'not acceptable' (1 Feb 2006)

e-Health Insider

http://www.e-health-insider.com/news/item.cfm?ID=1678

". . . some acute trusts in Accenture's regions found their patient administration systems (PAS) were not working for a week and had to go back to working on paper."

Fears over faults in NHS patient records system (25 Jun 2006)

The Observer

http://observer.guardian.co.uk/uk_news/story/0,,1805437,00.html

"The multi-billion pound computer system built to run NHS patient records is experiencing so many problems that there are concerns people could be put at 'clinical risk', with missed appointments and lost records meaning that some hospitals have pulled out of the scheme in despair. Confidential documents and emails obtained by The Observer reveal the scheme's progress is plagued by technical problems that threaten lengthy delays for patients needing to see specialists. . . Industry sources familiar with the project told The Observer that the problems have seen many hospitals or trusts postpone the system's implementation. Just 12 of England's 176 major hospitals have implemented even the most basic part of the new system which electronically books patient appointments with specialist consultants - despite the fact 104 had agreed to have it operating by April. Furthermore, not one NHS trust or hospital in England has implemented the second phase of the system, which will allow doctors to order clinical services such as blood tests or X-rays electronically - contrary to the Department of Health's planned timetable.

Experts try to fix NHS IT failure (1 Aug 2006)

BBC News

http://news.bbc.co.uk/1/hi/health/5233604.stm

“Technicians are trying to solve a computer failure that has prevented 80 NHS trusts gaining access to patients' records and admissions since Sunday. Eight major hospitals and more than 70 primary care trusts in north-west England and the West Midlands were hit. . . The problem affects trusts in Birmingham and the Black Country, Cheshire and Merseyside, Cumbria and Lancashire, Greater Manchester, Shropshire and Staffordshire and the southern part of the West Midlands. Computer company CSC, which runs the system, said experts were working around the clock to resolve the situation. A spokesman for NHS Connecting for Health, which oversees the multi-billion pound NHS IT service, said that no data had been lost, and that the incident was caused by "storage area network equipment failure".”

NHS computer system 'won't work' (6 Aug, 2006)

The Observer

http://observer.guardian.co.uk/politics/story/0,,1838470,00.html

Leaked analysis says hospitals would be better off without national upgrade. The project to overhaul the NHS's computer systems, costing millions, is so beset by problems that hospitals would be better off if they had never tried to implement it, according to a confidential document apparently sent by one of the scheme's most senior executives. A 12-page analysis detailing why the project will never work was sent anonymously to an MP on the Public Accounts Committee from the computer of David Kwo who, until last year, was in charge of implementing the Connecting for Health system across London. . . Kwo did not return emails or telephone calls from The Observer, but the Microsoft Word document reveals that it was written on his computer. What is irrefutable is that the devastating analysis of the flawed computer system - which is two years behind schedule - could have been written by only a handful of senior NHS IT experts who have worked on the project. 'The conclusion here is that the NHS would most likely have been better off without the national programme, in terms of what is likely to be delivered and when,' states the document, sent to Conservative MP Richard Bacon and obtained by The Observer. 'The national programme has not advanced the NHS IT implementation trajectory at all; in fact, it has put it back from where it was going.' As the problems have increased, GPs' surgeries have opted to implement their own systems, something which the document observes is 'fragmenting the national programme further'. Many hospitals are 'being forced to deliver outdated legacy systems, which the programme was established to replace.

E-mail reveals outage disrupted patient care (7 Aug 2006)

e-Health Insider

http://www.e-health-insider.com/news/item.cfm?ID=2054

“One week on from the computer failure that left 80 trusts in the North-west and West Midlands without access to their IT systems the extent of the disruption to patient care of the biggest ever NHS IT failure is coming to light. Despite claims to the contrary by NHS Connecting for Health, E-Health Insider has received documentation showing the failure disrupted patient care at Birmingham Children’s Hospital (BCH) NHS Trust - one of eight acute trusts that lost access to patient data last week. As a result BCH has begun a review of its contingency arrangements. . . An internal e-mail from Richard Beekan, the trust’s director of operations, is explicit about the impact the loss of the Lorenzo patient administration system had. Once the trust lost access to the patient administration system (PAS) it had to revert to paper based “business continuity systems. This system was introduced expecting the system only ever to be unavailable for a maximum of 12 hours and therefore during the last three days we have experienced issues we had not planned for. In particular the absence of our case note tracking system and an ability to know where notes were had an impact in both out patients and inpatient areas.” Last week NHS Connecting for Health (CfH), the agency responsible for the NHS IT modernisation project, publicly stated in bulletins that the failure at the CSC data centres had no impact on patient care. On 2 August, CfH said: “To date no impact on the delivery of patient care has been reported.”

NHS suppliers face review of disaster plans (15 Aug 2006)

Computer Weekly</i

http://www.computerweekly.com/Articles/2006/08/15/217689/NHS+suppliers+face+review+of+disaster+p

“Connecting for Health (CfH), which runs the National Programme for IT in the NHS, has ordered a review of disaster recovery arrangements for all five of its local service providers following failures at a datacentre run by CSC earlier this month. The outages left hospital trusts in the North West and West Midlands without access to patient administration systems for up to five days. CfH contracts with local service providers specify that storage area networks at the heart of disaster recovery provisions must have no single point of failure, 99.9% availability and zero data loss. “The disaster recovery restored time within contracts depends upon the services affected. This is currently between two and 72 hours. However, by January 2007, all services must be restored within two to 12 hours,” said a CfH spokesman.”

Major incidents hit NHS national systems (19 Sep 2006)

<i>Computer Weekly

http://www.computerweekly.com/Articles/2006/09/19/218552/Major+incidents+hit+NHS+national+syster

"More than 110 "major incidents" have hit hospitals across England in the past four months, after parts of the health service went live with systems supplied under the £12.4bn National Programme for IT (NPfIT) in the NHS. Many of the incidents, which have been reported by Connecting for Health, the body that oversees the NPfIT, involve the failure of x-ray retrieval hardware and software, known as Pacs (picture archiving and communications systems) which allow clinicians to view digitised x-rays on screen. . . The major incidents also involve hospital patient administration systems, which hold patient details such as appointments and planned treatments. The specifications for services to be supplied under the NPfIT built up an expectation among NHS staff and clinicians that they would receive sub-second response times, and that equipment would be available to them 99.99% of the time. But the list of major incidents seen by Computer Weekly shows that in some cases NHS staff and clinicians have lost access to their main hospital systems. More than 20 major incidents have affected multiple NHS sites. This raises questions about whether the risks of failure after go-live have been adequately assessed, and whether any independent regulator has an overview of the riskiest implementations across England. . . Some of the listed incidents were fixed quickly, though others lasted much longer. . ."

NPfIT systems failing repeatedly (20 Sep 2006)

e-Health Insider

http://www.e-health-insider.com/news/item.cfm?ID=2144

“More than 110 major incident failures have been reported by hospitals and GPs over the past four months relating to systems provided by the NHS National Programme for IT. The problems, which have affected dozens of hospitals across England, were serious enough to be logged by NHS managers as ‘major incidents’. The issues were revealed by an anonymous NHS IT director speaking to Computer Weekly. The IT director told the magazine: "Some NHS trusts that have implemented Connecting for Health [centrally-bought] solutions are struggling to cope with poor system performance and service availability issues. "The local service provider is working flat out to resolve the issues. However, a great deal of damage has been done in terms of deteriorating end-user confidence and satisfaction with respect to the systems." E-Health Insider understands that the 110 serious incidents reported by Computer Weekly may actually understate the true number of problems. Industry sources say that some problems are routinely not reported or recorded or classified as less serious. For instance, the July data centre failure that affected 80 trusts is understood to have been counted as a single major incident. EHI has also learned that a 9 September failure that resulted in the iSoft system delivered by Computer Sciences Corporation to Morecambe Bay Hospital NHS Trust becoming unavailable to all staff was only treated as an 'amber' incident, rather than a 'red' major incident. The contractual specifications for services to be supplied under the NPfIT say that staff and clinicians will receive sub-second response times, with 99.99% availability. But in many cases staff have found systems can either be extremely slow, impossible to access or unavailable to them for hours or even days. . . While the early problems will hopefully just prove teething problems, they raise the spectre that staff will not be able to fully rely on CfH systems and will still need to maintain old systems and paper records. The programme has yet to begin widespread delivery of clinical rather than administrative systems. . .”

Some N3 links 'too slow for Choose and Book' (25 Sep 2006)

e-Health Insider

http://www.e-health-insider.com/news/item.cfm?ID=2151

"A fanfare for the near completion of the new NHS network, N3, has been met with complaints that some GP practices with new broadband connections are not receiving enough bandwidth even to use the e-referral system, Choose and Book, effectively. Announcements last week from the network's purchaser, Connecting for Health, and supplier, BT, brought numerous comments from E-Health Insider readers who were critical of the performance experienced by some users. Clinicians in affected areas who attempt to use Choose and Book through their clinical applications are experiencing login times of up to four minutes and finding their keyboards unresponsive. Meanwhile, users are unable to distribute critical application patches and updates over their connections and GPs are reportedly "tearing their hair out". . . The difficulties are causing problems on a regional as well as a local level. Last month, EHI understands, a primary care trust in Leeds was unable to agree a go-live date due to the poor performance speeds of N3 over their intra-practice virtual private network. . ."

Hospital blames IT for fall in status (17 Oct 2006)

Computer Weekly

"Executives at a hospital that pioneered systems under the £12.4bn National Programme for IT in the NHS have blamed their new technology for contributing to the trust's loss of status as top performing health service site. The Nuffield Orthopaedic Centre in Oxford was last year awarded the maximum three-star rating for its performance. Under a new method of rating hospitals, Nuffield was categorised by the Healthcare Commission as "weak" for quality of service. This is the bottom category of performance. The ratings matter because hospitals can lose business - and income - if their ratings remain poor and patients are referred elsewhere. On a target for seeing patients with suspected cancer, Nuffield incurred a "fail" because it was unable to submit the necessary data during the implementation of its new systems. It also failed to meet national targets on the number of patients waiting more than six months and on the number of cancelled operations. Jan Fowler, acting chief executive at Nuffield, said she was disappointed at the "weak" rating. "We believe we are providing a good quality service to our patients at this hospital but the results have been distorted by the computer problems we had earlier this year following the installation of our new patient administration computer system, which unfortunately caused some patients to experience delays to their treatment," she said. . ."

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Terms of use

Delays and Specification Changes

From Nhs It Info

Contents

- 1 NHS IT suffering UK-wide delays (27 Apr 2005)
- 2 Annual Audit Letter (2004/2005)
- 3 Suppliers advised to develop standalone software (26 May 2005)
- 4 Liverpool trust rejects delayed PACS (17 Nov 2005)
- 5 Leaked e-mails emphasise divide between business goals and technology in NHS plan (22 Nov 2005)
- 6 The nine projects at the heart of NHS IT (19 Jan 2006)
- 7 Report to the Board (25 Jan 2006)
- 8 NPfIT delays give local NHS trusts a financial planning headache (21 Feb 2006)
- 9 NPfIT delays in the south (25 Feb 2006)
- 10 Implementation schedule slips in South (14 Mar 2006)
- 11 NHS trust seeks compensation over patient records system delay (21 Mar 2006)
- 12 Summary care record delayed and abridged (25 Apr 2006)
- 13 Connecting for Health fails to lead on Contact (26 Apr 2006)
- 14 NPfIT for survival? (May 2006)
- 15 Rush to fulfil prime minister's NHS vision tripped up IT programme (23 May 2006)
- 16 NHS electronic records are two years late (30 May 2006)
- 17 Regular check-up with a difference (31 May 2006)
- 18 NHS has another stab at records - Going one step at a time after all (20 Jun 2006)
- 19 Lengthy delivery for NPfIT maternity systems (26 Jun 2006)
- 20 Implementation dates for hospitals continue to slip (31 Aug 2006)
- 21 New setback for NHS computer (3 Sep 2006)
- 22 Choose and Book set to miss 90% referral target (10 Oct 2006)
- 23 Granger compares BMA to the National Union of Miners (13 Oct 2006)
- 24 HM Treasury unplugged - Government's IT late list (14 Oct 2006)
- 25 Newcastle develops options outside CfH (26 Oct 2006)

NHS IT suffering UK-wide delays (27 Apr 2005)

Computing

http://www.computing.co.uk/computing/news/2071710/nhs-suffering-uk-wide-delays

"The first major local system on the timetable is the patient administration system (Pas), but suppliers in all five areas are having trouble meeting schedules. CfH has acknowledged delays in four of the regions, but Computing can reveal that there are also problems in the fifth area, the North West and West Midlands (NWWM). NHS sources say fewer than 300 users in the NWWM area are using Pas systems, out of tens of thousands of potential users. Even at such an early stage this number is significantly below predictions, and is too low to test the scalability and functionality of the new technology."

Annual Audit Letter (2004/2005)

Airedale NHS Trust

http://www.wysha.nhs.uk/Library/Committee_Meetings/Board_Meeting_26_September_200/item%204%

"The progress of implementation has been severely limited by national difficulties, particularly delays and shortcomings in delivery of the NPfIT core services by the cluster's LSP. This is beyond the control

of the local health community."

Suppliers advised to develop standalone software (26 May 2005)

e-Health Insider

http://www.e-health-insider.com/news/item.cfm?ID=1225

"Connecting for Health (CfH) has confirmed that it is advising its suppliers to develop standalone versions of their applications, not reliant on the NHS Spine, in order to prevent further implementation delays. . . the implementation of the spine, which provides national infrastructure and services such as user authentication, security and data encryption for the Care Records Service, has been experienced serious teething problems and delays. Problems reported at early sites using elements of the spine have included reliability and the basic user log-in and identification process, which takes minutes rather than seconds."

Liverpool trust rejects delayed PACS (17 Nov 2005)

North Mersey Connect Portal

http://www.northmerseylis.nhs.uk/news/shownews.asp?id=3331

"A leading NHS trust in the North West and West Midlands cluster has been forced to scrap its implementation of a Connecting for Health (CfH) Picture Archiving and Communication System (PACS), due to delays and technical problems with the system."

Leaked e-mails emphasise divide between business goals and technology in NHS plan (22 Nov 2005)

Computer Weekly

http://www.computerweekly.com/Articles/2005/11/22/213038/Leakede-mailsemphasisedividebetweenbus

"The e-booking part of Choose and Book is considered by the government to be critical to the scheme, and so the software is a key component of the NPfIT. In January 2005, the then health secretary John Reid said e-booking would be fully implemented by 2006, but the scheme is not now due to be fully rolled out until 2007 at the earliest. . ."

The nine projects at the heart of NHS IT (19 Jan 2006)

Silicon.com

http://www.silicon.com/publicsector/0,3800010403,39155714-1,00.htm

"Phase one of the [The NHS Care Records Service (CRS)] project, due to be completed in summer 2005, included the booking of outpatient appointments and the ability of health and care professionals to view basic patient information. . . According to the NHS Connecting for Health business plan, the aim was to have 50 per cent of the National Prescription Service in place by the end of 2005. But Connecting for Health told silicon.com: "The target was always going to be a challenging one to meet, especially given its reliance on system supplier and PCT deployment activity." . . . Choose and Book has been subject to long delays - finally coming into service a year later than expected. . . According to the NHS Connecting for Health business plan, the aim was to have 50 per cent of the National Prescription Service is in place by the end of 2005. But Connecting for Health told silicon.com: "The target was always going to be a challenging one to meet, especially given its reliance on system supplier and PCT deployment activity.""

Report to the Board (25 Jan 2006)

West Midlands South Strategic Health Authority

http://www.wmsha.nhs.uk/Corporate/Papers_and_Publications/Board_Papers/25%20January%202006/13

"There will be significant delays to delivery of the strategic Care Record Service solution in the North West / West Midlands Cluster. A delay mitigation plan is being developed which will deliver clinical benefits using existing technology."

NPfIT delays give local NHS trusts a financial planning headache (21 Feb 2006)

Computer Weekly

http://www.computerweekly.com/Articles/2006/02/21/214306/NPfIT+delays+give+local+NHS+trusts+a+f

"Board papers from West Yorkshire Strategic Health Authority reveal how delays to the hospital systems supplied by the programme are making financial planning "extremely uncertain". They specify an allocation for the authority of £6.8m from Connecting for Health (CfH), which runs the programme. Also, £11.4m of the SHA's internal funds were allocated to implement CfH products in financial years 2004/05 and 2005/06. However, delays to the NPfIT mean this funding will need to be stretched over at least one extra year. It was unlikely Leeds Teaching Hospitals Trust would receive suitable systems before the end of 2008, according to board papers. Other hospitals would be in a similar position, they said. "Delays to product delivery have also made forward planning, and therefore any associated financial planning, extremely uncertain... If further funding is not forthcoming then it is possible that the [Leeds] Trust will not be in a position to implement CfH services," said the papers.

NPfIT delays in the south (25 Feb 2006)

Kable Public Sector Research, Publishing & Events

http://www.kablenet.com/kd.nsf/KNBetterSearchView/71811B0DE4CB7E7980256FB2004EC778?OpenI

"London and the southern regions of the NHS National Programme for IT (NPfIT) are reviewing the timetable for the infrastructure to support electronic care records. The changed schedule means that the clusters could face a six to eight month delay in implementing parts of the care record."

Implementation schedule slips in South (14 Mar 2006)

e-Health Insider

http://www.e-health-insider.com/news/item.cfm?ID=1763

"The introduction of the NHS Care Records Service in the South of England is set to be delayed following a revamp of the software to introduce new functionality and to address issues identified in the "white knuckle" initial implementation at Nuffield Orthopaedic Centre, Oxford. . . This additional work is understood to address issues around incorporating new clinical codes and the Choose and Book functionality. . . A leading clinician familiar with the issues involved told EHI: 'Whilst I totally support the NPfIT vision, the unrealistic timescales, the lack of local funding, the ongoing problems with delivery, the lack of openess so that lessons can be learnt, the spin and the blame culture are in danger or killing the programme.'"

NHS trust seeks compensation over patient records system delay (21 Mar 2006)

Computer Weekly

http://www.computerweekly.com/Articles/2006/03/21/214857/NHStrustseekscompensationoverpatientrec

"An NHS hospital trust in south west England is seeking compensation for the late delivery of NHS Connecting for Health patient administration systems. United Bristol Healthcare NHS Trust is due to receive the electronic care records service system from Connecting for Health, the government agency running the £6.2bn national programme for IT in the NHS, to replace ageing EDS-supplied systems. Delivery of the Connecting for Health system to hospitals in the region had already been delayed by more than a year before local service provider Fujitsu replaced software supplier IDX with Cerner. A spokeswoman for the trust said it was asking for money from Connecting for Health or its local service provider to pay for the additional support cost from EDS caused by delays.

Summary care record delayed and abridged (25 Apr 2006)

e-Health Insider Primary Care

http://www.ehiprimarycare.com/news/item.cfm?ID=1850

"The content of the summary record uploaded to the spine will be cut back to include just allergy and prescription information initially, Connecting for Health (CfH) has decided. The decision to significantly abridge the initial content of the record has been made to allay GPs' concerns over the accuracy of their records."

Connecting for Health fails to lead on Contact (26 Apr 2006)

e-Health Insider

http://www.e-health-insider.com/news/item.cfm?ID=1849

"it turns out that CfH is failing to lead by example and continues to run its own Microsoft Exchange email servers. The agency was unable to tell EHI when it plans to fully move to Contact and make savings by switching off local email systems. . . The overwhelming majority of NHS and CfH emails routinely seen by EHI do not carry the tell-tale nhs.net suffix used by Contact, but instead carry other naming conventions indicating they come from local email systems. CfH failed to identify a single NHS trust that had fully migrated to the web-based system . . . According to CfH there are now 163,000 registered users of Contact, 80,000 of who are described as "frequent users". In a bid to bulk out these registration numbers CfH has announced that all 400,000 members of the Royal College of Nursing working within the NHS, including agency staff, are to be bulk-registered automatically registered on Contact. But while the increased numbers are certain to look good in reports back to ministers, bulk registering staff for a service is very different from getting them to use it."

NPfIT for survival? (May 2006)

GovernmentIT

http://www.govnet.co.uk/publications.php?magazine=3

"To see the future of the NHS today, go to Salford. There, the care of people with diabetes is being transformed by electronic records shared by doctors, other health workers and patients themselves. . . A breakthrough by the £6 billion National Programme for IT? No. The Salford project is happening in parallel with the National Programme, and is at least a couple of years ahead in making information available where needed. The gap in progress between locally led innovations like Salford's and the slow pace of national projects symbolises a crisis in the world's single civil IT programme as it celebrates its fourth birthday. . . The programme's Head, Richard Granger, Chief Executive of NHS Connecting for Health, says that while enormous progress has been made, the delivery of some crucial systems is behind schedule. . . To try and keep the programme on track, local service providers are deploying a variety of

'interim solutions'. In acute hospitals, the interim solutions are little more than basic patient-administration systems, lacking EPR functions that some hospitals had already installed. Rather than accepting the proposed interim solution, a handful of trusts needing to replace their existing systems urgently for contractual or technical reasons have chosen to procure new systems outside the programme. The latest example is Northumbria healthcare."

Rush to fulfil prime minister's NHS vision tripped up IT programme (23 May 2006)

Computer Weekly

http://www.computerweekly.com/Articles/2006/05/23/216022/Rush+to+fulfil+prime+minister's+NHS+vis

"In April 2000, the Public Accounts Committee . . . endorsed the view of the NHS Executive that five types of electronic patient records needed to be built first, before the consolidation of health records could be undertaken. These fives types of electronic patient records addressed the needs of professionals in mental health, acute hospital, GP primary care, community services and social care. . . The prime minister spelt out his vision to the government e-Summit in November 2002. He proposed that 600 million pieces of paper a year could be eliminated from the NHS. Of course, others were left with the task of trying to work out how. The recruitment of the NPfIT team in the autumn of 2002 set the framework for action. . . Forgotten, apparently, was the need for a first stage of five types of electronic patient records – a foundation upon which to build. The NPfIT concentrated right away on putting the national central building blocks in place, signing up a supplier for a national electronic booked appointments database in October 2003, and BT for the national element of the Care Records Service in December 2003."

NHS electronic records are two years late (30 May 2006)

Financial Times

http://news.ft.com/cms/s/d8aca40c-ef49-11da-b435-0000779e2340.html

"Plans to give all 50m NHS patients in England a full electronic medical record are running at least two to two-and-a-half years late, Lord Warner, the health minister who oversees the project, has confirmed. He also admitted that the full cost of the programme was likely to be nearer £20bn than the widely quoted figure of £6.2bn. The latter figure covered only the national contracts for the systems' basic infrastructure and software applications, he said. . . The delays to the electronic care record, which mean it may not be in place until early 2008, come in part because of delays in providing the software, which is being developed by iSoft and other companies. But the record's introduction is also being stalled by a fierce and unresolved dispute within the medical profession over what should be included on the national medical record, and how patients' data should be added. Some see it as threatening to "derail" the programme."

Regular check-up with a difference (31 May 2006)

The Guardian

http://society.guardian.co.uk/e-public/story/0,,1786033,00.html

"If you live in Salford and have type 2 diabetes, a regular phone call could keep you out of hospital. Care Call is a new service from Salford primary care trust that involves specially trained advisers keeping in touch with patients in their homes to update their records, advise them on their diet, and remind them to take medication and exercise regularly. It is an example of the kind of innovative service that becomes possible when carers have seamless access to electronic case records. Unfortunately, it is a beacon of excellence in an unjoined-up world. Plans to create electronic case records for both health and social care are falling behind schedule, the Guardian has learned, while a target of joining up the two by 2010

appears to have been quietly dropped. . . The Care Call service is underpinned by an electronic medical record drawing information from a collection of dedicated systems. Joining up information is tricky in long-term care because of the many different people and places involved in any individual's care. "Diabetes is multi-disciplinary and multi-locational," says project manager John Burns. "All information is held at the locality, all in different systems. In diabetes, these might include a podiatrist and an eye clinic as well as the GP and acute trust." The solution is a system from Graphnet, a specialist healthcare IT firm, that takes data from different repositories and presents it in a web format that can in theory be viewed from anywhere, including the Care Call headquarters and, eventually, the patient's own home. . . Salford is not the only local initiative developing electronic health records that share information from across disciplines, but it is one of the most advanced. It is at least two years ahead of the "official" NHS version - the Care Records Service - being developed under the NHS National Programme for IT."

NHS has another stab at records - Going one step at a time after all (20 Jun 2006)

The Register

http://www.theregister.co.uk/2006/07/20/nhs_ncr/

“A high-powered taskforce has been assigned to tackle problems with the overdue care records system, the core element of the troublesome £12.4bn National Programme for IT. The reputation of the national care records system was undermined in last month's House of Commons Public Accounts Committee on the NHS programme. It found development had been rushed without proper consultation with patients and clinicians. The Department of Health said in a statement yesterday that the task force would address "outstanding issues and concerns" and aid the introduction of the first phase of the care records system in 2007. The last official word on the timetable for care records was given at last month's PAC hearing. Then scheduled for late 2006, they were already running two years late. This had been blamed on suppliers having "difficulty in meeting the timetable" and clinicians wanting to see the system piloted. . . The taskforce is being chaired by Harry Clayton, national director for patients and the public at the DoH. It will consist of two British Medical Association chairs, an executive director of quality at Ealing PCT, and bosses of the Royal College of Nursing, Royal College of General Practitioners, the Terrence Higgins Trust, the college of emergency medicine, an ethics professor from Oxford and a patient advocate.”

Lengthy delivery for NPfIT maternity systems (26 Jun 2006)

e-Health Insider

http://www.e-health-insider.com/news/item.cfm?ID=1965

"The delivery of new maternity systems as part of the NHS IT programme has stalled, E-Health Insider has learned. Not a single hospital has yet received a new system, and a leading obstetrician has warned that the delays are creating potential “clinical risks” to mothers and children. The lengthy delays to maternity software are causing huge frustrations for NHS trusts that urgently need modern systems to meet the latest statutory reporting and child screening initiatives, and effectively manage their clinical litigation risks. But the Evolution maternity software from iSoft, offered as a stopgap solution in 60% of England under the NHS National Programme for IT (NPfIT), is said to be out-of-date and requiring considerable development before it can be implemented. An NPfIT-compliant version of Evolution that connects to the central NHS data spine was meant to have been provided as an ‘emergency bundle’ from the beginning of 2005 to hospitals across the north west and west midlands, north east and east of England. This had only been intended as an interim solution to meet urgent needs before maternity functionality was delivered by NPfIT as part of an integrated ‘strategic’ clinical systems suite. But no hospitals have received any new maternity systems. The cumulative delays are said to be acting as a deadweight on the modernisation of maternity services, which had previously been considered leaders in using IT to deliver improved patient care."

Implementation dates for hospitals continue to slip (31 Aug 2006)

e-Health Insider

http://www.e-health-insider.com/news/item.cfm?ID=2100

“An investigation by E-Health Insider has found that two-thirds of the 22 NHS acute trusts that were meant to be receiving a replacement patient administration system by the end of October say they will not hit the target. In late June NHS Connecting for Health and its local service providers told Richard Bacon MP, a member of the Public Accounts Committee, that 22 trusts would get replacement PAS systems by the end of October. Two months later, just seven of the trusts named have told EHI they believe the target will be hit. . .”

New setback for NHS computer (3 Sep 2006)

The Observer

http://observer.guardian.co.uk/uk_news/story/0,,1863760,00.html

“The troubled multi-billion-pound NHS computer system suffered a fresh blow last night when it emerged that two-thirds of the hospital trusts due to have installed an electronic patient administration system for booking appointments with consultants by the end of October will not meet the deadline. The delay has raised concern that the project - already two years behind schedule - may be continuing to overrun. The government believes it will cost £12.4bn but critics fear more delays could mean costs spiralling to more than £15bn. Of the 22 NHS acute trusts supposed to be receiving the new patient administration system by the end of October only seven believe they will now hit the target, according to a survey by E-Health Insider, a specialist online magazine for health professionals. The system is crucial to the entire project as it is the foundation on which all other aspects of the IT system are built. . .”

Choose and Book set to miss 90% referral target (10 Oct 2006)

e-Health Insider Primary Care

http://www.ehiprimarycare.com/news/item.cfm?ID=2188

"The Department of Health’s target for 90% of referrals to be made through Choose and Book by next March looks almost certain to be missed, as latest figures reveal every strategic health authority is behind schedule. The statistics show that while the average percentage of bookings made through the system is now 27%, many primary care trusts are still in single figures making the achievement of a 90% target by all 150 new PCTs highly unlikely. Figures reported to the September board meetings of the new SHAs show that in the case of the worst performing authorities less than half of the planned bookings had been made through the system during the summer. In South East Coast SHA 12% of outpatient bookings went through Choose and Book in August compared to the projected 28%, and in the East of England 13% of bookings went through Choose and Book, only just over a third of the 35% the SHA said it hoped to achieve by that stage. The figures for August from South East Coast SHA include some trusts that performed well, such as Croydon, which achieved 28% of referrals through the system. However, eight of the 25 old-style PCTs had used Choose and Book for 5% or less of referrals with East Elmbridge and Mid-Surrey PCT referring no patients through the system and East Surrey PCT only 1%."

See also: http://www.ehiprimarycare.com/comment_and_analysis/index.cfm?ID=172

Granger compares BMA to the National Union of Miners (13 Oct 2006)

e-Health Insider

http://www.e-health-insider.com/news/item.cfm?ID=2198

"NHS IT boss Richard Granger has compared the British Medical Association to the National Union of Mineworkers, describing the influential doctors' trade union as a block to change in the NHS. His inflamatory comments came in a New Statesman round table on IT modernisation, in which he spoke of obstacles to the late-running £12bn NHS IT project. "There are some blocks to radical structural change. I have encountered an incredibly powerful union, comparable to the National Union of Mineworkers, and that is the British Medical Association." Dr Jonathan Fielden, the Chairman of the BMA's Consultants Committee, told EHI: "I think clearly remarks like that are unhelpful, particularly when the general tenor of relations with the government are good and improving." . . . Dr Fielden, a consultant intensivist at Royal Berkshire hospital, added the comments were unfortunate given the problems being experienced by the programme. "The CfH agenda needs friends and it needs help right now," he observed. "The programme is way behind schedule and significantly over budget." He added, "Richard Granger must be under intense pressure to deliver." . . . Dr Fielden added that it was a particular "frustration" that CfH had only sought clinical involvement on key issues such as the confidentiality of patient records "late in the day". Dr Richard Vaughtrey, deputy chairman of the GPC and its lead on IT issues, told EHI that while communication with CfH had improved "There are still times we feel our views are not being taken on board." He added: "The key area is around the summary record, what it will look like, what it will contain and how it will work in practice." In a statement CfH told EHI the NHS IT director general's remarks were not taken from a verbatim transcript and "the full context is therefore missing". The missing context was not supplied. . ."

HM Treasury unplugged - Government's IT late list (14 Oct 2006)

The Register

http://www.theregister.co.uk/2006/10/14/it_tyranny/

"The Conservatives have helped expose, again, the systemic failure of Government IT projects with a seemingly trivial parliamentary question about costs and timescales at HM Treasury. A written answer extracted by Theresa Villiers, shadow chief secretary to the Treasury, discovered that IT projects were running a total of 17 years late at HM Treasury under the leadership of Gordon Brown. . . On 4 September, in answer to a similar question by the Liberal Democrat MP Vince Cable, the Department of Health provided a tally as well. The only project for which the department had no clue of when it started, when it would end and what it might cost was the infamous National Programme for IT, the IT industry's answer to the Millennium Dome. The DoH answer waffled that NPfIT didn't really having a start or end date because it was sort of, well, "substantial", being planned on the fly, "incremental", and "providing increasingly richer functionality over time." . . . NPfIT faltered because it was imposed from above, without reference to the clinicians who were to use it. Connecting for Health, the organisation responsible for NPfIT, admitted that if it had consulted the intended users of the system more widely and included their views in its design, they might have a better idea of what it was doing. It was trying to be too big, too clever, and had tried to impose its world view on too many people. . ."

Newcastle develops options outside CfH (26 Oct 2006)

eHealth Insider

http://www.e-health-insider.com/news/item.cfm?ID=2217

"Newcastle Hospitals NHS Foundation Trust has gone out to tender for key elements of a new Electronic Health Record system, outside the National Programme for IT, to hedge risks created by delays to the Connecting for Health programme growing beyond the current two years. The trust faces an urgent requirement for a new Maternity system, as its existing McKesson system will not be supported beyond next June. The Foundation trust is also seeking a new PAS system, a replacement for which CfH had

originally promised to provide by January 2005. Newcastle becomes the latest independent Foundation hospital trust to seek to procure for key systems independently of the late-running £12bn NHS IT upgrade programme. The trust says that it is developing alternatives as the CfH programme is now running two years late, and may be subject to further delays. . . Earlier this year Newcastle issued an OJEU notice for three other key operational systems: order communications, electronic prescribing and theatres. Bids are currently being evaluated by the trust with contracts due to be awarded by February 2007. The trust has now also tendering for a maternity system, an A&E system and patient administration system. The September trust board paper explains why: “The business and operational circumstances as a Foundation trust do suggest there is an urgent need to consider replacement of these systems as matter of priority and outside the national programme.” The paper says “the original Connecting for Health programme is running two years late” with there being “no immediate prospect of system delivery”. It adds: “The Trust had originally planned to implement a replacement PAS on 18 January 2005 as the start of an incremental EPR development.” . . . Newcastle makes clear that it plans to keeps its options open for the time-being and that its OJEU advert could result in more competitive submissions from suppliers yet keeping the trust’s options open if CfH be subject to further delays. . ."

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projectforum.com

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Contents

- 1 More Radical Steps (2003) Initiatives (Jul 2003)
- 2 NHS Confederation Briefing (1 Aug 2003)
- 3 The National Programme and Primary Care Informatics (1 Mar 2004)
- 4 Public Value and e-Health (1 Jul 2004)
- 5 Transcript of File on Four (19 Oct 2004)
- 6 Doomed from the start: considering development risk (1 Feb 2006)
- 7 BCS Response to NAO Investigation of NPfIT (4 Jan 2005)
- 8 Re-configuring the health supplier market: Changing relationships in the primary care supplier market in England (9 Mar 2006)
- 9 US conference gets a reality check on NPfIT (26 May 2006)
- 10 The NHS and IT: A failure to connect (15 Jun 2006)
- 11 EHRs: Electronic Health Records or Exceptional Hidden Risks? (Jun 2006)
- 12 Toughest tests still lie ahead for NHS IT: Two core problems threaten the progress of the national programme for health service technology (17 Aug 2006)
- 13 The good of IT in healthcare: Let's not forget the benefits in spite of poor execution (17 Aug 2006)
- 14 NHS computer chaos deepens: MP brands electronic link for hospitals and surgeries 'a hopeless mess' as costs rise to £15bn (20 Aug 2006)
- 15 What price the NHS computer upgrade from hell? (27 Aug 2006)
- 16 IT deals are failing public services (29 Aug 2006)
- 17 MPs urge rethink of NHS records project (31 Aug 2006)
- 18 Increased risk may put companies off public IT projects (3 Oct 2006)
- 19 NHS IT project is force for good and worth the pain so hush the critics (24 Oct 2006)
- 20 NHS IT project should not be at the expense of patients or of the media's independence (24 Oct 2006)

More Radical Steps (2003) Initiatives (Jul 2003)

BCS Health Informatics Committee

http://www.bcs.org/upload/pdf/rsjul03.pdf

"Estimates of four to eight times current planned investment were suggested as necessary to carry out necessary professional training, organisational systems redesign and realignment to support a successful NPfIT. Until any other figure is ratified, the potential for NPfIT to have a substantial impact on care remains at serious risk"

NHS Confederation Briefing (1 Aug 2003)

National Programme for Information Technology in the NHS

http://www.npfit.cambridgeshire.nhs.uk/default.asp?id=24

"The IT changes being proposed are individually technically feasible but they have not been integrated, so as to provide comprehensive solutions, anywhere else in the world."

The National Programme and Primary Care Informatics (1 Mar 2004)

BCS Health Informatics Committee

http://www.phcsg.org/main/documents/Position%20Paper%20Release%201%20-%20Mar%202004%20.p

"The National Programme needs to understand GPs' current high levels of dependence and relative satisfaction with their current systems, and must provide a path to allow GP practices to move to systems that can fully realise the vision of the National Programme in a controlled manner without excessive loss of utility in the process. Critically, the National Programme needs to recognise that there is no hurry to replace current systems before proven alternatives are generally recognised as justifying the disruption."

Public Value and e-Health (1 Jul 2004)

Institute for Public Policy Research

http://www.ippr.org.uk/ecomm/files/public_value_ehealth.pdf

". . . although new ICT systems have been procured for the NHS, in order for the anticipated benefits to be delivered there will have to be significant changes to the way the NHS works in order to take full advantage of the greater availability of information. There are two potential barriers to the successful completion of this change management process. First, control over NHS ICT might have moved from being too devolved to too centralised. This could potentially make systems insufficiently flexible to take account of useful variations in local working practices and might also lead to trailblazing NHS organisations being held back. Second there may simply be insufficient capacity within the NHS to cope with the magnitude of change that will be required. Managers, health professionals and specialist health informaticians are all extremely busy and may not have the time to make sure that the change is a success. Inadequate funding, insufficient skilled staff and the competition of other priorities may mean that although ICT systems have been procured, the benefits delivered will not be as great as they might have been."

Transcript of File on Four (19 Oct 2004)

BBC (Interview with Jean Roberts, BCS Health division)

http://news.bbc.co.uk/nol/shared/bsp/hi/pdfs/fileon4_20041019_nhs_it.pdf

"To get these new systems introduced, the people competent to use them and for them to be day-to-day support tools will require somewhere, according to the people in the field, between four and eight times the initial investment."

Doomed from the start: considering development risk (1 Feb 2006)

Reg Developer

http://www.regdeveloper.co.uk/2006/02/01/development_risk/

"[The NPfIT] project does seem to exemplify one with high scores in all the risk categories I'd review before starting a project:
- It's a very large project, and the Government's record with large projects certainly isn't better than anyone else's.
- It involves massive changes to existing systems.
- It cuts across organisational boundaries (hospitals and GP surgeries, and uses outsourced services).
- It has legal/regulatory issues - doctors are responsible for the governance of patient records, and the Data Protection Act applies to much of the information.
- It is a highly visible project, raising considerable press interest.
- Top management (in this case, probably even our Prime Minister) is taking a lively and, possibly,

ill-informed interest.
- It has safety-critical aspects.
- Resources are limited and, in theory, tightly controlled.
- It involves new technologies.
- Few of those involved can have much experience with similar projects - US healthcare is very different and the NHS is an unusually large operation, even in a global context."

BCS Response to NAO Investigation of NPfIT (4 Jan 2005)

BCS

http://www.bcs.org/upload/pdf/auditofficejan05.pdf

"Summary:
1. NPfIT is damaging the UK healthcare IT Industry by excluding many small but innovative players. Steps must be taken to make systems more open.
2. NPfIT operates in an unnecessarily secretive manner. Its contracts and other documentation need to be made public to allay suspicion and encourage trust.
3. NPfIT is too top down in its approach. It now needs to be made bottom up: owned, understood and made affordable locally.
4. Current experience in the UK is not being exploited.
5. There needs to be confidence in the quality of staff developing NPfIT. Qualified informatics staff should be the norm.
6. More staff are required at all levels to implement NPfIT at the pace planned. Education is needed in health informatics to develop a larger pool of skilled workers.
7. Centralised solutions may not perform well enough for clinical use. Consideration should be given to distributed solutions.
8. Patient care is at risk from a loss in functionality. Much current healthcare is built around and depends upon current IT solutions.
9. There are risks to physical security and privacy of content from the NPfIT approach. Rigorous but practical user access controls are essential.
10. Confidentiality constraints must not interfere with patient care by limiting what information is documented and what is available to whom.
11. Without user ownership, NPfIT systems will not be used. Clinicians need to be consulted about integrating IT systems with operational clinical services.
12. NPfIT is primarily about business change, not information technology. There needs to be an extensive education and training initiative."

Re-configuring the health supplier market: Changing relationships in the primary care supplier market in England (9 Mar 2006)

Integrated Health Records - Practice and Technology, National eScience Centre

http://www.nesc.ac.uk/talks/648/Papers/sugden.pdf

"The NPfIT 'top down' approach has been criticised for appearing to ignore the complexity and diversity of local requirements and developing a 'one size fits all' solution. Whilst the NPfIT goals of information sharing and interoperability across the NHS are laudable, its centralised planning approach has resulted in a shift of the locus of control to management consultants, rather than users or suppliers."

US conference gets a reality check on NPfIT (26 May 2006)

e-Health Insider

http://www.e-health-insider.com/news/item.cfm?ID=1909

"Former National Programme for IT industry liaison manager, Phil Sissons, delivered a transatlantic reality check this week, exposing some of the warts in the £6.2 billion programme to an American audience, US correspondent Neil Versel reports from the 22nd annual Towards an Electronic Patient Record (TEPR) conference in Baltimore. In a keynote address this week, Sissons, now an ICT consultant said that there was a lot of truth in the negative reports about Connecting for Health (CfH), the agency running the National Programme for IT (NPfIT), despite the frequent denials by NHS officials. A prime example of CfH failure, according to Sissons, is Choose and Book. "Of the 80,000 appointments that have been made, I can count probably about six that have actually been made using the system. The rest are been made by phone. And yet, Choose and Book is seen as a major step forward," he said. Similarly, the data Spine that is to make patient records portable throughout England, has 80,000 people registered to use it, but neither hospital nor surgical information systems feed information to it yet."

The NHS and IT: A failure to connect (15 Jun 2006)

The Economist

http://www.economist.com/research/articlesBySubject/displayStory.cfm?subjectid=348945&story_id=70

"A gulf of mistrust between Mr Granger's team and the GPs threatens the success of the project. Part of the blame lies with CfH for making a poor job of selling itself. But blame attaches to the GPs too. Their status as independent contractors to the NHS too often blinds Britain's doctors to the wider picture."

EHRs: Electronic Health Records or Exceptional Hidden Risks? (Jun 2006)

Comunications of the ACM, vol. 49, no. 6 (Jun 2006) p.120.

". . . Over the past decade, several countries such as Australia, the U.K. and the U.S. have started IT initiatives aimed at stemming rising health care costs. Central to each of these initiatives is the creation of electronic health record (EHR) systems that enable a patient's EHR to be accessed by an attending healthcare professional from anywhere in the country. . . However, the attempts at creating national EHR systems have been encountering difficulties. In Australia, the implementation cost has risen from an estimated AU$5OOM in 2000 to AU$2B today. In the U.K., the implementation costs have risen from an estimated £2.6B in 2002 to at least £15B today. In the U.S., the "working estimate" for a national EHR system runs between $100B and $150B in implementation costs with $50B per year in operating costs. The UK Connecting for Health initiative calls for everyone in the UK to have EHRs by 2008. However, there have been ongoing problems with its implementation that spurred 23 leading UK computer scientists to write an open letter to the Parliament's Health Select Committee in April, recommending an independent assessment of the basic technical viability. In their letter, they ask whether there is a technical architecture, a project plan, a detailed design, assessments of data volumes and traffic loads, adequate resiliency in the design, as well as conformance with data and privacy laws, and so on. The US. approach to creating a national EHR system differs from the U.K. approach. . . Instead of funding the building of a single, integrated networked system with a central EHR database as in the U.K., the U.S. government is facilitating the definition of standards to allow the interoperability of commercially available EHR systems as well as interoperability certification standards. . . As the UK is discovering, focusing on the technology of electronic medical records without considering the myriad socioeconomic consequences is a big mistake. . ."

Toughest tests still lie ahead for NHS IT: Two core problems threaten the progress of the national programme for health service technology (17 Aug 2006)

Computing

http://www.vnunet.com/computing/analysis/2162411/toughest-tests-lie-ahead-nhs

“Having made it through the Public Accounts Committee hearing relatively unscathed, the £6bn National

Programme for NHS IT (NPfIT) faces tests with far greater implications. The data centre failure that knocked out patient admin systems in 80 hospitals this month raises serious questions, not least because backup systems also failed. But they are only ripples on the surface; two far deeper currents are stirring. The first is the doctors. Progress is already being delayed by disputes with the government over reform plans, with the Connecting for Health (CfH) agency running NPfIT over lack of consultation, and between different clinical groups over who owns what data. While discussions are cloaked by concerns such as confidentiality and security, there is more than a hint of politics, and of a turf war over who is the first and final arbiter of the relationship with the patient. The second vital area will be the suppliers. CfH director general Richard Granger was specifically hired from the private sector to broker hard-nosed, commercial deals. He did a good job. The NPfIT contracts pay only on delivery of working systems, and include punitive fines for under-performance and the scope to swap out the weak at any time. . . An optimist might say the suppliers' financial issues are evidence that the contracts are working. But private sector pockets are not bottomless, and only a fantasist would say that implementation delays – and therefore payment delays – will catch up in the coming year."

The good of IT in healthcare: Let's not forget the benefits in spite of poor execution (17 Aug 2006)

silicon.com

http://www.silicon.com/publicsector/0,3800010403,39161603,00.htm

"The NHS IT modernisation programme has received its fair share of criticism. Much of which, granted, might well be warranted - with costs likely exceeding £12bn, a series of rollout delays and scepticism from some doctors who wonder if it's "the biggest government IT disaster yet". But ironically at a Northern Ireland hospital trust outside the remit of the NHS Connecting for Health (CfH) programme, silicon.com has seen just how beneficial IT can be to doctors and patients. The Royal Hospitals Trust in Belfast has rolled out a new wireless network which will be used to share X-rays easily among doctors and to speed up drug dispensing. The trust is even handing out Star Trek-style wireless communicators to staff to facilitate finding and communicating with doctors and nurses when they're needed. . . Of course execution is the big issue and that's where the CfH scheme appears to be stumbling. This publication would never argue that the scheme's organisers not be held accountable for missteps. But let's not get too jaded and forget the good that can come from this - or perhaps this just underscores how essential it is for the NHS to get its IT overhaul right, and the magnitude of the consequences if it does not."

NHS computer chaos deepens: MP brands electronic link for hospitals and surgeries 'a hopeless mess' as costs rise to £15bn (20 Aug 2006)

The Observer

http://observer.guardian.co.uk/uk_news/story/0,,1854311,00.html

"A multi-billion pound plan by the government to link the computer systems of every hospital and GPs' surgery is unlikely to be delivered on time and may fall short of the NHS's requirements, according to a confidential review leaked to The Observer. . . The government has consistently claimed the project will be fully operational by the spring of 2008. But the review of the software that powers the system, conducted five months ago, suggests this is now in doubt. It notes that there has been 'slippage' in the rollout of the software, provided by Isoft, of '300 per cent'. The troubled firm is providing the software for three of the five regional 'hubs' of the national Connecting for Health IT system. The review, conducted by consultancy firms Accenture and CSC, who were awarded multi-million-pound contracts to oversee the implementation of the Connecting for Health system, notes: 'Critical elements of the plan seem significantly underestimated,' and warns that dates for the roll-out of the software are likely to be 'highly optimistic'. . . The review breaks the project down into 39 parts, each of which is given a colour grading. 'Red' requires immediate work, 'amber' suggests there is a potential risk and 'green' indicates there is no problem. Of the 39, 13 are classified red, 21 amber and only five green. The review identifies

the issue of clinical safety under the current Isoft system as a 'red' problem. It notes the firm has appointed a director of clinical safety in response to the concerns, but that he could not 'articulate the time frames for establishing a clinical safety team given the current financial climate within Isoft' - a reference to the company's financial problems which have caused its share price to collapse. The report is extremely critical of Isoft's ability to build a system to meet the NHS's needs. It notes that 'programme planning... is based on unrealistic assumptions that drive unachievable plans that ultimately fail to deliver on time'."

What price the NHS computer upgrade from hell? (27 Aug 2006)

The Observer

http://observer.guardian.co.uk/business/story/0,,1859032,00.html

"What are the lessons to be learned from the unfolding fiasco engulfing the £12bn NHS computer upgrade? It is a large and complex programme designed to hold the records of 30 million patients, one of the biggest projects of its kind, so it needed to be thought through properly. And the users - the consultants and clinicians - should have been widely consulted. Neither seems to have happened, demonstrating the propensity of government to throw taxpayers' money down the tubes. If everything was going smoothly, why would Accenture, one of the key suppliers, have written off $450m because of delays and glitches that have left its executives seething? Within the NHS, there are stirrings of discontent as fears grow that hospitals may be signing up to something they don't want. The Sheffield Teaching Hospitals NHS Foundation Trust, for example, recently announced it was abandoning one leg of the programme. The troubles at financially stretched iSoft, which is providing some of the software, illustrate what can happen when one firm's fortunes are so closely tied to a single client. They also highlight the need for careful project management, sadly lacking in this instance. It is difficult to escape the feeling that this project is being rushed with unrealistic deadlines (no one seriously believes that it can be completed by 2008) and that targets set for suppliers are too tough to meet. Perhaps the writing was on the wall at the start when IBM pulled out of the bidding - wary, no doubt, about the ability of government to execute such an ambitious task. If IBM, or 'big blue' as it is known in the US, was alarmed about the intricacies of the programme, perhaps others should have drawn their own conclusions. If Accenture decides to quit, as is widely expected, we should be concerned: this is a company which generates tens of millions of pounds from government contracts - and would bend over backwards not to upset one of its most important customers. The NHS computer programme, championed by the Prime Minister, is a wonderful idea in theory. It allows electronic access to patient histories around Britain, making it simpler for people to choose where they have treatment and easier to treat those who fall sick miles from where they live. But with forecasters now saying that the true cost of the upgrade could top £30bn, the question has to be asked: at what price?"

IT deals are failing public services (29 Aug 2006)

The Guardian

http://politics.guardian.co.uk/publicservices/story/0,,1860168,00.html

"As someone who was involved in NHS computer system design for nearly 20 years, the latest news, although sad, comes as no surprise (Ex-CBI boss caught up in NHS fiasco, August 26). We were told in 2003 that the contracts for the local and national suppliers were "so tight that the suppliers couldn't wriggle out of them". My response at the time was that if that was the case, the directors would walk off with pocketfuls of money while leaving the companies to founder and their staff searching for new jobs as soon as the going got tough. However, even I am slightly surprised at the amounts these directors have creamed off. My colleagues and I attended many meetings in which the cream of consultants from the supplier companies and their advisers dismissed the painstaking and thorough analytical work that had gone on within the NHS for many years as "science fiction" and "over-complex", before going on to

adopt simplistic solutions which were under-researched, had no meaningful clinical input, and were based on naïve assumptions which may be adequate in a commercial environment but were totally inappropriate to the multi-layered, multi-disciplinary and culturally disparate environment which is the NHS. We are now seeing the inevitable results of that inept design, which is unable to meet even the most minimal requirements of patient confidentiality and is so fragile that a simple power failure creates days of chaos for many hospitals. I take no pleasure in these failures, but my main concern is that no one is learning from them and we seem doomed to continue with the same flawed model of procurement. Meanwhile, those systems which were built in and by the NHS many years ago continue to reliably provide the basic IT infrastructure which keeps the whole thing running." [Ian Soady, Former chair, NHS Information Authority]

MPs urge rethink of NHS records project (31 Aug 2006)

The Independent

http://news.independent.co.uk/business/news/article1222861.ece

"The controversial programme to upgrade the National Health Service's IT systems has suffered another blow after two MPs called for an overhaul of the project yesterday. Richard Bacon, the Conservative MP for South Norfolk, and John Pugh, the Liberal Democrat MP for Southport, argued that the programme should be reformed to allow hospital trusts to purchase systems locally that can then be linked into the national network. Both MPs are members of the Commons Public Accounts Committee that reviewed the programme in June. The pair said that the project's "fundamental error" was to centralise the procurement of single systems across the NHS. "The Government is convincing no one that the situation is under control. The national programme for IT in the NHS is currently sleepwalking towards disaster ... This programme is costing taxpayers a king's ransom, but is descending into chaos," they said. A Department of Health spokeswoman rejected their claims. . . "

Increased risk may put companies off public IT projects (3 Oct 2006)

The Times

http://business.timesonline.co.uk/article/0,,9068-2385376.html

"FAILINGS in the £14.5 billion market for public sector IT projects are to be examined in a new study that comes after the controversial exit of Accenture from the NHS super- modernisation programme. Next year, the Office of Government Commerce (OGC) is to research the issues and constraints that could have an adverse effect on the delivery of IT projects in the public sector. Its decision comes after the publication of a joint pilot study by the OGC and the Cabinet Office, which concluded that increased risk, combined with onerous terms and conditions for suppliers, could stop companies tendering for work. Companies questioned for the study included all four key suppliers on the Government's £12.4 billion NHS IT modernisation project — BT, Fujitsu, Computer Science Corporation and Accenture. Last week Accenture quit the project, which has been hampered by delays, glitches and political wrangling. The company transferred the bulk of its contracts to a rival after making a £240 million provision against potential losses. The pilot report will give further ammunition to critics of the NHS project, who argue that its problems stem from the determination of Richard Granger, who heads the project as chief executive of Connecting for Health, to avoid the problems that beset previous government IT projects by shifting much of the risk on to service providers. Critics say that this strategy makes the work financially impossible for suppliers. . ."

NHS IT project is force for good and worth the pain so hush the critics (24 Oct 2006)

Computer Weekly

http://www.computerweekly.com/articles/article.aspx?liArticleID=219292

"The media has been full of comment on the "problems" at the NHS IT project as Accenture ducked out. Yet again, the comment portrayed the project as a "disaster" - indeed as "yet another public sector IT disaster". . . I have yet to meet anybody who opposes the overall objective of the NHS IT project. When it is fully implemented it will be a major force for good. It will save lives. I have little doubt that it will be looked upon throughout the world as a model to be followed. Achieving that objective will cause pain. Anybody who has ever been involved in any project - big or small - knows that. . . I have written many articles over many years against the concept of what I dubbed "one-sourcing" - ie. putting all your eggs in one supplier's basket. Indeed I would stake a claim on being one of the first to advocate "multi-sourcing". NHS IT is the most advanced example of just that. Accenture failing and CSC picking up the pieces is an example of the benefits of the approach, not of its failure. How many times have you read of public sector contracts failing and us, the taxpayers, picking up the costs of that failure? How many times have "one-source" suppliers been able to extract huge extra sums from the government to correct their own failures? Granger went out of his way to avoid, or at best minimise, this possible eventuality on the NHS IT project. Why doesn't that major advantage (or indeed any of the other advantages) ever get highlighted by the media? . . . Of course, I too can write much about the mistakes made in this project. I have long criticised the lack of early involvement and commitment from the medical profession something which the project was far too slow to address. The plan to sweep out all the existing systems and suppliers was also misguided. . . The government too must accept criticism. It was naïve to believe or announce that the only costs of the project were those related to its procurement. Training and implementation has cost much more than the initial procurement costs in every IT system I have ever been associated with. The timescales imposed on this project, as ever, were initially for political expediency rather than having any relationship to common sense." [Richard Holway, Director, Ovum]

NHS IT project should not be at the expense of patients or of the media's independence (24 Oct 2006)

Computer Weekly

"Computer Weekly agrees with several of the points made by Richard Holway - for example, that health officials should be applauded for trying to stop suppliers from ripping off the NHS and taxpayers. And there are other advantages of the National Programme for IT (NPfIT). Hospitals that had cumbersome, unreliable and old green-screen technology are having it replaced under the NPfIT. A new broadband network has been installed, x-ray systems are being rolled out - though this was happening before the advent of the NPfIT. . . But the main purpose of the £12.4bn spend on the NPfIT is not to show how well suppliers can be managed, or to put new technology into ambulances, whatever the undoubted benefits. A key objective of the programme was to deliver an electronic health record for 50 million people, accessible by any authorised user across England. At a meeting last week of health IT experts, the audience was asked whether the chief objective of the NPfIT should still be the delivery of a national electronic health record. No hands went up. Some thought it better to work towards a less ambitious scheme, to deliver a reliable and easily accessible local electronic medical record rather than a national care records system which may not materialise. This brings to the fore one of the main concerns about the NPfIT: that nobody has any real idea whether it will meet its original objectives, or whether some of those objectives are now obsolete. An independent review could ascertain whether the NPfIT will deliver what the NHS needs. But Caroline Flint, minister for public health, has rejected the call by 23 leading academics for an independent review in part because she says there have already been many internal assessments of the NPfIT. She has refused to publish all of the reports, which raises suspicions that much is being hidden - or worse, that there is much to hide possibly the fact that the programme as originally configured by the government in early 2002 was fundamentally flawed. . . We are also concerned at suggestions that the NPfIT is Richard Granger. Without Granger's impressive drive and conviction the programme is more likely to disintegrate but the programme was conceived many months before he joined, on the flawed basis it would cost £5bn and take less than three years. The NPfIT is a programme involving ministers, officials and thousands of NHS sites and people. It does not belong to one man."

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Smart Wiki Appliance
Plug n Play on Network, WYSIWYG Outlook Plugin, Unlimited Upgrades
www.mindtouch.com

Free, Professional Wiki
Install our powerful Wiki software in minutes - save hours of hacking!
projectforum.com

Dinosaur Encyclopedia
Free trial - Britannica online. Articles, video, interactive media.
www.britannica.co.uk

Sonologic Wiki Hosting
TWiki MediaWiki MoinMoin XWiki Hosting, customization, expertise.
www.wiki-hosting.nl/

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National Audit Office

From Nhs It Info

Contents

- 1 NAO Report: Knowledge of the Choose and Book Programme Amongst GPs in England (Sep 2005)
- 2 NAO Report: A Safer Place for Patients (Nov 2005)
- 3 Press Comments on Delayed Report on NPfIT
- 4 BCS Contribution to NAO Investigation of NPfIT (4 Jan 2005)
- 5 Qinetiq: NHS Connecting for Health Process Capability Appraisal (25 Apr 2005)
- 6 Health IT Report (5 May 2005)
- 7 NAO Report: National Programme for IT in the NHS (16 Jun 2006)
- 8 Media Reactions to the June NAO Report
- 9 NHS report 'criticisms deleted' (BBC News, 18 Aug 2004)
- 10 NAO report - a journey from criticism to praise (Computer Weekly, 29 Aug 2006)
- 11 Unhealthy tale of NAO report (Computer Weekly, 29 Aug 2006)=
- 12 NAO Report: National Programme for IT in the NHS (Leaked First Draft)
- 13 New inquiry into NHS IT upgrade (BBC News, 4 Sep 2006)
- 14 Audit Office pledges new report on NHS (Computer Weekly, 5 Sep 2006)
- 15 Was NAO report truly independent? (Computer Weekly, 19 Sep 2006)
- 16 NAO Report: National Duplicate Registration Initiative (Sep 2005)

NAO Report: Knowledge of the Choose and Book Programme Amongst GPs in England (Sep 2005)

http://www.nao.org.uk/publications/gp_survey_2005.pdf

"The overall perception of Choose and Book was negative – 78% of respondents said the prospect of Choose and Book would be very negative or a little negative."

NAO Report: A Safer Place for Patients (Nov 2005)

[http://www.nao.org.uk/publications/nao_reports/05-06/0506456.pdf

"NHS Connecting for Health, has begun to roll out its National Care Record system and expects it to have full functionality by 2010. Most trusts foresee that this will help them in ensuring that patient records are no longer lost and there are better controls over prescribing (both issues have led to significant numbers of patient safety incidents)."

Press Comments on Delayed Report on NPfIT

Audit Office report on CfH delayed again (http://www.e-health-insider.com/news/item.cfm?ID=1666) - e-Health Insider (26 Jan 2006): ". . . the eagerly awaited report, originally due to be published in July 2005, is now not expected to be released until "summer 2006" at the earliest, a publication date that may yet slip further."

NHS IT probe useless (http://www.theregister.co.uk/2006/03/24/nao_npfit_too_late/) - The Register (24 Mar 2006): "By the time the official audit of the government's £6.1bn NHS IT modernisation is published in the summer it will be too late to be of any [use to] the cash-strapped NHS, said a leading contributor to the investigation. However, the National Audit Office report might contain a valuable lesson for other arms of the public sector undergoing programmes of modernisation similar to the

ambitious NHS National Programme for IT, said Glyn Hayes, chairman of the Health Informatics Committee of the British Computer Society."

MPs to probe IT fiasco at health service (http://observer.guardian.co.uk/business/story/0,,1769248,00.html) - Observer (7 May 2006)P: "Parliament's spending watchdog is to investigate the National Health Service's £6.2bn IT modernisation amid fears that the massive project is overbudget and behind schedule."

BCS Contribution to NAO Investigation of NPfIT (4 Jan 2005)

http://www.bcs.org/upload/pdf/auditofficejan05.pdf

Summary:
1. NPfIT is damaging the UK healthcare IT Industry by excluding many small but innovative players. Steps must be taken to make systems more open.
2. NPfIT operates in an unnecessarily secretive manner. Its contracts and other documentation need to be made public to allay suspicion and encourage trust.
3. NPfIT is too top down in its approach. It now needs to be made bottom up: owned, understood and made affordable locally.
4. Current experience in the UK is not being exploited.
5. There needs to be confidence in the quality of staff developing NPfIT. Qualified informatics staff should be the norm..
6. More staff are required at all levels to implement NPfIT at the pace planned. Education is needed in health informatics to develop a larger pool of skilled workers.
7. Centralised solutions may not perform well enough for clinical use. Consideration should be given to distributed solutions.
8. Patient care is at risk from a loss in functionality. Much current healthcare is built around and depends upon current IT solutions.
9. There are risks to physical security and privacy of content from the NPfIT approach. Rigorous but practical user access controls are essential.
10. Confidentiality constraints must not interfere with patient care by limiting what information is documented and what is available to whom.
11. Without user ownership, NPfIT systems will not be used. Clinicians need to be consulted about integrating IT systems with operational clinical services.
12. NPfIT is primarily about business change, not information technology. There needs to be an extensive education and training initiative.
13. There are risks to the integrity of data with the concept of one “fat” National Data Spine.
14. NPfIT relies on the successful use of the Snomed CT clinical terminology. It needs more development by skilled staff, piloting and user training.
15. Guidance is needed on operational convergence with Social Services and the Voluntary sector which have very diverse informatics environments.

Qinetiq: NHS Connecting for Health Process Capability Appraisal (25 Apr 2005)

(Contribution to NAO Report on NPfIT)

http://www.nao.org.uk/publications/nao_reports/05-06/05061173_qinetiq.pdf

Among the "Improvement Opportunities" listed:

"- Individual stakeholder requirements cannot be explicitly traced back to specific stakeholders or stakeholder classes
- Arrangements for stakeholder requirements definition were not defined within a documented process
- Stakeholder requirements definition had proceeded directly to the production of the OBS without the

production of an analyzed statement of stakeholder requirements
- There was no evidence that an architectural design process had been defined, documented or deployed.
- The authority's integration strategy - of accepting or allocating responsibility for overall integration of the NPfIT principal sub-systems – did not demonstrably minimize the risk associated with integrating a large and complex system1."

Health IT Report (5 May 2005)

http://www.lightbluetouchpaper.org/2006/07/28/health-it-report/

Document produced by Ross Anderson "for the National Audit Office on the health IT expenditure, strategies and goals of the UK and a number of other developed countries. This showed that our National Program for IT is in many ways an outlier, and high-risk." (The contents of this document were used in the first draft NAO report, but did not feature at all in the final published version.).

NAO Report: National Programme for IT in the NHS (16 Jun 2006)

http://www.nao.org.uk/publications/nao_reports/05-06/05061173.pdf

From the Summary: "The Programme's scope, vision and complexity is wider and more extensive than any ongoing or planned healthcare IT programme in the world, and it represents the largest single IT investment in the UK to date. If successful, it will deliver important financial, patient safety and service benefits. The main implementation phase of the Programme and the realisation of benefits is mainly a matter for the future and it will therefore be some time before it is possible fully to assess the value for money of the Programme, as this will depend on the progress made in developing and using the systems it is intended to provide."

From the Conclusions and Recommendations: "Successful implementation of the Programme nevertheless continues to present significant challenges for the Department, NHS Connecting for Health and the NHS, especially in three key areas: ensuring that the IT suppliers continue to deliver systems that meet the needs of the NHS, and to agreed timescales without further slippage; ensuring that NHS organisations can and do fully play their part in implementing the Programme's systems; winning the support of NHS staff and the public in making the best use of the systems to improve services."

NHS CFH response to the National Audit Office outline findings (http://www.connectingforhealth.nhs.uk/news/news_nao_160606) - 16 Jun 2006

Media Reactions to the June NAO Report

NHS computer upgrade "too slow" says report (http://today.reuters.co.uk/news/newsArticle.aspx?type=topNews&storyID=2006-06-16T112131Z_01_L1 - Reuters, 16 June 2006

Cost of NHS IT programme 'to double' (http://politics.guardian.co.uk/egovernment/story/0,,1799352,00.html) - The Guardian, 16 June 2006

NHS computer system haemorrhaging cash (http://www.itv.com/news/britain_de01caeded53f917a3d480620bc730f8.html) - ITV News, 16 June 2006

Major NHS IT upgrade hit by delay (http://news.bbc.co.uk/1/hi/5086060.stm?ls) - BBC News, 16 June 2006

NHS computer scheme under fire (http://www.telegraph.co.uk/news/main.jhtml?xml=/news/2006/06/16/uit.xml) - Daily Telegraph, 16

June 2006

NHS computer upgrade ‘behind schedule’ (http://news.ft.com/cms/s/0a1f062a-fd31-11da-9b2d-0000779e2340.html) - Financial Times, 16 June 2006

Analysis: NHS IT costs 'not disproportionate' (http://www.timesonline.co.uk/article/0,,2-2229189,00.html) - The Times, 16 June 2006

£12.4bn NHS computer 'years behind' (http://www.guardian.co.uk/uklatest/story/0,,-5891785,00.html) - The Guardian, 16 June 2006

NHS IT project is doing OK, says Audit Office (http://news.zdnet.co.uk/business/0,39020645,39275487,00.htm) - ZDNet UK, 16 June 2006

Can government run IT projects? (http://news.bbc.co.uk/1/hi/business/5088260.stm) BBC News, 16 June 2006

NAO gives positive account of NHS CfH (http://www.e-health-insider.com/news/item.cfm?ID=1951) E-Health insider, 16 June 2006

NHS risks £20bn white elephant, say auditors (http://www.guardian.co.uk/guardianpolitics/story/0,,1799064,00.html) - The Guardian, 16 June 2006

NAO reports slams NHS IT delays (http://www.vnunet.com/vnunet/news/2158474/nhs-rollout-slow) VNUNet, 16 June 2006

Mealy-mouthed NAO pampers NHS IT (http://www.theregister.co.uk/2006/06/16/nao_npfit_whitewash/) - The Register, 16 June 2006

NHS National Programme for IT faces ‘significant challenges’ (http://www.computerweekly.com/Articles/2006/06/16/216489/NHS+National+Programme+for+IT+faces - Computer Weekly, 16 June 2006

BMA: Report on IT upgrade raises concerns (http://www.politics.co.uk/issueoftheday/bma-report-on-it-upgrade-raises-concerns-$442706$442644.htr - Politics.co.uk, 16 June 2006

U.K. Health Service Computer System to Cost 12.4 Billion Pounds (http://www.bloomberg.com/apps/news?pid=10000102&sid=aj5ksKUAua8c&refer=uk) Blomberg, 16 June 2006

NHS computer project needs backing of health staff to succeed (http://www.computing.co.uk/computing/news/2158428/nhs-needs-backing-health-staff) - Computing, 16 June 2006

NHS IT delays: National Audit Office publishes tough report (http://www.publictechnology.net/modules.php?op=modload&name=News&file=article&sid=5217) - PublicTechnology.net, 16 June 2006

Partnership not penalties will deliver successful NHS IT (http://www.intellectuk.org/databases/press/press_details.asp?id=29) - Intellect, 16 June 2006

Bugs in the system - The world’s biggest IT project has yet to prove it is good for the health (http://www.timesonline.co.uk/article/0,,542-2229686,00.html) - The Times, 17 June 2006

£12bn IT system passes health check – for now (http://www.timesonline.co.uk/article/0,,2-2229434,00.html) - The Times, 17 June 2006

£14BN OVER BUDGET ..TWO YEARS LATE Yes.. it's ANOTHER government computer fiasco (http://www.mirror.co.uk/news/tm_objectid=17245884&method=full&siteid=94762&headline=-pound-1 - The Mirror, 17 June 2006

Watchdog criticises delays over '£20bn' NHS computer system (http://news.independent.co.uk/business/news/article1089764.ece) - Independent, 17 June 2006

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New NHS e-system 'behind' (http://news.scotsman.com/uk.cfm?id=889552006) - Scotsman, 17 June 2006

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NHS Transformation Proceeds: Despite iSoft debacle, the U.K.'s National Health Service is doing a good job with IT transformation; damage control (http://www.line56.com/articles/default.asp?ArticleID=7695) - Line56.com, 19 June 2006

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Report fuels calls for new NHS IT review (http://www.computerweekly.com/Articles/2006/06/20/216497/Report+fuels+calls+for+new+NHS+IT+re - Computer Weekly, 20 June 2006

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Involve nurses in IT input (http://www.timesonline.co.uk/article/0,,59-2244112,00.html) - The Times (Letter), 27 June 2006

This examination of NHS IT scheme has failed to probe the painful facts (http://www.computerweekly.com/Articles/2006/07/11/216832/This+examination+of+NHS+IT+scheme+ Computer Weekly, 11 July, 2006

NHS report 'criticisms deleted' (BBC News, 18 Aug 2004)

http://news.bbc.co.uk/1/hi/health/5263316.stm

"A report into the £6.8bn NHS IT upgrade had criticisms removed and toned down before publication, the BBC learns. BBC Radio 4's World At One programme has obtained documents showing passages

were removed from a National Audit Office report during consultation. The June study was circulated to various consultees, including the government, from January. The watchdog said its main conclusions were unaltered, but others said the report was weaker than expected."

NAO report - a journey from criticism to praise (Computer Weekly, 29 Aug 2006)

http://www.computerweekly.com/articles/article.aspx?liArticleID=218034

"When a report was published in June by the National Audit Office into the NHS's National Programme for IT (NPfIT), it was seen by ministers as a vindication of the UK's decision to spend £12.4bn on the world's largest civil computer scheme. The report was strongly supportive of the scheme and replete with praise for the Department of Health and NHS Connecting for Health, its agency which runs the NPfIT. But earlier drafts seen by Computer Weekly tell a different story to the final NAO report. Comparing the earlier drafts against the final version of the NAO's report shows that there has been a cover-up, with passages critical of the programme removed or substantially altered."

[Page proofs of full story (http://www.editthis.info/images/nhs23/2/2d/ComputerWeekly29Aug2006NAO.pdf)]

Unhealthy tale of NAO report (Computer Weekly, 29 Aug 2006)=

http://www.computerweekly.com/Articles/2006/08/29/217947/Unhealthy+tale+of+NAO+report.htm

"The National Audit Office is a great British institution - or was. It was set up by Gladstone, in part to authorise the issuing of public money to government from the Bank of England, and it now has the express power to report to parliament at its discretion on how departments spend our taxes. This is one reason why on its website, it says that anyone concerned about the way public money is being spent should write in - which is exactly what IT specialists, suppliers, MPs, and organisations did over the NHS's £12.4bn National Programme for IT (NPfIT). These correspondents were then surprised that when the NAO published its report on the NPfIT their concerns were not reflected in the main text. Now we know why. Three draft NAO reports on the NPfIT released to Computer Weekly under the Freedom of Information Act show that many of the most serious criticisms of the NPfIT were omitted from the final publication (see NAO report: a journey from criticism to praise). Between the drafts there had been a "clearance" process with health officials in Whitehall. We recognise that facts have to be checked with departments. But changing wording in such a way as to give a more favourable impression of the programme, and removing entire passages of criticisms that had sound, quoted sources, is not the same as fact checking. We hope the Public Accounts Committee will take the unusual step of holding another hearing on the NPfIT - and that the Public Accounts Commission, which oversees the work of the NAO, will take a hard look at the specific reasons for the changes to the draft reports."

NAO Report: National Programme for IT in the NHS (Leaked First Draft)

http://news.bbc.co.uk/1/shared/bsp/hi/pdfs/18_08_06_nhs_auditreport.pdf

From the Summary: "There is support amongst NHS staff for what the Programme is seeking to achieve, but also significant concerns: that the Programme is moving slower than expected, that transparency is lacking as to when systems will be delivered and what they will do, and that the confidentiality of patient information may be at risk. Relations with GPs have also been damaged by concerns that they will be forced to give up their existing IT systems."

NAO Report: National Programme for IT in the NHS (Unexpurgated Leaked First Draft) (http://www.editthis.info/images/nhs23/a/af/NAO_Report-unexpurgateddraft.pdf) (This version has reinstated the text that has been blanked out in the draft that had been obtained by the BBC.)

New inquiry into NHS IT upgrade (BBC News, 4 Sep 2006)

http://news.bbc.co.uk/1/hi/health/5313974.stm

"Auditors are to launch another inquiry into the £6.8bn NHS IT upgrade project. The National Audit Office only reported in June on the scheme to link 30,000 GPs with 300 hospitals in England, Computer Weekly magazine says. The programme, run by a government agency called Connecting for Health, has proved controversial. The original NAO report criticised delays in the project and said it was facing a challenging future, but was not as hard-hitting as expected. Last month, the BBC revealed that a number of alterations had been made to the original draft after it was circulated to officials involved in the 10-year project. The NAO insisted the overall findings had not been changed amid criticism from opposition MPs. The project has also been dogged by criticisms from doctors, who say they were not consulted properly and that the new systems are a risk to patient confidentiality. . . The NAO said the exact remit and timescale of the new investigation had not been decided yet. "When we published the report we said we may revisit it and that is what we are doing," said a spokesperson. . ."

Audit Office pledges new report on NHS (Computer Weekly, 5 Sep 2006)

http://www.computerweekly.com/Articles/2006/09/05/218205/Audit+Office+pledges+new+report+on+NI

"The National Audit Office is to publish a new report into the UK's largest IT investment, the £12.4bn National Programme for IT in the NHS. Its decision follows criticism by MPs of the Audit Office's June 2006 report on the NHS programme. Greg Clark, a member of the House of Commons Public Accounts Committee, said the June report was "the most gushing" of all NAO reports he had read. Another member of the Public Accounts Committee, Richard Bacon, said the NAO's report on the NPfIT was not up to the organisation's usual high standards. The NAO's value for money reports on IT projects are usually one-offs. So its decision to produce two reports on the NPfIT is an unusual step. . . Clark said that in the light of recent events the published NAO report "raises more questions than it answers". He added his committee would hold a new hearing on the NPfIT, based on a new NAO report. He expected the hearing to occur next year. In its June report the NAO said it "may return to carry out a further examination at a later date should this appear necessary". But last week its spokesman told Computer Weekly that the NAO had decided to publish a new report, though no date has been set. . ."

Was NAO report truly independent? (Computer Weekly, 19 Sep 2006)

http://www.computerweekly.com/Articles/2006/09/19/218551/Was+NAO+report+truly+independent.htm

"The National Audit Office's final report on the NPfIT was very different to earlier drafts, which criticised the programme. Was it influenced along the way? In the first few words on its website, public spending watchdog the National Audit Office declares, "We are totally independent of government." But last year the NAO went on the defensive after receiving a letter from Connecting for Health, which is running the NHS's National Programme for IT (NPfIT), the UK's largest computer-related investment, costing £12.4bn. Under the Freedom of Information Act the NAO has released some correspondence between one of its senior auditors, Chris Shapcott, and Richard Granger, IT head of the NPfIT who is chief executive of NHS Connecting for Health and also director general of NHS IT. In his letter dated 17 March 2005, Granger shows an apparent disapproval of the possibility that the NAO had been actively engaging and encouraging third parties to examine the work of the NPfIT. . . Granger wrote the letter after Connecting for Health received an independent paper on the NPfIT. The paper was written by the UK Computing Research Committee, which comprises an expert panel of computing researchers from academia and industry who are members of the Institution of Engineering and Technology and the British Computer Society. The health minister Lord Warner had received the committee's paper and passed it to Connecting for Health. The paper raised some awkward questions about the NPfIT, some of which have not been answered even today. . . Warner said he is pleased with the final NAO report. So is Connecting for Health, which has cited the final NAO report as an endorsement of its work on the NPfIT. But some may be left questioning whether the NAO's final report on the NPfIT was as robustly independent as the audit office's reputation. They may also ask why Connecting for Health seemed so

concerned about a third party review of the NPfIT. The NAO is to publish a new report on the NPfIT."

NAO Report: National Duplicate Registration Initiative (Sep 2005)

http://www.audit-commission.gov.uk/Products/NATIONAL-REPORT/009F4715-3D93-4586-A3A0-7BF

Commentary from e-Health Insider (http://www.ehiprimarycare.com/comment_and_analysis/index.cfm?ID=164) : "There's some interesting stuff buried in the detail of this report. For instance, look at para 34 on page 15, about asylum seekers: "The introduction of Home Office data enabled NDRI to identify patient registrations which related to persons who had been removed from the UK by the Home Office. In the majority of cases the registration has now been cancelled. However, the NHAIS sites identified some cases where the person appeared to have subsequently returned to the UK. Details of these were passed to the Home Office for them to consider what, if any, action should be taken. Based on this information the Home Office has made a number of deportations." In other words, health records were used to identify undesirables who were deported. Whilst I'm sure the numbers involved here are small, ethically this has big implications for patient confidentiality - and if data started to be "shared" with the Home Office for people in other categories - for instance, criminals on the run - the numbers affected could be much larger. Whilst from a societal perspective this use of health record data makes perfect sense, as a GP tasked with treating the patient in front of you this raises questions as to whether it's in that patient's best interests to be registered on your system. And this is before the NCRS spine is properly up and running. I don't think this is going to encourage GPs who are concerned regarding data confidentiality to upload their practice lists..."

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Other Documents

From Nhs It Info

Other Documents

e-Health Insider Document Library (http://www.e-health-insider.com/Document_Library.cfm) (a *very* useful resource for accessing documents by and about NPfIT)

Health Informatics community web-site (http://www.informatics.nhs.uk/) (a large document repository)

Announcement of the launch of UK's National Health Informatics Collection (http://www.bcs.org/server.php?show=ConWebDoc.7605?) - consisting of over 1,000 global titles and conference papers

Shifting the Balance of Power within the NHS: Securing Delivery (http://www.nhshistory.net/shiftingthebalance.pdf#search=%22%22shifting%20the%20balance%20of%2(States that "The balance of power must be shifted towards frontline staff who understand patients' needs and concerns" (Department of Health, July 2001)

New NHS IT (http://www.parliament.uk/documents/upload/POSTpn214.pdf) An an accurate, brief and clear summary of the situation at the time of writing (Parliamentary Office of Science and Technology, Feb 2004)

Streamed video (http://stream.ncl.ac.uk/ramgen/Content/halamka.rm) of lecture "Connecting Patients, Providers and Educators" by John D. Halamka, of Harvard Medical School (2005).

The Spine, an English national programme (http://www.ringholm.de/docs/00970_en.htm) - a Ringholm White Paper, describing the Spine (25 Mar 2005)

Transformational Government: Enabled by Technology (http://www.cio.gov.uk/documents/pdf/transgov/transgov-strategy.pdf) - a Cabinet Office Report (Nov 2005)

System Design Or Social Change (http://www.pitcom.org.uk/reports/Malcolm-Mills-talk.doc) - submission by Malcolm Mills to the Parliamentary IT Committee (PITCOM) on the subject of Public Sector 'IT' procurement (6 Apr 2006)

Guidance for NHS Foundation Trusts on Co-operating with the National Programme for Information Technology (http://www.e-health-insider.com/tc_domainsBin/Document_Library0282/NPfIT_guidance_Final_12040 - Monitor, Independent Regulator of NHS Trusts (12 April 2006)

NHS IT chief meets criticism head-on (http://www.computing.co.uk/computing/analysis/2156832/nhs-chief-meets-criticism-head) - interview with Richard Granger in Computing, 25 May 2006

NHS IT (http://news.bbc.co.uk/1/shared/bsp/hi/pdfs/06_06_06_nhs_it.pdf) - transcript of BBC File-on-Four radio documentary, 30 May 2006

'Computer says no' to Mr Blair's botched £20bn NHS upgrade (http://www.telegraph.co.uk/news/main.jhtml?xml=/news/2006/06/04/nhs04.xml) - Sunday Telegraph, 4 June 2006

Granger: bricks of the digital NHS coming together (http://www.e-health-insider.com/news/item.cfm?ID=1949) - Richard Granger interview, E-Health Insider, 16 June 2006

Information Governance in NHS's NPfIT: A case for Policy Specification (http://www2.cantabgold.net/users/m.y.becker.98/publications/becker06ijmi.pdf) - Moritz Y. Becker, Microsoft Research (To appear in International Journal of Medical Informatics, 2006.)

Plundering_The_Public_Sector - extracts from the book by David Craig, provided here with the author's and publisher's permission.

eHealth is Worth it (http://europa.eu.int/information_society/activities/health/docs/publications/ehealthimpactsept2006.pdf) - An assessment of "The economic benefits of implemented eHealth solutions at ten European sites" (European Commission, Directorate General Information Society and Media, ICT for Health Unit, September 2006)

Dying for Data (http://www.spectrum.ieee.org/oct06/4589) Subtitle: "A comprehensive system of electronic medical records promises to save lives and cut health care costs—but how do you build one?" (Robert N. Charette. IEEE Spectrum, Oct 2006)

‘Gung-ho' attitude scuppers public-sector IT projects (http://www.computerweekly.com/Articles/2006/10/02/218832/%e2%80%98Gung-ho'+attitude+scuppers (Computer Weekly, 2 Oct 2006) - "Government IT heads’ ‘gung-ho’ and reckless attitudes to risk is wasting millions of taxpayer money on over-complex, poorly tested systems, according to a think-tank study. Contrary to the stereotype, many public-sector managers have a ‘reckless streak’ and are dazzled by the potential of the technology, according to the Where next for transformational government? (http://www.theworkfoundation.com/Assets/PDFs/adobe5b.pdf) report by The Work Foundation, (September 2006)"

What CfH Could and Should Learn from Defence Procurement - by Malcolm Mills (October 2006)

IT and Modernisation (http://www.newstatesman.com/pdf/itmodernisation2006.pdf) - New Statesman Round Table Discussion (9 Oct 2006)

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What CfH Could and Should Learn from Defence Procurement

From Nhs It Info

In November 2005 e-Health Insider published a letter of mine saying 'what a pity people in CfH had not sought experience from the Defence field'. The text below is based on the reply I gave to a doctor who asked me to be more specific regarding the lessons that I had in mind.

Malcolm Mills, 11 Oct 2006

The magic bullet is the employment of high calibre and properly experienced people in pivotal posts in the programme management organisation. In the UK, US and Europe, much basic and operations research has been carried out in Defence, and many many volumes published, on the development and procurement of IT-based systems and services in the years since computers were first used towards the end of the 2nd WW. Some fortunate people (yours truly included) have been lucky to have been involved with these developments for some of this time. Unfortunately, many of the cognoscenti have not practiced outside of Defence and take their knowledge into retirement, and the grave. Little encouragement is given or interest shown for them to pass on to other communities the basics of what they have learned. A few fortunate ones do look over their shoulders from time to time and when they do, they see much in common.

Why should this be? Well, although the health environment may (appear to) be different, much is similar. And of key significance, critical programme 'building blocks' are the same: 'people are people' (whether they wear a military uniform or a white coat) -they have the same two arms, two legs, one brain, can be trained, have the same basic cognitive, perceptive, neurological and social, behavioural characteristics etc etc. And the basics of 'computers in defence' are the same as the basics of 'computers in health'. They are constructed with the same physics, same von Neumann architecture, same EM theory, logic, Shannon's Laws, etc., etc.

Years ago when software was recognised to be a pivotal and evolutionary issue in Defence, we agreed the need to pursue a 'software-first approach' in procurement in an attempt to get software 'off the critical path' of the programme timescale. In addition it became obvious you can design, and redesign, the (software) machine (not that easily to be sure - software is brittle rather than flexible) but you cannot redesign the human being (at least not in project timescales!). To be sure people can and should be trained to perform new tasks and procedures but their basic characteristics must be allowed for and cannot be redesigned to any great extent. (People are God given, machines are man given).

With these thoughts in mind, we now realise the delivery of these systems and services requires not just a software-first approach but a more evolutionary and radical emphasis called: the socio-technical approach. Orthodox technological determinism, with its classical engineering, intellectual, legal, financial and contracting baggage is not man enough for the job. The process must be changed (modernised!) to suit the needs of the new era.

Requirements are the crItitical item. Who are the End users, who are users, who are operators. How are (output) requirements elicited from them. Do they do it themselves or will surrogates be used. Who has the authority to verify the requirements. How and in what language will they be specified. How will they be documented and accounted for. Will software prototypes be used to aid the requirements process. How are they communicated to suppliers. Are they testable quantitatively and/or qualitatively. What role for subjective assessment. Can they be validated in a trials programme. What about safety requirements. How does one specify output requirements. Will requirements be put under configuration control and linked to issued software versions and contract. Who will do this. What procedures will be used to

manage change in requirements. How will risk in over grandiose requirements be assessed. How will requirements be downsized to be realiseable within project costs and time-scales. How are requirements for 'business' interoperation between cooperating institutions, organisations and specialist communicated elicited, verified, validated, changed etc etc. How are requirements then tuned to legacy functionality and the characteristics of new 'off the shelf' software from UK or elsewhere.

Tackling User issues in Defence has been a major challenge over the years and continues to be so to this day. It is an intractable problem and needs deft management by people who know what they are doing. And at last those at the top of the MoD seem to be aware of this issue. Military users are now taking responsibility for the ownership of their requirements.

Notwithstanding the requirements problems in Defence, it probably has fewer specialist user stakeholders than in the Health user community, recognising the latter includes requirements for a very diverse patient community as well as clinicians, managers etc. This must or should be recognised as the Big Issue, more so in Health than today in Defence.

Yet from the way CfH is being progressed, this does not seem to be the case. Classic Public Sector Procuement is geared to the purchase of physical goods eg widgets, machinery, bridges and roads. To put it crudely, it is geared to the assumption you can specify, a prioiri, in objective testable quantitative and unchanging terms what you require. IF this is true, then it follows specifications can be put out to competitive tender and terms and conditions of contract awarded on a fixed price basis to a contractor who accepts all the risk for delivery. Finance underpinning the contract is geared to the provision of the good alone and follows the premise that beneficial capability comes from the operation of the physical good. Any roles people might provide in delivering the overall capability will be funded from existing operating budgets. Savings in costs in more efficient operation are also expected.

BUT we know from defence experience the key risk and cost of providing capability in these kinds of application concerns the risk and cost of the people who use and operate the system - their salaries, benefits, development of new user procedures, training in new procedures, recruitment, organisational restructuring, locums etc. The overall costs of getting the people 'right' in the procurement and operation of IT- based business services can be 5 times the life cycle costs of the equipment. In Defence, much effort is underway to trade-off and optimise the costs of different lines of development (LoD's) (people, training, safety, equipment etc) early in corporate planning, and well before contracts/suppliers are even considered. In this context, there is an opinion HM Treasury should re-examine the overtly technical (and not socio-technical) emphasis given in its Green Book (Appraisal and Evaluation in Central Government) - the appraisal guideleine used in the Gateway reviews of the OGC/Gershon process for large investments in the Public Sector.

Interoperability. The emergence of on-line networks has heralded a shift from services operating in isolation to services being interconnected both within and between organisations and communities. The first major examples in Defence occurred in the late 50's onwards with real time computer-based (wireless) networking of fixed radar installations across continental land masses, and between ships, submarines and aircraft at sea in mobile integrated command and control systems. These examples networked military staff and weapons systems across different Services (eg Navy and Air Force) and between differing Nations (eg UK and US). Many lessons have been learned from this experience and are being applied today in the 'joining up' and integration of many of the previously stove piped services in the administrative, logistic as well as the operational defence arena.

The enabling technology initiating this pan-organisation change is the new £4B Defence Information Infrastructure (DII) backbone - the defence equivalent of the NHS CfH IT initiative. Amongst the many interoperability lessons learned to achieve seamless interoperability across disparate organisations are the following: need for agreed joint purpose, the importance of the human factor, agreed functional requirements, cultural/ organisational compatiblity, team working, development of common, and new, business procedures and rules of operation, semantic/ lexicon understanding and awareness, extensive

training and cross organisaton trials AS WELL AS technical issues such as data dictionaries, communications protocols, message standards, electrical, physical compatibility etc.

The true costs of achieving seamless interoperability involve not only the costs of the technology (included in the capital expenditure) BUT ALSO the more significant user costs hopefully adequately provisioned from the many different operating budgets of the participating organisations. Included in user costs should be the need to establish, for example, a minimum but authoratitive coordinating layer of management to fund and develop the necessary business operating procedures and rules of engagement deemed necessary for organisations to achieve the needed degrees of joint working.

This country has spent many many £B of Tax Payers money on failed and successful IT-based projects in Defence. Much has been learned but most is kept 'in the box'. We shall have to wait and see whether the National Audit Office, in its new inquiry into 'IT successes in the Public Sector', has the wit and experience to include the lessons learned from Defence in its report.

I hope this provides some indication of the kind of lesson now well learned. Inevitably because of the nature of the Defence beast, mistakes as well as successes will continue to occur. But from what I have read, it does appear to me the planners of the NHS/CfH programme are unaware of the relevance of the Defence experience. That's quite a loss for we patients, clinicians and tax payers.

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Plundering The Public Sector

From Nhs It Info

How New Labour are letting consultants run off with £70 billion of our money

David Craig

with Richard Brooks of Private Eye

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CHAPTER 10

Welcome to Connecting for Health

We've seen some impressively big projects, each costing many hundreds of millions of pounds, each wasting hundreds of millions more and most failing to deliver anything like the levels of service that were originally promised. But nothing can compare with the NHS IT systems programme that has been going on since October 2002. Previously called the *National Programme for Information Technology* (NPfIT) this has been renamed *Connecting for Health* (CfH).

A successful CfH would have an immensely beneficial effect on healthcare in Britain. It would provide comprehensive, up-to-date and immediately accessible medical information on all patients, thus dramatically improving doctors' ability to diagnose and treat them. It would contribute to drastically reducing the annual 980,000 'patient safety incidents' and 2,000 deaths from medical and prescription errors. It would free up time for clinicians to spend looking after patients instead of looking for medical records. It would greatly reduce bean counting, administration and paperwork by hundreds of millions of pounds per year, which could then be channelled into patient care. And it would automatically provide a wealth of healthcare information to target and measure the progress of performance improvement initiatives and to assist future healthcare planning. Conversely, in terms of cost, scope, potential for wasting money and potential for having a catastrophic effect on the NHS, which is probably our most critical public service, CfH far surpasses any previous New Labour scheme for modernizing the delivery of public services. It is almost a hundred times larger than most other New Labour projects. So if it goes wrong, with the all too depressingly familiar sight of budgets and timescales spiralling hopelessly out of control, our government will have caused the largest haemorrhage of taxpayers' money from essential front-line services into the pockets of management and IT systems consultants in British history.

Connecting for Health: a Brief Guide

Between 1998 and 2002, a series of studies and reports identified the need for the NHS to drastically improve its use of IT systems. Perhaps the most significant was the April 2002 Wanless Report. It compared the inadequate use of IT in the NHS with the 'improvements in performance and efficiencies gained from new technology seen in other spheres of industry and in other health services'. It recommended 'an increase in IT investment; stringent centrally managed standards for data and IT; and

better management of IT implementation in the NHS, including a national programme'. This led to a document called *Delivering the NHS Plan* which 'developed a vision of a service designed around the patient offering more choice of where and when to access treatment'. In June 2002 *Delivering 21st Century IT Support for the NHS - a National Strategic Programme* set out 'the first steps including the creation of a Ministerial Taskforce and recruitment of a director general for the National Programme for IT'. In October 2002 the *National Programme for Information Technology* (NPfIT) was formally established with (ex-Deloitte consultant) Richard Granger's appointment as the director-general of NHS IT. Its task was 'to procure, develop and implement modern, integrated IT infrastructure and systems for all NHS organizations in England by 2010'. In June 2004 another document, The *NHS Improvement Plan: Putting People at the Heart of Public Services*, detailed 'the priorities for the NHS, including the purpose of NPfIT'. A month later the NHS Information Authority was merged into the NPfIT creating one body for managing IT within the NHS. In April 2005 CfH was established. In addition to supporting existing NHS IT systems, CfH has six main 'products' that it plans to deliver. These are:

- NHS Care Records Service (CRS) - building a central database with electronic patient records. This will lead to one unified electronic medical record for each patient to replace today's inefficient mix of paper and electronic records often duplicating each other and often held in different places.
- Choose and Book (C&B) - an electronic booking system allowing GPs to offer each patient they refer to a hospital a choice of four to five hospitals and enabling them to make the booking immediately on-line. This is intended to replace the current process where patients often get a limited or no choice of hospital, where appointments are made by phone or letter and where the patient seldom gets much choice of a date and time that suits them.
- Electronic Transmission of Prescriptions (ETP) - allows prescriptions to be sent electronically from the prescriber to the dispenser and then to the Prescription Pricing Authority. This will reduce the reliance on paperwork for the over 325 million prescriptions issued each year.
- New National Network (N3) - this will provide IT infrastructure, network services and broadband connectivity to support the systems being implemented as part of CfH.
- Picture Archiving and Communications Systems (PACS) - this system will allow the replacement of film-based radiographic images by electronic images. Digital images will then become part of each patient's electronic medical record and there will no longer be any need to print on film and to file and distribute images manually.
- General Medical Services Contract, Quality and Outcomes Framework (QOF) - a data collection and management system allowing payment of GPs, analysis of information, targeting of improvement initiatives and measurement of hospital and GP performance.

What Will it Cost Us?

When looking at where the money for CfH will come from, for the sake of simplicity CfH can be divided into two main parts - the smaller of these by far is what the government pays from central funds in order to build up the basic infrastructure and systems. The larger part is what health authorities will have to provide to get the new systems up and working in their areas. The money from health authorities is money that is being taken from their local budgets, thus leaving less for patient care.

The government has already awarded around £6.5bn of contracts to a very small, select group of about seven consultancies - many of whom have placed their people in influential position within government or have been generous contributors to the New Labour cause. This £6.5bn is often quoted in the press as being a lot of money to spend on IT systems. However, it is fairly modest compared to the other associated costs of the programme. So far, we only have a number of estimates for the total cost - the government has never categorically stated precisely how much we will pay for the whole adventure. Most estimates suggest that individual health authorities will have to pay between four and five times the cost of the basic £6.5bn infrastructure - so around another £25bn to £30bn of money that could be used for front-line patient care - to upgrade and adapt their systems for CfH to function. [1] Management consultants are expecting about £10bn to come their way for 'change management projects to ensure the

successful implementation of NPfIT'.[2] In addition, in 2003 the head of the NHS predicted huge training costs: 'there are recent articles indicating that other healthcare systems are investing six times the amount in training that they are in the IT systems themselves, and it will have to be in that sort of order if you take the true costs into account.'[3] By the beginning of 2006, the figure of £50bn was being mentioned as the likely total cost of the programme.[4]

The total annual budget of the NHS is around £70bn. So whatever the final cost of CfH, it means that over the next few years a huge amount of money is being taken out of, and will continue to be taken out of, patient care to fund the CfH programme. Assuming about one million employees in the NHS will be affected in some way by the programme, CfH is going to cost over £35,000 per employee - that is really quite a lot of money for management and IT systems consultancy. In fact, with CfH we are seeing consultancy support per health service employee that is almost on the scale of the £45,000 per employee paid to consultants during the catastrophic Child Support Agency programme.

This is already causing some concern and even turmoil at a local level, as health workers see their hard-pressed budgets being diverted from valuable hospital medical consultants to expensive but probably less essential IT systems consultants.[5] In October 2005, I had a meeting with the IT director of a regional health authority. He was at his wits' end. He had IT systems consultants from the huge multi-national consultancy that had the CfH Contract for his area crawling all over his department telling him what he had to do to prepare for CfH and continuously coming to him with demands for money to 'upgrade' or change his systems and data to make them 'compatible' with CfH standards. He was not allowed to see the contracts CfH had agreed with the systems consultants as these were apparently 'commercially confidential'. So he could not find out whether the consultants' requests for cash were justified or not. Additionally, he could not find out whether their hourly rates were appropriate, though he personally felt they were exorbitant and much higher than those of the local companies he would normally use. Yet under pressure from the CfH organization, he had to go to his chief executive and get the funds transferred from front-line patient care to pay the IT consultants whenever the consultants asked for more money.

As many hospitals faced funding problems in late 2005, the Health Secretary resisted demands to bailout NHS hospitals that were heavily in the red and avert a winter crisis. As one newspaper reported, 'dismissing calls for more money, she said, "No - there is more money going into the NHS than ever before."' She went on to point out that if hospitals were in financial difficulties, it was probably because they were wasting taxpayers' money: 'I don't know whether Marx ever said waste is theft from the working class, but he should have done, because it is. We have asked them to pay higher national insurance contributions. We have got to give them maximum value for money.'[6] The Health Secretary clearly had no time for poor and wasteful management of public-sector money when she also said, 'I want to make it clear that inefficiency and poor financial management are not acceptable.'[7] Although there was no money available to help hospitals avoid closing wards and reducing patient care, the Department of Health did at the same time manage to find almost £100m to offer as financial incentives to various medical professionals who could show that they were using some of CfH's new IT systems, so that the government could claim that CfH was the stunning success it most clearly was not. In the same month, the Health Secretary also blamed doctors, rather than her own department, for a shortage of flu jabs to protect those who were most at risk.[8] So there seems to be an emerging pattern of government claiming that we are truly fortunate to have such a wondrously effective department as the Department of Health while asserting that all problems in the health service are due to wasteful hospitals and incompetent doctors. Such political posturing can ring a little hollow to the people on the ground who are experiencing cost-cutting, recruitment freezes, reductions in numbers of beds and corresponding reductions in numbers of operations.

Progress So Far

How is CfH progressing? Actually, it is difficult to say. Firstly, because although CfH issues an

impressively shiny Business Plan full of such high-sounding fashionable management gobbledegook as its 'mission, values and strategy', the document contains many more photos of happy healthcare workers than figures explaining how much money is being or will be spent. Moreover, although the Business Plan details all the remarkable achievements of CfH, nowhere does it compare these achievements with an original schedule. So we cannot see if they are on target, behind or ahead. Not only is the Business Plan less than informative, but it is also almost impossible to get any information from the CfH organization about what is happening. A cult of secrecy seems to have descended over the project. This got so extreme that journalists from one of Britain's leading computer publications, which had been critical of the way CfH was being run, were allegedly banned from attending a CfH press conference.[9] Requests for information on whether the project is going off schedule are met with a stony silence or patronizing denials. Answers to parliamentary questions are also either singularly unenlightening or else consist of reams of figures detailing CfH's many achievements - reminiscent of Soviet newsreels claiming over-performance against the five-year grain production plan, while most people are going hungry. The suspicions that something truly horrible is happening behind the CfH iron curtain is not helped by the fact that the publication date of the NAO report on the project keeps getting put back. One journalist voiced their doubts about the length of time it was taking to produce the NAO report when they wrote, 'it is not unknown for government departments to deliberately spin this process out to delay what they perceive to be potentially embarrassing reports.'[10]

Most failed IT systems projects (and remember that a study of over 13,500 organizations showed that this is around 73 per cent of all IT projects) go through four well-known and exasperatingly predictable phases. First there is a huge ambition to 'revolutionize' and 'transform' the working practices of the lucky future system users. CfH certainly gave us that: 'We will deliver a twenty-first century health service through efficient use of information technology.' Then there comes pride as the leaders of the great venture mistakenly equate the sight of huge numbers of consultants, being paid huge amounts of money, with making real progress towards delivering a system that meets users' needs. Again, CfH has demonstrated this: 'The National Programme for IT has a strong record of achievement. For example, since our inception two years ago, we have mobilized a skilled workforce capable of meeting the challenge.' By this time tens of millions have usually been spent. Now the project can go two possible ways. Very occasionally, it delivers working prototypes and systems that match the original promises, in which case the worthies in charge are usually only too happy to continually advertise their tremendous achievements to anyone with the time and energy to listen. Alternatively, and much more frequently, endless problems start to surface: it is discovered that the business processes being computerized have not been fully understood; that the complexity of the system has been drastically underestimated; that the hardware is found to be inadequate; that response times are ludicrously slow; that the initial budgets look like pocket money compared to the fortunes that are now being poured into the consultancies' bank accounts. And those responsible eventually come to the horrible realization that, 'Oh, shit! We got it wrong. It's not going to work!' But by this time so much money has gone up in smoke and so many reputations are on the line, that there can be no turning back. The project is in a hole and in their desperation to try and sort out the mess, everybody just keeps on digging faster rather than pausing to check whether they are actually digging the right kind of hole in the right place. Meanwhile, the tens of millions turn into hundreds of millions as the consultants, who had previously apparently agreed a reasonably fixed price for the work, now start billing the client, in this case the government, by maintaining that every bug and inadequacy they fix is new work for which they need to charge extra. Anxious to avoid a bust-up with their suppliers which would leave them both high and dry and looking particularly inept, the civil servants are trapped and have to keep on handing over millions of our money in the hope that something can be salvaged from the wreckage so that their careers can be protected. This is when the third phase - secrecy - kicks in. Given the iron curtain that seems to have been erected around CfH to prevent anything but the official line leaking out, it's hardly difficult to guess that inside the monolith all is not light and joy and popping champagne corks.

Close to delivery, things generally change yet again for most of these kinds of projects, and *Connecting for Health* doesn't seem to be any different. By the end of 2005, one piece of the system should have

been close to delivery - the *Choose and Book* system for GPs to make hospital appointments for their patients. Planned to cost £65m, this first system has now cost over £200m. In 2004, it managed to make 63 hospital appointments compared to a planned 205,000. In 2005, despite the fact that the Department of Health pulled £95m from front-line care to give to any doctors who used *Choose and Book*, only about 0.7 per cent of hospital appointments were made using the system and in most cases created extra paperwork that had not been required before. Of course, CfH denied that there were problems with the system, denied *Choose and Book* was over budget and claimed it was always intended to cost £200m. (It is odd that when the press first reported that Choose and Book would only cost £65m, the CfH press office didn't correct this apparent 'inaccuracy'.) In the light of the Health Secretary's comments about hospitals being in the red due to their own waste and mismanagement, it is interesting to note that the total budget deficit for NHS hospitals in the 2004/5 financial year was around £140m. Coincidentally, this almost exactly matches the current £140m overspend on *Choose and Book*. Though, of course, as we know from CfH, this £140m was not overspend at all, it was always in the budget. This reminds one of the congenitally incompetent MoD bosses claiming that their £6bn overspend was not 'overspend' either, it was just a £6bn 'level of disappointment'. Let us hope that we do not get similarly huge, or even larger 'levels of disappointment' at CfH.

This brings us to the fourth phase of failing or failed IT systems projects - **blame**. This is when the original budget has been overspent by millions, tens of millions, hundreds of millions or even, as will be the case with CfH, billions. Years after the planned date, either nothing is yet installed or else some sort of system may be working, but it does incomparably less than was originally promised, is tortuously difficult to use and is probably costing more per transaction than the previous, largely manual way of doing things. At this point, those responsible for the system's implementation blame those who work with it for continually changing their requirements and for not using it properly. Although by November 2005 CfH was far from completion, a rather unsightly public spat had already broken out between the director of the programme and the head of the NHS. Richard Granger reportedly wrote to a senior civil servant at the Department of Health claiming 'ehoose and Book's IT build contract is now in grave danger of derailing (not just destabilizing) a £6.2bn programme. Unfortunately, your consistently late requests will not enable us to rescue the missed opportunities and targets.'[11] So that's the predictable bit about changing user requirements being responsible for the cost increases and delays. Additionally, in an interview with a computing magazine, the director of CfH said, 'Low usage is not something I can do anything about.[12] And there we have the equally predictable criticism of users for not using the marvellous new system that has been developed especially for them.

When a complex public-sector project goes well, those involved are usually seen enthusiastically clapping each other on the back and smiling delightedly for the cameras as they contemplate their forthcoming knighthoods and lucrative positions as highly paid, top level advisers and directors - they are not usually knifing each other in the back by sending accusatory emails in an apparent attempt to shift responsibility for an impending disaster. This altercation could be seen as yet another sign that CfH is decidedly moving into the 'Oh, shit! It's not going to work!' period and is casting around for somewhere convenient to hang the blame, while everyone inside the project struggles to fix the unfixable before the outside world spots the meltdown. Of course, when talking to the press, CfH claim that all is well in the best of all possible worlds. But given the careful control on information from the project, one could suspect that there is an ever widening chasm between what is said by CfH spokespeople in public and what they really believe.

Learning from Past Mistakes?

The NHS and IT systems have not, in the past, been the happiest of bedfellows. There have been two major NHS IT strategies in recent memory. In 1992, the NHS developed a strategy to 'ensure that information and information technology are managed as the significant resources they are and that they are managed for the benefit of individual patient care as for the population as a whole'.[13] Despite its lofty intentions, it seems that the 1992 NHS IT plan turned out to be something of a damp squib when

words had to be turned into actions. The PAC noted that: 'Design and implementation of the 1992 NHS IT Strategy demonstrated many of the key failings we have seen on public-sector IT projects generally. In particular: the absence of an overall business case; errors in business cases that were produced for individual programmes; failure to identify interdependencies between programmes leading to a lack of cohesion; and failure to set budgets for the full costs involved. The NHS executive decided not to set specific, measurable, achievable, relevant and time-related objectives for the six main projects and programmes. Neither did they consider how the projects related to one another.'

As part of the ill-fated 1992 plan, a project to standardize IT systems in the Wessex Regional Health Authority was abandoned after about £43m had been spent. A flurry of civil lawsuits and allegations of criminal fraud ensued. The NHS then waited four years before reviewing what had gone wrong, slightly limiting its ability to learn from the unfortunate experience. In 1990 following a severe attack of NIHS (see Chapter 1), the NHS decided that the US clinical coding standards were not suitable for Britain. It then went on to waste about £32m trying to develop its own new electronic language for health. By 1998, the NHS had given up and just adopted the US clinical coding standards after all. And at least £10m was lost when the West Midlands Regional Health Authority supplies division junked their plan to set up an electronic trading system because 'proper market research was not carried out, suppliers were not consulted, estimates of supplier take-up were significantly overstated, potential customers were not consulted and the royalty projections were unrealistic'.[14]

In 1998, the NHS launched a package of new and existing IT projects and service aspirations called *Information for Health - An Information Strategy for the Modern NHS 1998-2005*. Reviewing the 1998 Strategy, the PAC felt that the NHS had learnt something from previous mistakes, but expressed its concern that, 'again the NHS chose consciously not to make the objectives specific or fully measurable, leading to a failure to clearly link targets' to objectives. There is no full business case for the strategy:' It was also felt that the 1998 Strategy 'risked a similar lack of cohesion' to the 1992 plan. Is CfH definitely and expensively heading for the same fate as virtually all other New Labour projects? Or could it still turn out to be a shining example of best practice showing that our Civil Service have, as they repeatedly claim, learnt from past mistakes?

One thing the government seems to have found out from their impressively long list of IT screw-ups is that civil servants are not capable of running major projects. So, in hiring Richard Granger for CfH, the government seems to have made the effort to find someone from the private sector who already had a track record of successfully delivering large, complex projects. As Sir John Pattison, then head of the NHS, said to a House of Lords select committee: 'What we have done is to secure for ourselves Richard Granger, who is Director-General of NHS IT. He comes from the private sector. He has experience of putting in large computer systems. We can look at the experiences of the Passport Office as one experience; we can look at the experience of what Richard Granger installed for congestion charging in London as another experience; and say that we may well have somebody who is capable of delivering on time and on price something that works.'

Sir John Pattison, who would have retired well before the results of CfH were apparent, for better or for worse, then went on to explain that the new Director-General had been drafted in due to a lack of capability in project management in the public sector: 'However, if I may just make a personal comment, I cannot exaggerate the value of Richard Granger to this programme, and the likelihood of its success. These are skills and experience which we simply do not, or have not had up till now in the Department of Health and the NHS. We are good, and we have introduced somewhere in the NHS everything that we want to install, but we have never done it on a scale that is implied as necessary and correct in order to support the National Health Service. So he is bringing in people who we would not automatically have brought in and did not know about, and I think that is increasing the likelihood of success of this enormous project.'

The other major change that shows CfH have learnt something from previous projects can be seen in the way they have structured their contracts with suppliers. For almost the first time on a government project,

CfH have imposed major cost penalties on suppliers if they miss critical project dates. Moreover, they are also applying them. BT were reported to have paid £4.5m in penalties in 2004 and to be facing further fines in 2005. BT denied that the £4.5m had been a fine and insisted it had just been an 'adjustment of payments'.[15] The DirectorGeneral of CfH, however, seemed fairly unambiguous in his views of BT's performance. He accused them of having made 'a very shaky start' to the contract and of being 'behind the original contracted schedule'. Moreover, he said, 'their project management wasn't good enough, the people they had on the job weren't good enough and they still have some distance to go there.'[16] Nevertheless, whether the £4.5m was a fine for late delivery or 'adjustments of payments', in theory this new tougher stance should push IT systems suppliers to perform better than they have done on previous programmes.

However, this approach has been derided within the IT industry. At a conference in November 2005, the chief legal counsel of one of the world's top three systems consulting companies explained that the problems on government projects stemmed from the limited management capabilities of the civil servants running the projects and so would not be solved by the imposition of fines: 'The changes in the style of the process were typified by the NHS NPfIT Programme procurement in 2003. This can be summarized as the "big stick" rather than the partnership approach to procurement. At a recent meeting of industry trade body Intellect's healthcare group, Richard Granger, Director-General of the £6bn NHS NPfIT told his audience that he wants to "hold suppliers feet to the fire so that the smell of burning flesh is overpowering". Suppliers have expressed concern to the OGC that the Government is increasingly relying on punitive contracts and the inevitable fines (which have already begun at NPfIT), rather than developing its own programme management capacity and becoming the "intelligent customer".' [17]

Of course, given the typical business practices used by the larger consultancies, one should take such protestations of innocence with a not inconsiderable pinch of salt. Too often, civil servants' inexperience and incompetence have suited the consultancies as they have enabled consultancies to double, triple and even quadruple their prices once they got their public-sector contracts signed. Some consultancies even boast that the way they make money from public-sector contracts is to submit a low bid, in the full knowledge that the government contract will be so full of holes that it offers the consultancy a captive client and an almost unlimited licence to raise prices once the project has begun. However, there is probably also some justification for the IT company's chief legal counsel at the conference going on to accuse the government side of, among other things, 'lack of clear senior management and ministerial ownership and leadership, lack of skills and proven approach to project management and risk management, lack of understanding of and contact with the systems supply industry at senior levels, too little attention to breaking development and implementation into manageable steps, inadequate resources and skills to deliver'. Failings from the government side that, as we have seen, seem to be a recurring feature of large public-sector consultancy programmes.

Sadly, as I review and also discuss with experts and insiders how CfH have designed and set up their programme, it seems that, apart from these two areas, they are taking exactly the same approach as previous catastrophic projects and so wilfully repeating the mistakes of the past. It is said that one sign of madness is to carry on doing the same thing and to expect a different result. Unfortunately for us taxpayers and for our health service, CfH seem determined to follow in the ill-fated footsteps of their unfortunate predecessors, while somehow expecting the results to be quite different.

CHAPTER 13

WHAT DO WE DO NOW?

Connecting for Health (CfH)

If Choose and Book is still not working, it should be put on hold for a few years and the money from the programme fed back into front-line patient care. An investigation should be conducted into the suppliers, Atos Origin, to understand if they are in any way responsible for either the delays or cost increases. If

they are, the government should seek full compensation, which should also go straight back into patient care.

We should probably stop the CfH programme in its present form and cancel all the contracts with the Local Service Providers as they are against the public interest. Here, of course, there will also be much bluff and bluster from the consultancies and threats of legal action for breach of contract. But measures like whistle blowing rewards and the threat of investigations into whether they have defrauded public funds or have been complicit in doing so, and the possibility of subsequent prosecutions should help some of the consultancies understand that their longer-term interests lie in cooperation with government rather than confrontation. The only CfH consultancy contracts that should be kept should be those for routine maintenance of existing systems.

The board of CfH should all be removed and replaced - they have too much personal capital invested in the way the programme is currently being run to accept that it should be radically changed. CfH is so critical for the country that it should be treated as an issue of national importance rather than risking becoming a massive profiteering opportunity for just four huge companies. In the same way as we create a government of national unity in times of emergency, we need to transcend the interests of one party and four big companies and run CfH for the public and not for a few New Labour politicians and their consultants. A cross-party programme board of MPs should be set up. They should be allocated a sum of money - say £5bn. They should then invite the smaller and medium-sized specialist medical systems suppliers to form a consortium to propose how the useful elements o fCfH can be implemented in a tactical, low cost way rather than the current high cost juggernaut approach. Re-use of existing technology, interoperability, distributed databases and market competition should be the guiding principles rather than unnecessary reinvention, monolithic uniformity, centralized databases and monopolistic market control. The elements that should be implemented are electronic patient records, electronic prescriptions, electronic imaging and cost and management information.

We should set up a project management board made up mainly of clinicians representing the main groups of hospitals. Moreover, the useful systems should be developed at just a couple of test locations using an iterative prototyping development approach. Once the project management board was satisfied with the systems' effectiveness and robustness, they could be rolled out to other locations. We will probably find that this approach will give us a fully implemented CfH in a greatly accelerated time-frame for less than £5bn for the whole NHS, rather than the over £30bn that the existing approach will cost. This will get us back to the kind of figures that were mooted when the programme was originally launched. Moreover, rather than just enriching four already massive IT consultancies, this encouragement of many smaller companies to create a competitive market for medical IT systems will probably result in Britain developing a world-beating medical systems industry with massive export potential as other countries also inevitably move to improve the use of technology in their health services over the next few years.

An axe should be taken to NHS administration. The government should pass a law requiring non-medical and non-cleaning staff expenses in hospitals not to exceed say 10 per cent of overall staff costs by the end of 2006, 8 per cent by the end of 2007 and 7 per cent by the end of 2008. Any hospital breaching these targets should be found to be committing an offence of wasting public funds and the chief executive should be barred from any form of employment in the public sector for five years. Any employee reporting management fiddling the figures should be rewarded with a percentage of the savings made after the employee's reporting of the incident and the hospital chief executive should be automatically dismissed with loss of pension rights. Moreover, any communication departments or marketing departments should be closed, the people fired and the budgets returned to front-line care. If hospitals have something important to say, the clinical staff are probably quite capable of saying it.

Hospital cleaning should be brought back in-house with cleaning staff employed by the NHS and made to feel they are an important and integral part of a team providing safe medical and care services for the sick, rather than being easily disposable low cost labour for profit-maximizing outsourcing companies.

This measure alone will probably lead to a halving of the annual 600,000 plus hospital-acquired infections and of the 5,000 plus deaths from hospital-acquired infections. The money to pay for the employment of hospital cleaners as NHS employees could come from the money saved from reducing hospital administration costs to the levels proposed above and from the savings from an almost immediate reduction in levels of hospital acquired infections. This new policy could be piloted in four or five hospitals and, when it is found to be at least self-funding (and probably generating a cash surplus that could go back into patient care), rapidly rolled out across the whole NHS.

Notes

1. *Daily Telegraph* 30 October 2004, Accountancy Age 17 November 2004, www.theregister.co.uk 12 October 2004.
2. http://www.topconsultant.com 16 June 2004 quoting British Computer Society estimates
3. House of Lords Committee on Science and Technology 13 March 2003
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6. *Independent* 21 November 2005
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10. http://www.e-health-insider.com 26 January 2006
11. *Sunday Times* 13 November 2005
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13. PAC Report *The 1992 and 1998 Information Management and Technology Strategies of the NHS Executive*
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