



Department of Health

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By Email

To: CEs of organisations (including NHS Trusts)
receiving a service from BT LSP

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5th August 2014

Dear Colleague,

I am writing to you because your organisation currently uses the Cerner Millennium or Servelec RiO Electronic Patient Record system to support patient care, provided through the BT Local Service Provider (LSP) contract. This letter requires your action on:

1. Benefits realisation, and;
2. Replacement systems.

Benefits realisation: Maximising benefits and reporting return on investment

Evidence shows that organisations use the BT LSP systems differently to support care pathways. By sharing innovation and process change between organisations, it should be possible for most organisations to optimise their pathways and therefore increase the level of benefits realised.

To that end, I have commissioned the Health and Social Care Information Centre (HSCIC) to support your organisation to identify and share good practice, and to help you increase the value obtained from the central investment in systems. The HSCIC LSP Benefits and Exploitation team, led by Sarah Jackson (sarah.jackson6@hscic.gov.uk), will:

- facilitate workshops to support sharing of good practice and innovation;
- support organisations in the management of benefits and change through the provision of tools and guidance;
- where agreed, undertake detailed analysis and support case studies to identify how the system is used and could be further exploited; and,
- develop robust mechanisms for forecasting, counting and benefit analysis.

Together we have a joint accountability for the central investment in your organisation. The Department of Health is required to report a consolidated benefits value for the BT LSP contract to central government on a quarterly basis (individual organisations are not identified).

Action required: I require a quarterly account from your organisation of the benefits you have realised and plan to realise from your BT LSP solution; reports are required at the end of April, July, October and January of each year, starting in October 2014. ***By return can you please nominate a named individual to be HSCICs point of contact for this?***

You can be assured that the Department of Health will not seek to recover the cash releasing value of the benefits reported at the level of individual organisations.

This approach was agreed at the April 2014 BT LSP Programme Board (attended by executives from representative organisations).

I recognise that organisations are preparing to exit the BT LSP contract, however a criterion of exit will be a closing costs and benefits statement, and visibility of your locally led future business case, with an expectation that those organisations which procure their existing solution (i.e. stay on Cerner or RiO) will report costs and benefits on an on-going basis as they continue to receive on-going value from the initial central investment.

Replacement systems: Ensuring compliance with national systems and standards

In my letter of 2nd December 2013 I notified you that the BT LSP contract expires in October 2015, and that you must take action to procure and move to a replacement supplier by this date.

Action required: ***As you procure your replacement supplier, it is important that you ensure your contract includes the ability to integrate with national applications.*** These will ensure your organisation continues to operate as an effective member of the NHS family, and that you are accurately reimbursed for activity at your organisation.

As a minimum this should include using NHS number as the primary patient identifier, and integration with the NHS Spine, Choose and Book, Secondary Uses Services, Identity Management and Smartcards solutions. If you don't include these in your contract you will need to agree changes with your supplier potentially resulting in additional cost.

You should seek to retain or extend support for national standards such as SNOMED CT and utilisation of interoperability standards and specifications (ITK) to deliver interoperability solutions via open interfaces (Open APIs). This is consistent with the strategic direction being set by NHS England.

I have commissioned the HSCIC to support a safe and secure exit from the contract, and they can help you understand the integration requirements. Please contact Andrew Brownless (andrew.brownless@hscic.gov.uk) in the first instance for assistance.

Colleagues at Monitor and NHS Trust Development Authority have agreed the above approach.

I look forward to your continued support in maximising the impact of the investment.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Tim Donohoe', with a long horizontal flourish extending to the right.

Tim Donohoe
SRO for the Local Service Provider Programmes

cc Tom Denwood, LSP National Programme Director, HSCIC
Beverley Bryant, Director of Strategic Systems and Technology, NHS England
Bob Alexander, Director of Finance, NTDA
Paul Chandler, Senior Regional Manager, Monitor