Report from the British Computer Society
Heath Informatics (London & South East) Specialist Group

THE BRITISH COMPUTER SOCIETY

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Editorial

Welcome to the second of our latest style of single meeting reports. If you want to keep track of the numbers, this is also number 52 in our Newsletter series.

The Committee met on 24th November.

We now ask all our members to register with an e-mail address, and preferably using the on-line system. There are no more postal circulations. The e-mail address can only be used to send short text messages, and not to clutter up your Inbox with attachments. Mostly these e-mails will announce a meeting report update on the website, or our next meeting.

These are days of spam and viruses galore. I am thankful for my local corporate virus catcher, because I see the effect when my home e-mail is bombarded. I didn't know there could be so many Beagles on the loose. Perhaps this is a warning of the effect of the new anti-hunting legislation in England.

What people do from time to time is change their e-mail address to get away from the rubbish. Which is by way of saying that our e-mail list is getting out of date. When a distribution goes out, there are some messages bounced back, although this can happen occasionally with a working address. There are also members who have unsubscribed from the distributions. It is an interesting philosophical question as to how long it will be before all available network bandwidth is consumed half by messages doomed not to reach a working destination, and half by the bounce back messages.

The Committee may need a method of removing contact details where e-mails persistently bounce back, or unsubscribe has lasted for some time. With central list servers, and all the other BCS groups on the same system, you would think this could be automated. We look forward to hearing that the BCS is indeed at the cutting edge of e-mail list management.

The Committee is also looking at the forward plan for meetings. The report covered here is about progress with a Trust implementing Carecast EPR and the essential parallel activities. The Committee has in mind that this could be followed by a variety of supplier-side reports, all focused on the vital work of getting the new information systems into the NHS. Obviously, we will be asking the London and South suppliers, rather than those from more distant regions.

We will host a debate session at Harrogate (HC2005), and it's coming round to the time to book your attendance there. As usual our debate will be controversial, ambiguous, and great fun.

Mark Buckley-Sharp

The PowerPoint slides for the meeting report which follows can be found in a PDF file (1.7MB) on the Group's website, alongside this document.

You are invited to visit the UCLH site at

www.uclh.org

to learn more about the new UCLH

Meeting Report
November 24th 2004

The UCLH Experience of implementing IDX Carecast

The news that **Kevin Jarrold,** Director of Information Management at University College London Hospitals would speak to the Group caused the biggest list of advanced bookings that anyone can remember. Sandwiches and chairs were in short supply, and latecomers were standing at the back. This shows the obvious widespread interest in how UCLH has been progressing with its EPR project.

The UCLH project exists in the context of, but predates the NpfIT procurement. The OJEC advertisement was in Jul-01, and it took nearly two years to get through the evaluations. When NpfIT was announced, the UCLH project was subject to a further round of reviews before the contract was finally signed.

There are a number of special features of the UCLH contract which should be understood as a background.

First, the contract is for a combination of software (an EPR solution); a managed IT service (hardware and desktop software); and networking the new UCH (on Euston Road) together with the retained estate for services not moving to UCH. This contract is therefore much more composite than might be supposed.

Second, the lead contractor is the EPR solution provider (IDX), whereas in the London or South solutions, IDX is a subcontractor to the LSP company. IDX, as lead contractor at UCLH, uses Logica for the managed service and Marconi for network hardware: they in turn use other subcontractors. A lot of the contractors' staff work on-site.

Third, the UCLH contract is under PFI when that is not now a preferred solution. However, PFI does fit with a contract with such a high hardware content.

Having a new hospital in the middle of being built did help concentrate minds on progressing the whole contract, as the new hospital building is designed to be paper-light.

Whatever may make the current UCLH contract unusual, it is proposed to migrate to the London CRS when that can be achieved. UCLH will be somewhere in the queue of London implementers.

When signing the contract, in Sep-03, there was a phased implementation plan. Administrative functions (P1) in Jul-04; Orders/Results/Theatres/etc (P2) in Oct-04; Clinical functionality for the new hospital (P3) in Dec-04 ready to settle in before moving in Apr-05; then clinical functionality for the retained estate (P4); leading up to Dec-05 with Prescribing (P5).

As part of the contract, about 150 existing clinical systems will be reviewed, with the preference that their functionality is absorbed into Carecast.

As anyone would expect, there has been an overall plan, a project board with working groups, and teams with shared membership from IDX or Logica and UCLH. The main work is divided into streams (see slides), one of which is Application Development.

Having signed the contract, UCLH thought it was set to implement. But, the project has now taken about a year while implementation of EPR (but not other parts of the contract) has become a development project. A decision was taken to switch implementation from LastWord to the newer Carecast. LastWord was previously implemented at Chelsea & Westminster, but London Region will implement Carecast, and UCLH decided to skip a future change.

During the evaluation, attention had focused on the clinical features of systems like LastWord. It was not realised that LastWord, and equally Carecast, were not anglicised in the sense that they did not reflect NHS data sets, NHS commissioning, and NHS scheduling in Outpatients. IDX underestimated the scale of the differences, and of the amount of development involved. It has also proved difficult to flush out the exact NHS requirements, leading to some frustration when delivered code did not 'work'. The split development sites (UK and Seattle) did not help either, and it is only recently that really good progress has been made. Carecast is also a portfolio of functions, where each has been honed for some time, but which has tended to put a strain on the integration of all the functions.

UCLH and IDX have now reached the stage where there is a suitable product with nearly all the functionality which anyone has managed to consider. UCLH is now turning its project back towards implementation on a new timetable. At last, all the other streams of work have something to work on!

The Data Migration stream has the huge task of copying our master index of several million patients, and the 120,000 forward appointments which exist at any one time. That needs all the data fields on both sides to map correctly. Some setup data will have to be migrated manually before the content is migrated electronically.

The Training stream has set up a suite of rooms, and has a mixed team of UCLH and external trainers. The materials must reflect both the EPR software product and how it works, and the organisation's processes and workflow.

The Security stream started with the idea that a single card would give access to buildings and to software. That has changed, and UCLH aims to take the NpfIT security solution for IT, and keep buildings access separate. In any case, there is a major required for secure staff ID.

The resource consumed in the UCLH procurement, and in getting to this stage has been significant. The procurement alone cost £1M, and if NpfIT has managed to avoid that for everyone else, then there's a benefit straight away.

User involvement is agreed to be vital in all projects, and this is no exception. But, to involve users, UCLH had to have a product to show them. Recently, at a set of EPR Road Shows, over 700 staff attended when the only reward offered was a sandwich. There is a high level of enthusiasm, which is probably helped by the coincidence of all the change about having a new hospital.

When comparing the UCLH project with NpfIT, the UCLH scope is wider, with the integration of existing clinical systems; and the UCLH timing is earlier. But the main feature is that there will only be one IDX product. UCLH is not trying to make IDX develop a special product which will not suit everyone.

The current situation is that UCLH is recasting its plans for a phased implementation. The software for Phase 1 (administrative functions) is effectively delivered although there is a lot of testing to do. The designs for Phase 2 (Orders, Results, Theatres) are in hand, and the aim is to deliver both of these before Apr-05 when the new hospital site will open.

The question and answer session followed.

Q. Given that the project got diverted, how has it all gone?

A. Top level drive has been really helpful.

Q. How has NpfIT affected design work, especially with the best practice groups?

A. The product was deficient in commissioning and in OP scheduling eg, the data mapping, and that's resolvable against the NHS data model. Best practice groups have really been working on other issues, although there is convergence now.

Q. Do IDX yet understand the NHS?

A. Difficult to know, but there has been a change.

Q. Who was involved in the Application Development, Was it clinicians?

A. Application Development has been primarily about administrative functionality rather than clinical functionality. Administrative staff were involved a lot.

Q. With hindsight, what changes might have been made?

A. The swap from LastWord to Carecast was absolutely right. IDX have had to ramp up their UK activity and workforce, which has taken time to have an effect. The UCLH team recruited for implementation might have been differently structured if we had known from the start that there would be a lot of development.

Q. Given the work done in evaluation during procurement, how did this help the move from LastWord to Carecast?

A. The procurement evaluation was mainly about the clinical functionality, which is not really a problem. LastWord did not do the administrative functionality properly, and that omission just transferred to Carecast.

Q. How have you dealt with the variety of coding tables found in clinical systems?

A. Many systems have grown their own codes, and these will have to be harmonised. UCLH is at least only one organisation. This may be more of a problem with a regional CRS.

Q. What has been the clinician involvement?

A. There is a concern about clinician and patient interaction when IT can get in the way. There are pilots under way of tablet use, and of pre-scanning paper notes.

Q. Will everyone have to do the same amount of Application Development?

A. No. But that does not mean UCLH has produced the definitive NHS system. It means that UCLH has got as far as is necessary to get started, and this work will be carried forwards as more and more users start to implement and input ideas for improvements.

Q. Will UCLH use SNOMED-CT?

A. UCLH will comply with any national programme timescales. Implementing within a single organisation may be easier than coordinating many organisations on one server.

Q. Is there a training plan?

A. Definitely. The training teams are in place, with shared expertise between expert trainers and expert users. Materials are being developed in modules appropriate for each group of staff requiring training. Scheduling of training is in hand: it is just a matter of which group and when in relation to a go-live date, and the subsequent phasing of functionality. The general principle is that nobody gets a system logon without going through the training for their role and passing an assessment. Assessments are intended to show competence to the organisation and also to give confidence to the individual. There will be a drop-in centre for refreshing training, and induction for new staff.

Q. Is going it alone helpful for user buy-in?

Q. What is the payoff for doing development work? Will UCLH get refunded

A. All offers will be favourably considered!

Q. Can user departments do their own reporting?

A. This is a definite aim. UCLH is setting up a data warehouse, and many reports will come out of that. It is believed that a similar warehouse is intended at London regional level, so organisations should not have to develop their own.

The meeting closed with thanks to **Kevin Jarrold** for his clear and helpful presentation of the progress being made.

Advance Notice

The next meeting of the Group is expected to be at 6pm on Wednesday 19th January 2005. Venue: Boardroom, Moorfields Eye Hospital, City Road, London.