

Health Service Circular



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sets out a specific action on the part of the recipient with a deadline where appropriate

Project Connect

Connecting NHS staff to NHSnet

For action by: Health Authorities (England) - Chief Executives
NHS Trusts - Chief Executives
Primary Care Groups/Trusts - Chief Executives

For information to: Health Authorities (England) - Chairmen
NHS Trusts - Chairmen
Health Authorities (England) - Directors of Computer Services
NHS Trusts – Directors of Computer Services
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<http://www.doh.gov.uk/coinh.htm>

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Project Connect

Connecting NHS staff to NHSnet

Summary

This HSC provides an update on improvements made to NHSnet during the course of the last year, and sets out the action now required to ensure that relevant NHS staff have desktop access to NHSnet to support them in their daily tasks.

Action

Priority should be given within the implementation of Local Implementation Strategies (LIS) to the following actions :

- **Chief Executives of Health Authorities, Primary Care Groups and Primary Care Trusts** should ensure that the majority of clinical and other relevant staff in GP Practices have desktop access to NHSnet by **31st March 2001** and **all** relevant staff in GP Practices (including every GP) have desktop access to NHSnet by **31st March 2002**
- **Chief Executives of NHS Trusts** with Pathology Services should ensure that laboratories have full access to NHSnet by **31st March 2001**
- **Chief Executives of NHS Trusts** should ensure that clinical and other relevant staff have ready access to NHSnet as soon as possible and at the latest **by 31st March 2002**
- **Chief Executives of all NHS organisations** should ensure that:
 - they have submitted a full and accurate email address book to the NHS Address Book Service by **31st January 2001**, and have processes in place to ensure that this is kept up to date as other users are connected
 - their NHSnet connection is sufficiently robust and resilient to cope with the expected increase in the volume of traffic; security and confidentiality processes are reviewed to ensure best practice is being followed; and GPs and associated relevant staff receive appropriate training to ensure they can make best use of email and web-browsing applications
 - they are taking necessary actions to promote and use electronic communications over NHSnet
 - information contained in the NHS Information Authority Tracking Database is up to date by **31st January 2001**, to enable the implementation of NHSnet connections to be monitored.

Background

- 1 The overall objective of connecting NHS organisations and relevant staff within them to NHSnet is **to improve access to information to support faster more responsive services for patients and the highest quality of clinical decision-making**. To meet this objective, NHSnet needs to offer secure, fast and reliable access to email and web-browsing facilities and the infrastructure to support clinical messages. Considerable improvements have been made over recent months to the network infrastructure and to the messaging service, and further enhancements are planned. Appendix A describes new tariffs and payment arrangements which in effect allow continuous access to NHSnet and the Internet from General Practices at no local cost.

Funding and Performance Management

- 2 For 2000/01, Modernisation Funds for implementation of *Information for Health* have been issued as part of Health Authority baseline allocations. Local Implementation Strategies should describe local plans to achieve the national *Information for Health* targets, and include as a high priority:
- desktop access to NHSnet for clinical and other relevant staff in General Practices, normally via Local Area Networks
 - connection of NHS Trust pathology laboratories to NHSnet, to provide the infrastructure for communicating test requests and results
 - ready access to email and web-browsing services on NHSnet for clinical and other relevant staff in NHS Trusts
 - migration of existing Global Crossing HealthLink connections to NHSnet.

Health Authorities should be aware that the funding streams for different elements of Project Connect have already been identified and it is expected that these indicative sums should be spent on the items for which they were intended:

- General Practice NHSnet connection and usage charges are to be met centrally
 - 2000/01 Modernisation Fund allocations include monies to provide desktop access to NHSnet for GPs. Some GPs will need a replacement clinical system so that their desktop PCs can be connected to NHSnet. Practices that have already upgraded their own systems should be considered for further upgrades early in the development of Primary Care Investment Plans (PCIPs), for 2001/02. There are additional monies for equipping branch surgeries but these will not be allocated until the Department of Health and representatives of the profession have given further consideration to their appropriate disbursement
 - monies for providing access to the NHSnet for other practice staff will be derived from funds previously described as within the GMS cash-limited floor. Plans for spending this should be co-ordinated by the PCG or PCT and considered as part of PCIP discussions.
- 3 In recording expenditure within General Practice Health Authorities should note that any local expenditure on ISDN line, router and firewall costs do not count as GMS for these purposes. Health Authority expenditure on these items has a separate line on the FIS 4 return.
- 4 Health Authorities will be expected to demonstrate significant progress towards these objectives during 2000/01, and the first should be largely achieved by 31st March 2001. Progress will be closely monitored through the performance management process, and by means of the NHS Information Authority Tracking Database. Poor performance will be addressed by Regional Offices and may have an impact on the future allocation of Modernisation Funds.

This Circular has been issued by:

Ron Kerr

Director of Operations

Further information on NHSnet service and management and an update on new targets and funding for Project Connect can be found at:

<http://www.nhsia.nhs.uk/gpnet.asp>

Appendix A

Enhanced Messaging Services on NHSnet

Quality and Performance Improvements

Actual performance and resilience of the service will be increased as follows:

- Resolution of X400/SMTP interoperability problems
- Improved service levels for message delivery and service availability
- Improved service reporting
- Anti “spamming” protection for all users
- Restriction of periods available for planned downtime
- Removal of delayed delivery messages.

Support Service Enhancements

Support services will be enhanced as follows:

- Provision of a comprehensive integrated second-line support service for GP Practices, covering the Message Handling Service, local email systems and NHSnet
- Provision of first line support for Practices where required
- Improved support service reporting.
- Provision of web-based support services.

Address Book Service (ABS) Improvement

Email address accuracy will be improved through the provision of a better address book service (ABS) and an interim directory service. In summary this will include:

- An interim web-based national directory service, accessible to everyone who has access to NHSnet.
- Provision of Address Books based on national, regional, Health Authority / community and PCG (reflecting any changes in administrative boundaries as they occur)
- Inclusion of SMTP email users in ABS
- Procedures for accessing and updating ABS to suit small-scale users such as GP Practices.

Appendix B

General practice connections to NHSnet

General practice connections to NHSnet

The following tables provide information on the cost of connection to and usage of NHSnet for general practices. These arrangements applied from 01 April 2000.

For both British Telecom and Cable & Wireless the new agreements run until 31 March 2003 plus 2 optional 6-month extensions at sole NHS discretion.

British Telecom

| | Fixed | Variable | National Capping |
|-------------------------|--|--|--|
| Old Arrangements | Connection charge between £0 and £149. Annual rental for router, firewall and 64k line and their management: £1,556 paid in advance. | Usage charges approx. £0.0209 per minute, subject to a minimum call charge of approximately £0.025 to £0.042. | |
| New Arrangements | Connection charge of between £0 and £149. Annual rental for router, firewall and 64k line and their management: £1,545 paid in advance. | Year 1 usage charge of £0.02 per min. Year 2 usage charge of £0.0189 per min. Year 3 usage charge of £0.0162 per min. All prices guaranteed or the public BT price book, whichever is less. | Year 1: average 90 minutes per day per site Year 2: 180 minutes per day per site. Year 3: 210 minutes per day per site. ¹ |

CABLE AND WIRELESS

| | Fixed | Variable | Notes |
|-------------------------|---|---|--|
| Old Arrangements | Once-off line connection charge: £375. Annual rental of router, firewall and 64k line and their management: £1,225 paid in advance. | Usage charges of approximately £0.025 per minute, subject to a minimum call charge of approximately £0.0225. Additional management charges for extra work, such as high numbers of router and firewall configuration changes. | |
| New Arrangements | Once-off line connection charge of: £275 per site. Annual baseline rental cost of £1,625 per site, covering router, firewall, 64k line and their maintenance, rising to £1925 in Year 3. | | The new tariff involves only a fixed rental element. |

¹ All charges including the installation of ISDN lines, routers and firewalls, messaging services and call charges, are paid centrally. At the end of each year the minutes used by all practices are pooled together on a national basis for the purposes of calculating the total national cost. These figures are indicative only at practice level.