eHealth application categorisation - Overview

Overview
Purpose of the scheme
Definition of the categories

How to use: Local perspective
How to use: National perspective

Additional references
• Current consensus for clinical services
• Current catalogue for clinical services
• Current consensus for other areas
• Current catalogue for other areas

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Purpose of the scheme

This scheme places national framework contracts and solutions into categories and was introduced in the eHealth Strategy in 2006 as a tool to support convergence.

The categories represent a shorthand for the national consensus and for decisions about mandatory adoption and levels of choice. This means that they have an effect on local plans for the applications estate.

For example, category A solutions are those which all Boards have agreed to adopt within a given timeframe (such as the GP IT framework, where all GP practices needed to have implemented one of two options by March 2012). Category B provides more flexibility around the timing of convergence, an example being the national Patient Management System (TrakCare).
# Definition of the categories

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
</table>
| **A. Adopted by all Boards within agreed timeframe** | • All NHS Boards have agreed to participate and to adopt within nationally agreed timescales.  
• One contract framework or solution is provided to implement the capability.  
• National agreement is required for changes to contract or major developments and to change the status.  
• Examples: GP practices can select from the national GP IT framework. The demographics master index is implemented as the national CHI system. |
| **B. Adopted by all Boards – Strategic framework/solution** | • All NHS Boards have agreed to participate in a move towards a narrow range of strategic suppliers or solutions for a specific capability. Adoption is expected when additional investment is planned by Boards in that capability.  
• One (ideally) or more contract frameworks or solutions are provided to implement the capability.  
• National agreement will be required for changes to contract or major developments and to change the status.  
• For example, when investing in a core Patient Management System then adopt the PMS framework. |
| **C. Adopted by all Boards – Convergence around choice of frameworks/solutions** | • Boards seek convergence but without the closeness and narrow range of strategic supplier relationships.  
• One or more contract frameworks or solutions are provided to implement the capability.  
• Adoption is expected when additional investment is planned by Boards in the capability.  
• The National Applications Working Group on behalf of the eHealth Leads manages the list of choices.  
• For example, for a Theatres module, choose from the national Theatres framework or adopt the Theatres module from the PMS framework. |
| **D. Free choice for all Boards** | • Applications to meet local requirements where there is no clear national consensus, framework contract or business case to proceed on a joint basis. This may include immature/expanding markets where competition and trialling of products are to be encouraged.  
• Existing contract frameworks and solutions should be evaluated for re-use as part of selection. Consortium/collaborative procurements are recommended.  
• For example, for patient kiosks there are currently no nationally provided frameworks or solutions. Boards are encouraged to form a consortium for procurement.  
• Successful consortium procurements may be promoted to strategic categories C or B where the case is made for stronger convergence. |
How to use: Local perspective

- Category A rollout is agreed

Consider the following:
- Considering investment in an area, for example
  - Contract or system reaches end of life
  - Existing solution presents issues
  - New service area requires support from eHealth

1. Check the national consensus - Look up the additional references (map of consensus and catalogue)
2. Align the local plan - Select within available range of choice
3. Make the transition

Raise case for any exceptions or amendment to the scheme. Arbitration will be through the eHealth governance structure. The final decision authority will be with the Strategy Board.

Examples

- Core GP practice
- PMS
- HEPMA

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How to use: National perspective

- New service area requires support from eHealth
- National contract or system reaches end of life
- Existing solution presents issues
- Case for exception or amendment to the scheme is raised

Determine the national level of consensus (assign a category)

Determine any change to the national level of consensus (category) or level of choice (catalogue)

Ensure the required level of support is maintained in the catalogue

Examples:
- AAA Screening
- Reporting tools
- National demogs
- HEPMA

Various scenarios:
- Leave matters to local arrangements
- Extend contract
- Add new (for example through procurement)
- Replace solution
- Enhance solution
- Expire and remove

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### Current Consensus for clinical services

<table>
<thead>
<tr>
<th><strong>Primary Care</strong></th>
<th><strong>Specialties</strong></th>
<th><strong>Clinical Support</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• A: Core GP Practice</td>
<td>• A: PACS, Diabetes</td>
<td>• A: none</td>
</tr>
<tr>
<td>• B: Out of Hours Services</td>
<td>• B: RIS</td>
<td>• B: General Patient Administration, Hospital Order Comms, Chemotherapy ePrescribing, HEPMA, Hospital Pharmacy</td>
</tr>
<tr>
<td>• C: none</td>
<td>• C: A&amp;E, Theatres, Mental Health, Maternity, Neonatal</td>
<td>• C: none</td>
</tr>
<tr>
<td>• D: Others</td>
<td>• D: Others</td>
<td>• D: Others</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Community and Local Authorities</strong></th>
<th><strong>Public Access to the NHS</strong></th>
<th><strong>Management Information and Clinical Audit</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Suggest A or B for Community Dental</td>
<td>• Suggest D for Person Centred Strategy</td>
<td>• A: Selected SMRs (SBR)</td>
</tr>
<tr>
<td>• C: Community Nursing</td>
<td></td>
<td>• B: None</td>
</tr>
<tr>
<td>• D: Others</td>
<td></td>
<td>• C: General Reporting Tools</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Public Health</strong></th>
<th><strong>Demographics</strong></th>
<th><strong>Electronic Patient Record</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• A: Screening Systems, Child Health Systems</td>
<td>• A: National and Local MPIs</td>
<td>• A: EPR Storage, EPR Workflow</td>
</tr>
<tr>
<td>• Suggest A for SPHIMS – Disease Outbreak Management</td>
<td>• B: none</td>
<td>• B: none</td>
</tr>
<tr>
<td>• B: none</td>
<td>• C: none</td>
<td>• C: EPR Presentation</td>
</tr>
<tr>
<td>• C: none</td>
<td>• D: none</td>
<td>• D: EPR Input</td>
</tr>
<tr>
<td>• D: none</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Current Catalogue for clinical services

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
</tr>
</thead>
</table>
| • Core GP Practice  
• GP IT framework (EMIS PCS and Vision 3)  
• For referrals to secondary care: SCI Gateway  
• For prescription transfer to pharmacy: ePharmacy  
• Diagnostic Radiography – PACS  
• Carestream PACS  
• Diabetes  
• SCI-DC (SCI Diabetes Collaboration)  
• Community Dental (could also become B)  
• Carestream R4 framework  
• Selected SMRS  
• Scottish Birth Record (SBR)  
• Public Health  
• Diabetic Retinopathy Screening: DRS  
• Cervical Screening: SCCR  
• Abdominal Aortic Aneurism Screening: AAA  
• Breast Screening: SBSP  
• Bowel Screening: BOSS  
• Child Health Immunisation and Recall: SIRS  
• Child Health – Pre-School: CHSP-PS  
• Child Health – School: CHSP-S  
• Child Health – Support Needs: CHSP-SNS  
• Newborn Hearing Screening: SBR  
• Demographics  
• Master Index: CHI  
• Local index: SCI Store  
• Electronic Patient Record – Secondary Storage  
• Primary Care Shared Information: ECS  
• Secondary Care Clinical Data Store: SCI-Store  
• PACS National Archive: Carestream PACS  
• Electronic Patient Record - Workflow  
• National Ensemble license | • Out of Hours Services  
• Adastra framework  
• Diagnostic Radiography – RIS  
• Carestream RIS  
• General Patient Administration  
• PMS framework (TrakCare Foundation)  
• Hospital Order Comms  
• PMS framework (TrakCare Foundation)  
• Chemotherapy ePrescribing  
• CEPAS  
• Hospital Prescribing and Pharmacy  
• JAC (add Ascribe subject to successful evaluation) | • Accident & Emergency  
• A&E framework (EDIS?)  
• PMS framework (TrakCare Emergency Department)  
• Mental Health  
• PMS framework (TrakCare Mental Health)  
• MiDIS  
• Theatres  
• Opera framework  
• PMS framework (Trakcare Theatres)  
• Maternity  
• PMS framework (Clevermed or TrakCare maternity)  
• Scottish Birth Record  
• Neonatal  
• PMS framework (Clevermed or TrakCare maternity)  
• Community Nursing  
• GP IT framework (EMIS PCS or Vision 3)  
• MiDIS  
• General Reporting Tools  
• Business Objects  
• Business Intelligence framework  
• EPR Presentation  
• Government Buying Solutions framework |
Current Consensus for other areas

Back office Services
- A: Payroll, HR, Finance, Expenses, Procurement, QOF Calculator
- B: Email
- C: Address lookup, Time recording for Payroll
- D: Others

In-between Infrastructure Services
- A: System to System Communication
- B: Information Assurance
- C: none
- D: none

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Current Catalogue for other areas

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<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payroll</td>
<td>Information Assurance</td>
<td>Address Lookup</td>
</tr>
<tr>
<td>• Suite of Scottish Standard Payroll System (SPSS) and ePayroll</td>
<td>• Privacy Breach Detection: Fairwarning</td>
<td>• QAS (Quick Address System)</td>
</tr>
<tr>
<td>• HR</td>
<td>• Single Sign On: Imprivata</td>
<td>• Time recording for payroll</td>
</tr>
<tr>
<td>• eEES and SWISS</td>
<td>• Email and national staff directory</td>
<td>• SSTS (Scottish Standard Time System)</td>
</tr>
<tr>
<td>• Finance</td>
<td>• NHS Mail and its successor for NHS Scotland</td>
<td></td>
</tr>
<tr>
<td>• Cedar eFinancials</td>
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<td></td>
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<tr>
<td>• Expenses</td>
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<tr>
<td>• eExpenses</td>
<td></td>
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<tr>
<td>• Procurement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Procurement suite containing various systems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• QOF Calculator</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• QMAS and its replacement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• System to system communication</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• General System Integration: National Ensemble license</td>
<td></td>
<td></td>
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<tr>
<td>• Clinical messaging: SCI Gateway</td>
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<td></td>
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<tr>
<td>• Electronic document transfer to GP: EDT</td>
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<td></td>
</tr>
<tr>
<td>• Clinical Information Exchange: SCI Store</td>
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