

Proposal for GP Systems of Choice (GPSoC)

Briefing for the NHS

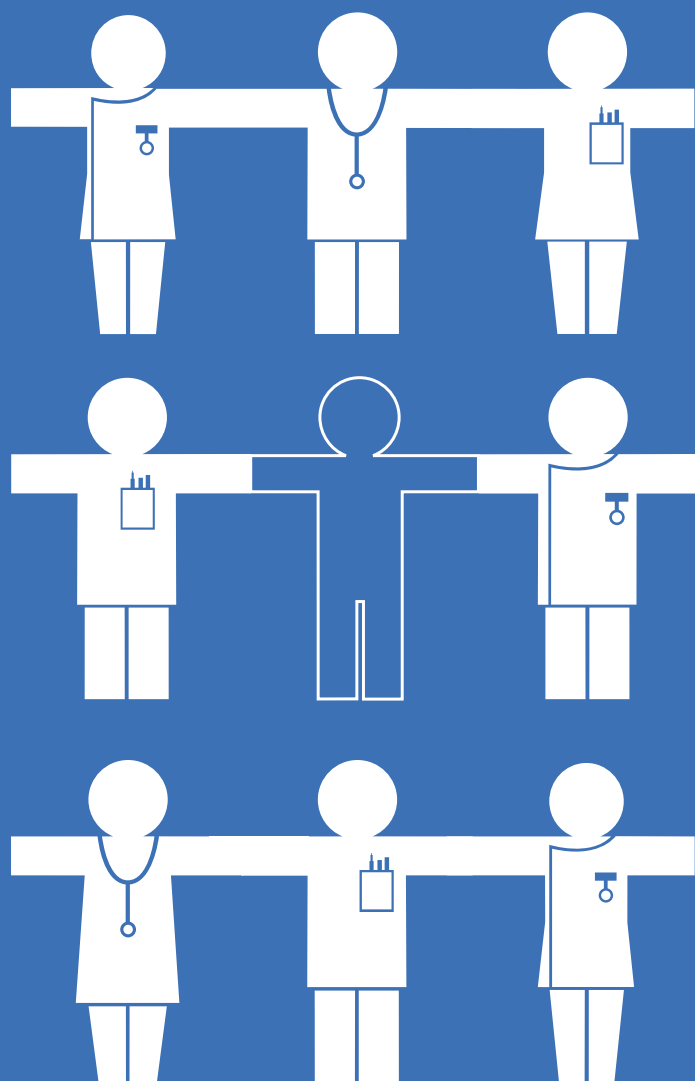


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1. Introduction

The purpose of this document is to provide an overview of the GP Systems of Choice (GPSoC) scheme, currently under consideration by the Department of Health.

GPSoC has been developed with strong input from GPs, via the NHS Connecting for Health primary care clinical leads.

Subject to agreement with GP system providers and funding approval, GPSoC will become the basis on which primary care trusts (PCTs) will continue to support provision of clinical IT systems for GPs.

The aims of the GPSoC scheme are to benefit GPs, the NHS and patient care as follows:

- To maximise the benefit to both patients and the NHS of the mature and high use of IT in the general practice care setting. Under GPSoC, existing GP systems will be upgraded to take advantage of the new services provided by NHS Connecting for Health. These include the NHS Care Records Service, Choose and Book, the Electronic Prescription Service and GP2GP (General Practice to General Practice electronic patient record transfer).
- To offer GPs a choice of clinical IT systems. This will allow GPs to continue to benefit from the investments they have made in their clinical IT systems, or benefit from new Local Service Provider (LSP) systems.
- To support the IT requirements of the General Medical Services contract (GMS).
- To upgrade local practice IT infrastructure, where necessary, to the level required to operate GPSoC compliant systems and to benefit from the new NPfIT services.
- To provide clear funding guidance for all GP systems included within the GPSoC scheme.

It must be emphasised that GPSoC is currently a scheme under development, and is not currently approved. This document therefore provides an overview of current plans, which are subject to change.

2. Choice options available to GPs

Under GPSoC, GPs may:

- i move to the GP clinical system(s) offered by their LSPs
- ii keep their existing GP clinical system, undergoing upgrades as they become available under GPSoC
- iii move to another existing GP supplier's clinical system.

All of the above will require an element of system migration. GPs will wish to minimise the number of system migrations undertaken to ensure that the quality of patient data is maintained.

Details of the funding arrangements are to be found in the funding section of this document.

3. Supplier consultation

The following suppliers are working with the Department of Health to develop GP Systems of Choice:

Accenture (North East and Eastern LSP)

Ascribe Protechnic Exeter Ltd

BT Capital Care Alliance (London LSP)

CSC Alliance (North West & West Midlands LSP)

Egton Medical Information Systems (EMIS)

Fujitsu (Southern LSP)

Healthy Software

In Practice Systems (InPS)

iSOFT plc

Microtest

Seetec

The Phoenix Partnership (TPP)

Inclusion within GPSoC will be subject to satisfactory agreements being concluded with each supplier.

It should be noted that GPSoC is limited to GPs and practice staff, including practice managers and reception staff only. It excludes traditional community staff such as health visitors, district nurses, etc, for whom provision will be made by the appropriate LSP.

4. Funding

It is proposed that GPSoC will provide funding for practices with GPSoC compliant systems on the following basis:

i. IT infrastructure

- Minimum standards for infrastructure (equipment and network) will be set by NHS Connecting for Health, based on requirements for functionally rich systems. IT infrastructure that meets these minimum standards will constitute a 'warranted environment' able to support upgraded systems and operate with NPfIT services.
- PCTs will receive funding to ensure GPs reach this minimum standard. Capital funding will be available from 2006/07 for practices that achieve GPSoC level 1 compliance (See Section 5, Compliance levels).

ii. Annual service charges

- GPSoC funding will only be available for GPSoC compliant systems.
- Funding for service charges will be available once GPSoC amendments have been included in local agreements and the practice system is GPSoC compliant. Payments will be made from contract anniversary. A small number of service charges will start to be funded from late 2006 onwards with take up increased from 2007/08 onwards.
- Upgrade costs will be included in annual service charges, providing for the cost of deployment of upgraded software and associated training.
- GPSoC budgets will be held by PCTs and will be based on GPs' plans for their GPSoC compliant systems each year. An appropriate performance management regime will be established.

iii. Migration

- The intention of GPSoC is for practices to retain their current system of choice as it is upgraded through the GPSoC compliance levels, or move to an LSP solution. For this reason, funding to support migration will only be made available for the following scenarios:
 - a moving to the GP clinical system(s) offered by their LSP
 - b keeping their existing GP clinical system, undergoing upgrades as they become available.

- GPSoC funding will only apply to migration to GPSoC compliant systems and will only include the cost of migration for options a and b above. The cost of migration from one existing supplier system to another existing supplier system will not be funded by GPSoC.
- Service charges for the system to which the practice has migrated will be funded subject to there being a business and clinical case for the switch.

5. Compliance levels

GPSoC puts in place a scheme to increase the functionality, security and reliability of GP systems. It will also increase the ability of systems to interact with the NHS Care Records Service (NHS CRS) and other NPfIT services as these are introduced.

GPSoC will encourage GP system providers to upgrade their systems through a series of compliance levels in accordance with the GPSoC Solution Maturity Model. The levels provide an objective basis on which to evaluate systems, and set minimum standards which GPSoC systems must achieve. The national standards become more stringent as higher compliance levels are achieved, and provide a roadmap along which practices can plan, aligned with the strategic objectives of the NPfIT.

There are six Compliance Levels within the GPSoC Solution Maturity Model:

Compliance level	Description
Level 0	RFA 99, QMAS/QoF and Information Governance (IG)
Level 1	Level 0 plus Choose and Book, Personal Demographic Service (PDS) access/update capability
Level 2	Level 1 plus Electronic Transmission of Prescriptions (ETP)
Level 3	Level 2 plus GP records transfer capability (GP2GP)
Level 4	Level 3 plus system provided as a data centre hosted solution to NHS CFH standards
Level 5	Level 4, plus access/update capability to the summary patient record held within the Personal Spine Information Service (PSIS) on the NHS CRS Spine
Level 6 Fully integrated	Level 5, plus fully integrated with the LSP Care Record Service system across all care settings

The achievement of each level will be dependent on achieving compliance with the requirements of all previous levels.

Level 0 is the minimum standard for participation in the GPSoC scheme. A system will be recognised as GPSoC compliant only once the Level 1 requirement has been achieved.

Systems compliant with Levels 1 to 5 can be provided by Existing System Providers (ESPs) as well as LSPs. Suppliers will be able to choose what level they wish to achieve.

Level 6 is the fully integrated LSP solution, in which the GP clinical system is fully integrated with all other care settings.

The GPSoC compliance process will be administered by NHS Connecting for Health.

6. Contact and further information

The GPSoC programme team will issue further updates when appropriate progress with GPSoC is made.

The GP Systems of Choice programme team welcomes feedback from stakeholders. The team can be contacted via gpsoc@cfh.nhs.uk

7. Frequently asked questions

1. Can I continue to use my current GP system?

Yes. The GP Systems of Choice (GPSoC) proposal provides for compliance testing of current GP systems. GPSoC funding will only be provided for GP systems that have achieved a GPSoC level of compliance.

The following GP system suppliers have confirmed their intention to achieve compliance under this regime:

Accenture (North East and Eastern LSP)
Ascribe Protechnic Exeter Ltd
BT Capital Care Alliance (London LSP)
CSC Alliance (North West & West Midlands LSP)
Egton Medical Information Systems (EMIS)
Fujitsu (Southern LSP)
Healthy Software
In Practice Systems (InPS)
iSOFT plc
Microtest
Seetec
The Phoenix Partnership (TPP)

Inclusion within GPSoC will be subject to satisfactory agreements being concluded with each supplier.

2. Can I change to another GP system supplier?

Yes. The intention of GPSoC is for practices to retain their current system of choice as it is upgraded through the GPSoC compliance levels, or move to an LSP solution. For this reason, funding to support migration will only be made available for the following scenarios:

- a moving to the GP clinical system(s) offered by their LSP
- b keeping their existing GP clinical system, undergoing upgrades as they become available.

GPSoC funding will only apply to migration to GPSoC compliant systems and will only include the cost of migration for options a and b above. The cost of migration from one existing supplier system to another existing supplier system will not be funded by GPSoC.

Service charges for the system to which the practice has migrated will be funded subject to there being a business and clinical case for the switch.

3. Will the PCT be able to force me into changing my GP system?

The GPSoC proposal aims to fund compliant systems from existing system suppliers. This will provide clarity on funding for PCTs with financial pressures in respect of GP systems and will facilitate GP choice. An appropriate performance management regime will be put in place.

4. Does my practice database have to be hosted at a data centre outside the practice?

To achieve Compliance Level 4, the GP system requires off site hosting. All suppliers of Level 4 hosted GP systems will have to demonstrate how they will provide and maintain business continuity in the event of a disaster. This will include an explanation of where practice data will be stored and how it will be recovered.

Migration to a Level 4 hosted solution will attract a contribution to costs under component 4 of IM&T DES. Such payments are only available once practices have moved to a hosted solution.

5. Who will run those data centres?

System suppliers are free to choose the provider of their data centres and may choose to run their data centres themselves. There are many expert operators in this field. The key proviso is that this infrastructure provision must meet stringent information governance, business continuity and disaster recovery requirements.

6. Do any of the LSP GP systems have a special status in these new arrangements?

No. Under the proposed arrangements for GP Systems of Choice, the LSP provided systems will be measured by the same criteria as the systems provided by the existing system suppliers, allowing GPs to choose between systems on an objective basis.

The only exception will be that value for money is already proven in the business case for migration to LSP systems.

7. Will a fully integrated Level 6 GP system be available in my area?

GPs are already enjoying the benefits of integration with community, mental health and child health services in some clusters. In time, LSPs will develop solutions that are fully integrated with all care settings.

The intention is that fully integrated Level 6 solutions will be available to all practices from their LSP.

8. What happens when a fully integrated Level 6 GP system is available? Will I be forced to move to it?

When a fully integrated Level 6 GP system is available and certified by GP professional representatives as offering improved functionality compared to other GP systems, there will be an expectation that practices will migrate to that system.

9. Will there be significant differences in functionality between the systems offered by current GP suppliers and a fully integrated Level 6 system?

Systems that are not fully integrated, can never offer as effective data sharing and transfer as a fully integrated system.

The standards for non-fully integrated systems will seek to minimise the difference.

10. How will a system offered by a current GP supplier integrate with community and mental health records?

Before full integration, standards will be used to maximise the communication between health service sectors.

11. What is the role of the Spine for practices using systems from current GP suppliers?

Existing system providers will offer functionality that is currently available through the Spine. This includes Choose and Book, the Electronic Prescription Service, GP2GP and personal demographic information. A number of existing GP system providers have already implemented elements of this capability.

In future releases, the Spine will also hold the Summary Care Record. Existing system providers who support hosted systems will be able to link with the Summary Care Record.

12. How will my GP system be funded?

There is capital funding available from 2006/07 financial year to upgrade the IT infrastructure in GP practices where an upgrade is required to meet the requirements of the LSP or upgraded existing system providers' systems.

Funding for service charges will be available once GPSoC amendments have been included in local agreements and the practice system is GPSoC compliant. Payments will be made from contract anniversary. A small number of service charges will start to be funded from late 2006 onwards with take up increased from 2007/08 onwards.

Funding for compliant systems provided by existing system providers will be included in the PCT budget allocation while NHS Connecting for Health will continue to fund the LSP systems.

13. Why has NHS Connecting for Health bowed to GP pressure and diluted its vision for a fully integrated record system?

The strategic goal for NHS Connecting for Health remains the provision of GP systems which are fully integrated within the LSP solution. GP Systems of Choice aims to ensure that GPs who choose to retain their existing systems can achieve a level of integration with the applications being rolled out by NHS Connecting for Health such as Choose and Book, GP2GP, the NHS Care Records Service and Electronic Transmission of Prescriptions.

14. My practice or PCT is placing an order (or has already placed an order) for a Choose and Book and/or ETP upgrade to my existing GP system, through the NHS CFH Choose and Book PCT reimbursement process. Should I cancel this order?

No. It is recommended that you should proceed with the deployment of the Choose and Book complaint upgrade, to ensure you can use Choose and Book through the interface you have chosen, in a timely manner.

CAB funding already provided to PCTs and practices will be taken into consideration in the proposed GPSoC funding arrangements.

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