



Change of Project Plan Timing

May 2018

I did mention the frustration in the last email I think. We finally managed to get NHS Digital into a room with us to discuss the accreditation of our system for connecting into the NHS Number system (PDS) and later, the NHS e-referral system (eRS). Turns out that when we asked how long it would take and the answer was 6 weeks or 9 months, depending on which bit we were talking about, we assumed that meant there was a process, we apply and then it takes that long. Turns out they mean 6 weeks from when they allocate time to deal with it, and they are busy for the foreseeable future...



We had to ask someone very senior from the national NHS England team to assist in order to get the meeting and extract that information. So we have to change the plans for which we apologise. The main thing that we will delay from your perspective as a practice is the N3 roll out. Until it is required for the NHS number look up, there is no point in paying for it. So the plan now is:

NHS mail roll out continues unchanged from May into the summer.

Healthi referral module:

- Mid May Beta testing
- late May Final Testing
- Early June Roll out and go live with electronic direct referral



N3 Roll Out

The roll out of N3 will be put back around 9 months. The effect of this is no NHS number look-up in the new module. This means we can't move just yet to sending the referrals directly to the provider, which would free up GPs from processing some 60,000+ referrals and would make us the principal referrer. It also means we can't yet implement any form of electronic feedback via the Healthi module, as that would require the NHS number for identification.

It also means no access in the near future to the Summary care Record (SCR) with its up to date medication list. It does, however, mean that all referrals become electronic, that data on referrals is collected (a GM H&SCP desire) and that urgent referrals don't require fax and go to the right place.



From a user perspective, it will all be working electronically which is the main change for you as the user. Once the system is accredited and we roll out N3, the user experience won't change much, but the changes behind the scenes will be considerable, since the referrals will be direct and you will become the prime referrer, not the GP.

We apologise to any practices that have been hanging on to old broadband and waiting to obtain the N3 line. The N3 is available if you wish, but is likely to cost a bit more over the next 9m so our advice is to wait.

Information Governance Toolkit (IGTK)



The previous IGTK has just been replaced by a new version – the DSPTK. If you have already completed the previous toolkit, that's fine, as it is needed for NHS Mail and last year's is still valid for now. If you haven't, then you need to do the new one at www.dsptoolkit.nhs.uk

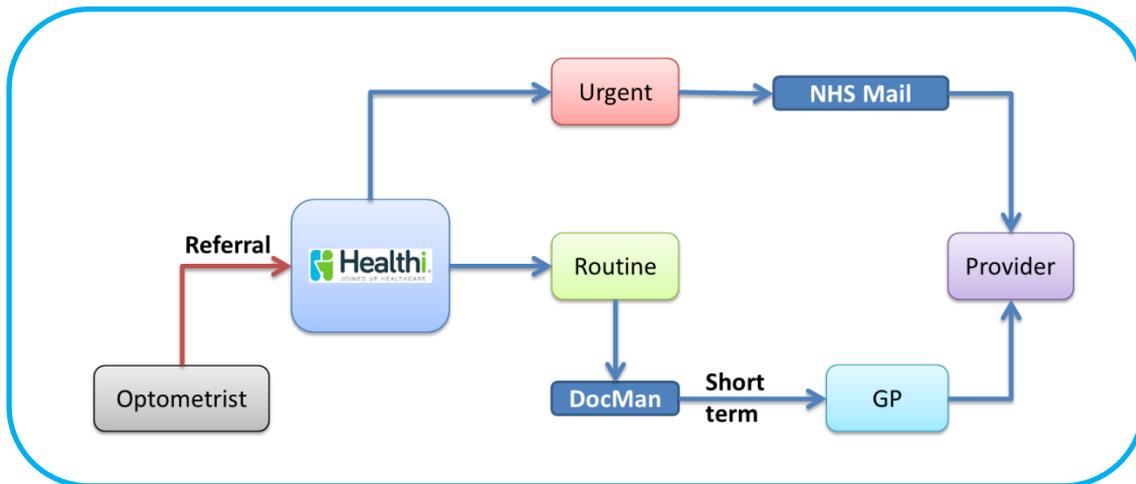
It has always been a requirement to complete the IGTK each year. Normally this is simply a matter of checking that nothing has changed and then signing it off – very quick. Next time it will be necessary to swap to the DSP, but the principles and policies are similar so again, it shouldn't take long. Depending on timing this may be needed prior to rollout. The information governance section in Quality in Optometry should be updated to match the DSP quite soon.

The Plans

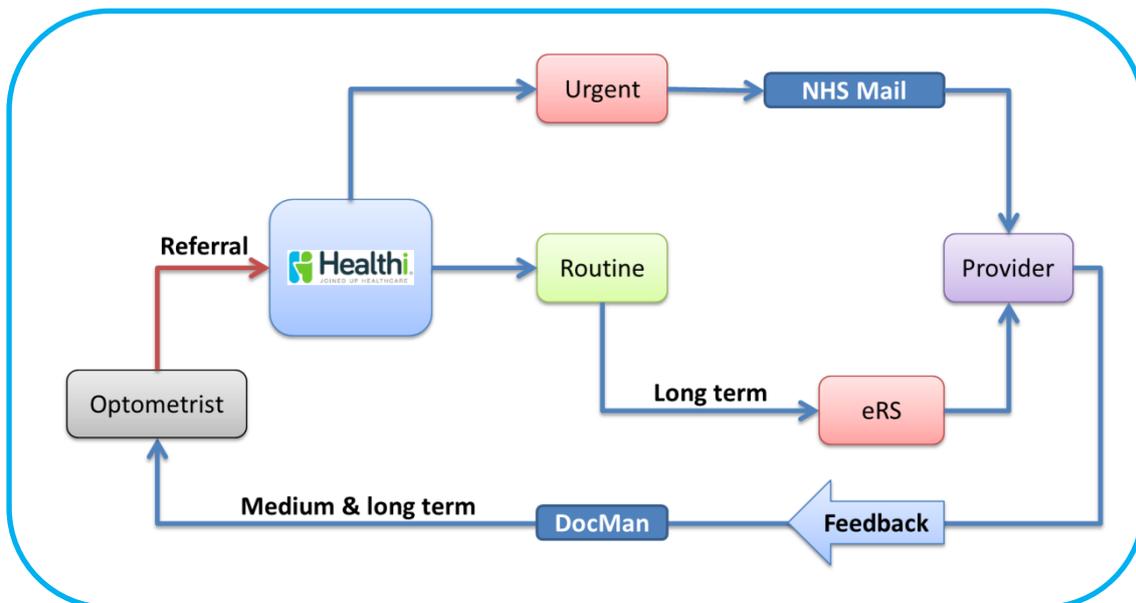
Flow diagrams of the plans are on the next page.



The short term plan now



Long Term



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