Optical Sector
NHS Connectivity Project

December 2018 (Mar 19 revisions in red)

Latest update

Thank you all for bearing with us on what has been a journey of delays. The bad news is that the project is at least 18 months overdue. The good news is in 2 parts – firstly that things are about to start happening and, secondly, if we had implemented 18 months ago, the solution would already look dated!

We have happened upon a period of considerable change in NHS IT, which is why it has seemed as if the ground has been shifting under us all the time. So there are 3 elements to this update; electronic referrals, NHS Mail and NHS network connections (N3, now known as HSCN).

NHS Mail
An electronic form has just gone out (December) to collect information about all those who require an NHS Mail account. We expect this to be all practitioners and practices in Greater Manchester. After roll-out, the Area Team will only be communicating with practices via NHS Mail, so do not get left behind.

Technically what will happen is that every practice will be allocated an NHS Mailbox and every practitioner will be allocated an NHS Mail address. The individual addresses have to be associated with a practice mailbox, though they remain private and individual and can also be accessed outside the practice. If a practitioner moves practice the address can be transferred. If you work in 2 or more practices, it should be associated with just one of those, probably the main one.
Practices will need to have completed the NHS IG Toolkit 14.1 in the year since April 18, or its replacement, the DSP Toolkit. After the end of March 19 only the DSPT will be accepted. The reduced set of DSP requirements for NHSMail is available via QiO at [www.qualityinoptometry.co.uk](http://www.qualityinoptometry.co.uk) along with the facility to submit direct to NHS Digital from QiO. Flyers from NHS Digital about the need to complete by end March can be ignored.

Within each practice there should be one allocated admin user. This does not have to be a practitioner. This user will have the ability to make requests to move a practitioner’s address from one practice to another.

Those who have, or have had, an NHS Mail address in the past will know that losing or forgetting your password was a major obstacle as you had to find someone with access to N3 to reset it. This is no longer the case as you can reset it yourself so long as the NHS has your personal mobile phone number. So the data form will request that number.

True locums with no fixed practice are different (as they have been with GPs). The intention is to provide these practitioners with an NHS Mail address, but not linked to a practice. These true locums should complete the form themselves.

**Electronic Referral Platform (Cegedim’s Healthi module)**

We have developed a way of implementing this without the use of an NHS network connection, at least for now. It will use a reduced form of NHS number look up which returns a single exact patient match (to return multiple potential matches does need N3). It will then forward urgent referrals (many areas will still require a phone call in advance) by a centralised NHS Mail account whilst routine referral will go, in the short term, to the GP or referral centre using the GM DocMan document transmission service.

After a 2 week trial in Stockport, the referral platform will be rolled out across GM.

You may recall from previous newsletters that use of the NHS eRS referral service required an NHS connection. We have found a way round that using an intermediary service from a company called FDS, who have worked closely with NHS Digital to develop the service. In the medium term the routine referrals using DocMan will switch to being directed into the eRS service by FDS. The switch should not cause any noticeable effect to yourselves as users.

At the same time, NHS England nationally are progressing work in the hope of developing a national solution for optometry use of eRS. Whilst we don’t know what that is, we are reasonably confident it will not invalidate the local work.
NHS Network Connections (N3 or HSCN)
So that just leaves the NHS Connections and, as you have read above, we will have achieved most of what we set out to achieve without the need for an NHS connection at present. There are some things we have mentioned previously which do need an NHS connection and a Smart Card (electronic identity card), with access to the Summary Care Record (SCR) being an obvious one. However, NHSDigital have an ongoing programme of work to enable access to systems without an NHS connection and using a “digital identity – cloud based” [https://developer.nhs.uk/apis/national-authentication/](https://developer.nhs.uk/apis/national-authentication/)

It appears that the delays may enable us to tap into newly developed solutions at the start of their life, rather than systems that are reaching end of life. Accordingly the NHS connection element of the project has been placed on hold for now, with a further evaluation of the position to take place in Q1 next year.

**Currently projected timetable**

In the light of past experience we almost hesitate to give one, but we are fairly confident of these dates:

- Data collection for NHSMail: December 2018
- NHSMail Rollout: Mar/April 2019
- Healthi referral module rollout: Feb/Mar 2019
- Healthi switch to eRS via FDS: Summer 2019
- NHS Connections: on hold

There will be a training video for the Healthi referral module available during January and we will arrange a webinar session at which you can log in and ask questions.

The module is web-based. Once your practice has login details, you should ensure that all practitioners make all referrals using the module.

*Once operational, feedback on the module should be addressed to info@gmlocs.co.uk*

If you have any queries, please contact one of us

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