Commission for Patient and Public Involvement in Health Information System Requirements

1. Purpose

1.1. The purpose of this document is to set out the essential requirements of the IS system to enable an outline design and implementation costs and plans to be drawn up.

2. Background

2.1. CPPIH

2.1.1. The Commission for Patient and Public Involvement in Health (CPPIH) will be established from 1 January 2003. The Commission will be an Executive Non Departmental Public Body set up under the NHS Reform and Health Care Professions Act 2002.

2.1.2. The Commission will set standards for patient and public involvement in the NHS, provide training, monitoring Patient Advice and Liaison Services and Patients' Forums and commission the Independent Complaints Advocacy Service. The Commission will report matters of concern on issues of patients' safety and welfare to other bodies such as CHI and the National Patients Safety Agency. It will produce reports on the effectiveness of patient and public involvement, summarising the findings of Patients' Forums and the findings of any subsequent national reviews, as well as reports on other issues for Parliament and the Secretary of State for Health.

2.1.3. The Commission has a statutory duty to review the annual reports provided by 600 Patients' Forums and to make recommendation to the Secretary of State and others. It is anticipated that these reports may be received and stored as an electronic format in order to make them easier to access and search.

2.1.4. It is also anticipated that there will be a large amount of email communication between the staff of the local offices, between local staff and the NHS and between local staff and external providers of independent complaints advocacy. Such emails might include confidential NHS patient information that must not be disclosed to third parties and would be subject to the Data Protection Act.

2.2. Staff and Offices

The Commission will comprise about 60 staff at their Birmingham HQ with about 700 staff working from 28 local offices on NHS premises [likely but not decided yet] supporting the Patients' Forums which will be set up in 2003/4.

2.2.1. The office arrangements at a local level are still under discussion but are likely to include about 300 peripatetic staff working from NHS trust and PCT offices and home using a ROIS laptop with modem to communicate with HQ. The remaining 400 local CPPIH staff will be administrative staff based at the local offices in each of 28 Strategic Health Authority areas. Thus there will be 28 offices of 15 admin and 10 peripatetic staff in addition to HQ.

2.2.2. The Commission's Headquarters is 9th Floor, Ladywood House, 45-56 Stephenson Street Birmingham B2 4UZ. The MOTO (lease) has been agreed and the fit out of the East wing will be completed in October 2002. The East wing will include an IT/Comms. Room for the PABX, servers and network equipment. The fit out of the West wing will be completed by December 2002.

2.2.3. The Commission's Management Board, Chairman and Chief Executive will be based at HQ. The HQ will perform the following business functions:

2.2.3.1. Personnel – including payroll management and staff recruitment

2.2.3.2. Communications – Press releases, web publishing and public/patient enquires.

2.2.3.3. Policy – development of standards for Patients' Forums and ICAS, drafting of reports, management of local staff and co-ordination of regional issues, development and implementation of PPI strategy.

2.2.3.4. Board secretariat – Support to the Board which may meet in other locations

2.2.3.5. Finance – including procurement, financial control, invoice payment and preparation of annual accounts

2.2.3.6. Electronic library for report management and analysis. The CPPIH will also maintain a national electronic library of research, best practice and other documents on all aspects of PPI.

Continued.

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3. IS Requirements

3.1. Scope (CPPIH Stage 1)

3.1.1. This requirement relates to the basic IS infrastructure requirement for CPPIH at their Birmingham HQ which needs to be fully operational within a month of the fit out work being completed i.e. November 2002

3.1.2. It is envisaged that this will be a simplified "Windows 2000 system (Unity solution)" based on the emerging OIS standards but not directly connected to OIS. The telephone service will be provided separately.

3.1.3. This requirement covers the Birmingham HQ only. The expansion of the system to cover CPPIH local workers/offices will be taken forward as the second stage of the project. However the HQ IS system must be designed in such a way that it is expandable and adaptable and can form the central hub of a future larger system.

3.1.4. The first stage project will include 20 dial in laptops which may be used to test the proposed HQ/local the working arrangements with the help of a pilot group.

3.1.5. Once senior officers are in post separate requirements will be drafted to cover the specialist applications such as the Finance system and HR/payroll system. However this IS system must provide a suitable platform for the subsequent enhancement to meet the business requirements once they have been identified.

3.1.6. The design and support arrangements for the system must be such that it meets the security accreditation requirements for connection to NHS Net.

3.2. General Requirements

3.2.1. The system must be cost effective to run and support and must include tools to enable effective support and automatic software upgrade distribution. The design should enable support by the supplier.

3.2.2. The system will be separate from the DH OIS system although based on OIS standards. In order to minimise capital spend the voice solution and wide area data connections will be supplied via MTS.

3.2.3. Richmond House "thick client" build should be adopted for the PC workstations to ensure that some IS functionality will remain available in the event of a server or network failure.

3.3. Size

3.3.1. The initial HQ system must be able to provide adequate performance for 100 concurrent users. Initially there will be 60 desktop users

(implemented in two phases - East Wing by November 2002, West wing by December 2002) and up to 20 laptop users.

3.3.2. The design should be scalable so additional laptop users or local offices can be easily added as part of the second stage of the project.

3.4. Building data cabling and local network

3.4.1. The design and implementation of a suitable Cat 5 data cabled solution to connect all desks to the network hub (@100mbs) and the connection of all phones to the PABX via a patch frame.

[DN may be easier for Brian to arrange the Cat 5 cabling as part of the accommodation refit]

3.5. External Connections

3.6. The system will require an external connection and firewall to provide external email and Web access. It is proposed to connect to NHS Net subject to accreditation and NHS IS agreement. (It may be necessary to implement an interim solution if this is delayed).

3.7. A dial in gateway will also need to be provided to enable laptop users to connect the system in a secure manner. (using MTS lines)

3.8. Voice Telephony Requirements

3.8.1. Standard phones, feature phone and manager/secretary working –100 extensions (MTS)

3.8.2. Direct dial in and direct dial out with access to the Public Switched Telephone Network (MTS)

3.8.3. Ability to transfer calls to/from other phones, pick up and hunt groups (MTS)

3.8.4. Remote switchboard operator service for main number (MTS)

3.8.5. Provision of specialist handsets for special needs users as requested.

3.8.6. Provision and installation of four office fax machines (Pitney Bowes 1640 or similar)

3.8.7. Provision of mobile phones with voicemail for designated users – to be supplied when ordered (i.e. when business case made by staff).(Vodafone)

3.9. Video conferencing/Projectors

3.9.1. One mobile video conference unit with user controlled ISDN access is required

3.9.2. Two projector units for use with laptops to provide training and PowerPoint presentations.

3.10. IT desktop

3.10.1. Users must have a context free account login so that they can access their account from any workstation. This includes laptop users being able to access their accounts from any workstation (but not vice versa).

3.10.2. Users will have a Windows IT desktop that enables icon based access to both the standard desktop applications and any additional applications installed for that user. Users will be able to open at least two applications concurrently and cut and paste data both within and between applications

3.10.3. There will be a user configurable password protected screen saver or account lock to reduce the risk of casual access to sensitive documents.

3.10.4. The following standard desktop productivity software will be provided:

3.10.4.1. Microsoft Word;

3.10.4.2. Microsoft Excel;

3.10.4.3. Microsoft PowerPoint;

3.10.4.4. Microsoft Internet Explorer web browser

3.10.4.5. Lotus Notes email and diary

3.10.4.6. Adobe PDF Reader

3.10.5. In addition all desktops will have suitable virus checking software which will need to be updated regularly

3.10.6. There will also be optional software available to some users only. This will include:

3.10.6.1. Microsoft Project
3.10.6.2. Microsoft Access
3.10.6.3. Voice recognition software (such as Dragon Dictate and JAWS)
3.10.6.4. CD writing software (for creating data CDs)
3.10.6.5. Adobe software for creating PDF files
3.10.6.6. OCR software for scanners
3.10.6.7. Winzip compression software

3.11. Data storage

3.11.1. All user accounts will have access to separate private and shared data areas that will be backed up overnight each working day.

3.11.2. At least one Gigabyte of data storage and one gigabyte of email storage should be provided for each user on servers.

3.11.3. Automatic warnings should be issued to users who are approaching their storage limits.

3.11.4. The arrangement of the shared area will ensure that there is a shared folder associated with each workgroup (Board, HR, Finance etc) and that access to that folder is limited to members of that group. Groups should be allowed to set up their own sub directory structure.

3.11.5. There will also be a read-only shared directory to allow everyone to have access to standard templates etc.

3.11.6. There will be facilities on a couple of workstations to archive files to data CDs (CD R)

3.12. Intranet

3.12.1. There will be a small Intranet server to provide information to all staff and the home page for the desktop browser will be set to the Intranet home page. (Development of the content for the Intranet will be taken forward separately).

3.12.2. Internet Explorer will have appropriate add-ins applications (Java engine Flash etc to allow users to access government and NHS web pages.

3.12.3. A log of web pages access by each user and external email sent and received will be available for monitoring purposes.

3.13. Workstation

3.13.1. Compact Pentium 4 desktop PC with flat screen and CD drive (Evo D500 or similar)

3.14. Laptop and mobile users

3.14.1. Compact Pentium 3 or 4 laptop with TFT screen and LAN card/modem 256 MB memory, lithium ion battery, leads, mains adapter and carrying case. The laptop must be reasonably light (less than 3kg) and allow at least two hours working on a fully charged battery (Toshiba Portege 2000 or similar)

3.14.2. For mobile users the following optional additional equipment will be available:

3.14.2.1. local printer and lead (HP LaserJet 1200 or similar)
3.14.2.2. docking station with keyboard and mouse
3.14.2.3. standard 17" VDU

3.14.3. It is envisaged that mobile users will either connect to the system at the office (using a docking station or direct network connection) or connect via phone lines and the dial up gateway.

3.14.4. The laptop build must also allow the users to work "locally" preparing or reviewing documents, email etc

3.15. **Printing**

3.15.1. All users on the network will have access to twin bin black and white network printers (HP LaserJet 4100 TN or similar). This will provide for printing on both plain and pre-printed letter headed paper.

3.15.2. Users must be able to select the printer they wish to use and printer-naming conventions should aid this process.

3.15.3. Secretaries and senior managers will have their own local printers (HP LaserJet 1200 or similar).

3.15.4. Two network colour laser printers will be provided.

3.16. Other hardware

3.16.1. The IT system should be capable of supporting other commercially available equipment including specialist equipment for special needs users.

3.16.2. The laptops will be used with PowerPoint and projectors to give presentations.

3.16.3. The servers will require backup tape units, tapes and UPS systems to ensure they close down properly in the event of power failure.

3.17. Security

3.17.1. The desktop facilities shall be provided in such a way that protects the availability, integrity and confidentiality of the information held, sent and received via the IS Infrastructure.

3.17.2. The IS infrastructure shall be capable of storing, sending and receiving information with a government security classification of RESTRICTED.

3.17.3. The IS Infrastructure shall be implemented in such a way as to meet the requirements of NHSnet security policy

3.18. Asset management

3.18.1. The system will be designed in such a way that it is robust and easy to support.

3.18.2. The system will have sufficient monitoring tools to effect fault diagnosis, performance monitoring and capacity planning and management.

3.18.3. Equipment will be asset tagged and the CPPIH IT assets database drawn up using MS Access. The record for each asset will include asset label number, equipment type, model, serial number and date commissioned.

3.19. **Support and maintenance**

3.19.1. The supplier will be asked to put forward separately proposals for ongoing support and maintenance of this system based on the OIS model. This should include access to a Helpdesk, fault resolution, change management, hardware maintenance and escalation arrangements.

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