

TITLE OF PROJECT

Electronic Transmission of Prescriptions (ETP)

OGC Gateway review: 0 – Strategic Assessment

Status of report: Final

Senior Responsible Owner: <Text Redacted>

Review Date: 16-19 Sept 2003

Review team:

<Text Redacted>



Office of Government Commerce

Background

The aims of the Project are:

- To deploy the technology required to facilitate achievement of the Government's target of 50% of a National Prescriptions Service delivered by the end of 2005 and 100% by the end of 2007;
- To facilitate the provision of enhanced patient centred services by community pharmacists which require access to the electronic patient record;
- To enable the Prescriptions Pricing Authority to re-engineer their processes to increase capacity and reduce the unit cost of processing prescriptions.

The high level benefits likely to result from the ETP programme currently identified include:

- For patients – improved safety, access, convenience and choice.
- For prescribers and dispensers – reduced administration time and/or cost, especially when handling repeat prescriptions which represent approximately 70% of total volume.
- For Primary Care Trusts (PCTs) – better use of clinicians' time and resources, and improved patient care.
- For the PPA – improved capacity and potential unit cost reduction; avoiding accommodation and storage problems from the projected growth in prescription transactions.
- Overall, elimination of replicated (3 times) data entry.

The driving force for the project flows from a number of Government policy initiatives, notably *The NHS Plan*, *Pharmacy in the Future* and *A Vision for Pharmacy in the New NHS* which outlined the potential for pharmacists to play an expanded role in healthcare. It set out three challenges which Pharmacy would have to meet. In brief, these were:

- To meet the changing needs of patients by making sure that people can get medicines or pharmaceutical advice easily and by giving patients more support in using medicines;
- To respond to the changing environment particularly the competitive retail environment for community pharmacists and the demand for a greater variety of ways in which patients can access services;
- To give patients the confidence that they are getting good advice when they consult a pharmacist by maintaining and enhancing public perception of the Pharmacy profession.

The Project is at an advanced stage of exploring options in the procurement process. The envisaged procurement path is unusual in that procurement is expected to make use of other projects hence key deliverables from this

project are in the form of specifications and definitions. Such deliverables would normally be inputs expected at Gateway 3. Other outputs from the project are concerned with the implementation and delivery of benefits in the longer term and with ensuring that the pharmacies are in a position to use the system.

No Gateway reviews have been carried out on the Project before.

Purpose and conduct of the review

Purpose of the review

- Review the business need and identify whether it requires a project or a programme of projects.
- Ensure that the project or programme is supported by users and stakeholders and contributes to the organisation's business strategy.
- Review the arrangements for leading and managing the project or programme (and its individual projects).
- Review the arrangements for identifying and managing the main project or programme risks (and in the case of a programme the individual project risks), including external risks such as changing business priorities.
- Check that financial provision has been made for the project and that plans for the work to be done through to business case justification are realistic, properly resourced and authorised.

Conduct of the review:

The Gateway 0 review was carried out from 16-19 Sept 2003 at Richmond House, London.

The team consisted of:

<Text Redacted>

The people interviewed are listed at the Appendix.

The Review Team would like to thank the Project Team for their help in making arrangements, and their support and openness which contributed to the Review Team's understanding of the Project and the outcome of this review.

Conclusion

In a number of respects the project has reached a more advanced stage than is normal for Gateway 0. For example, the project has available experience and lessons learned from the pilot projects.

The decision to arrange delivery through ICRS rather than through a freestanding E-TP project would appear to offer significant cost savings as well as additional benefits. This means that many of the required deliverables are now in the form of specifications and standards for messages and facilities to be delivered by ICRS. In addition there is work to do in arranging delivery of the pharmacy elements where procurement lies outside the direct control of the NPfIT and in ensuring the benefits are captured through take-up of the new capability offered.

This is classed as a mission critical high risk IT project. However, the move to deliver through ICRS means that the technical risk for E-TP is mostly that of

ICRS and the issues for E-TP are more to do with policy and developments in clinical practice.

The nature of the products to be delivered by this project means that it does not easily fit into the conventional model for Gateway Reviews.

Exemplars of good practice used are:

- Use of pilots
- Exploiting other projects within NPfIT to cut cost and improve operability

Status of Project

The review team saw no reason why the project should not proceed. The overall status is AMBER, reflecting recommendations that need to be actioned before the next OGC Gate.

Summary of recommendations

The Review Team finds that the following recommendations are:

Critical before proceeding: NONE

Critical before next review- these recommendations must be actioned before the next OGC Gateway review

Recommendation 1: bring forward implementation of the communication strategy.

Recommendation 3: review membership and remit of the Project Board.

Recommendation 4: put in place process re-engineering work and the means to demonstrate practicability and potential benefit.

Recommendation 6: conduct a survey to establish pharmacist understanding, interest and concerns in E-TP once funding principles are clear.

Recommendation 7: hold a risk workshop to populate the risk register and reflect the policy emphasis of the project.

Recommendation 8: make an early start on developing the Implementation Plan.

Potential improvements to be considered

Recommendation 2: attach priorities to the project objectives.

Recommendation 5: exploit lessons learned from the pilot projects when developing and evaluating re-engineered processes.

Preconditions

The project is firmly based on delivering the benefits set out in “A Vision for Pharmacy in the New NHS”. Perceptions of likely benefits have changed, starting with those pertaining to the PPA, to a much broader perception of the project with all four major stakeholder groups (patients, clinicians, pharmacies and the PPA) benefiting in some way.

The objectives are clearly set out but not all stakeholders interviewed are aware of them- a number simply state the main objective as being “to eliminate paper”. The wide range of stakeholders and the mutual

dependencies between this and other projects mean that communication is particularly important. This point was put strongly by some who felt there has been a communications blackout since the end of the pilots. Plans exist to set up a communication strategy for E-TP, but in view of the special circumstances of this project and of the expectations of disparate stakeholders this needs to be in operation rather earlier than is usually called for.

Recommendation 1: bring forward implementation of the communication strategy.

Although the objectives are clear, they are of different nature and really apply at different times. To some extent they could come into conflict, which is more easily managed if they are prioritised.

Recommendation 2: attach priorities to the project objectives.

Overall project governance is in line with other national IT projects. The SRO sits on the National Programme Board providing governance of the National Programme as a whole and the role of ETP within it. The project is also reviewed by the OMT chaired by the DGIT. A Project Board was set up to manage the pilot projects; its role and membership now needs to be reviewed to reflect the current circumstances.

Recommendation 3: review membership and remit of the Project Board.

Potential for success

Although the business needs are understood in the expanded scope of the project, it is clear that substantial business process re-engineering is called for. It is not possible to fully determine the scope of this work because some of the new or revised processes depend on detailed implementation of policy. The issues in hand include patient consent, degree of access to information and prescription signatures; the potential benefits from IT in the aftermath of the Shipman Inquiry have yet to be determined. One approach would be to look at a range of plausible outcomes from the policy work and to examine possible process changes in each case. These could then be used to determine the required message and other definitions to be implemented by ICRS and the pharmacy systems. It is understood that a single set of specifications might be possible to cover all likely cases, but this needs to be demonstrated rather than assumed. It is also necessary to demonstrate that the revised processes are workable and that those stakeholders who input information derive some tangible benefit from the outset, otherwise they might not choose to use the system and hence lead to failure to deliver the benefits. Such a demonstration should be in advance of the commitment to implement through ICRS etc so as to avoid costs of the change system. This activity should involve the Modernisation Agency.

Recommendation 4: put in place process re-engineering work and the means to demonstrate practicability and potential benefit.

The pilot systems and their evaluation provided valuable lessons and a summary evaluation report is about to be published. The content of this recent evaluation needs to be taken into account when developing the new processes.

Recommendation 5: exploit lessons learned from the pilot projects when developing and evaluating re-engineered processes.

There are many stakeholders to this project and there is strong support. There are some performance targets in place for take-up in 2005 but it is not clear that these can be met. This will only be clear when the project schedules are developed.

Success of the project depends in part on take up by the pharmacists. There is believed to be strong enthusiasm for the project. This, and their degree of understanding, needs to be tested when funding requirements are understood. This insight should inform the communications strategy and the feasibility of the implementation plan.

Recommendation 6: conduct a survey to establish pharmacist understanding, interest and concerns in E-TP once funding principles are clear.

The new approach to delivery of this project appears to offer major cost savings and hence it should be affordable. However the costs for updating the pharmacy systems and for transfer of responsibility to ICRS are not yet known.

The project sits within the comprehensive programme control structure set up for the National Programme.

Review of current phase

There exists a set of key assumptions. These, together with the experience from the pilots, the intended procurement approach and the risk management approach mean that the project is well past Gateway 0 in a number of respects.

There has been a substantial re-think of the procurement route following the end of the pilot projects. The result is that the delivery of capability will be through ICRS (and other means as far as the pharmacies are concerned) and not through a freestanding procurement. This means that the project deliverables are in effect specifications to be met by other systems with apparent benefits in terms of reduced cost and improved benefits through synergy with the rest of ICRS. These benefits have not yet been quantified. A consequence of this approach is that the project does not fit readily into the standard model for Gateway reviews- for example the specifications are normally a required input for GR3 but they are in effect the project outcomes, together with the implementation/delivery plan.

Another consequence of the procurement approach is that the PPM may no longer be appropriate and it may make sense to view this project as a policy project and as an application within the NPfIT. If this is done it would also make sense to institute a programme review of the NPfIT.

Risk management

A risk register and the machinery to manage it have been set up; this sits within the arrangements in place for NPfIT programme management. However the new procurement approach, perceptions on the scope of the project, the situation on policy, possible outcomes of the community pharmacy contract negotiations and the large number of stakeholders make it appropriate to take a fresh look at the risks. The stakeholders include policy,

IT, other projects, clinicians, the Modernisation Agency, pharmacies and pharmacy suppliers.

Recommendation 7: hold a risk workshop to populate the risk register and reflect the policy emphasis of the project.

Readiness for next phase – business justification

Funding and skills appropriate to reaching the next Gateway are in place. There are appropriate governance arrangements apart from some adjustment to the project board.

The plan made available to the review team contained unrealistic estimates for the time taken to achieve the Business Case and GR3. This was acknowledged and a plan is being developed to reflect the activities now recognised. Production of the Business Case will be unconventional since the costs of procurement will lie outside the project. Most of the deliverables will be specifications and as such are normally an input to GR3. The exception to this is the Implementation Plan which is key to realising the benefits of E-TP; the implementation of this is the main project activity that remains after GR3. Such a plan is typically produced at a rather later stage than Gr0 or GR1, but for this project the delivery will be based on rollout of ICRS whose contracts make provision for E-TP, but precede its full definition. The implications of this seem to be well understood by the National Programme management team. However a consequence is that the Implementation Plan for E-TP will need to be in place rather earlier than is usual for projects.

Recommendation 8: make an early start on developing the Implementation Plan.

The next OGC Gateway review is to be determined. It seems unlikely that a Gateway 1 would be appropriate, and it may be possible to go straight to Gate 2 or 2a.

APPENDIX: LIST OF INTERVIEWEES

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