

Informatics: The future

An organisational summary

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Contact Details	Nic Fox NHS Informatics Transition Programme nic.fox@nhs.net	
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Overview

There is a seismic shift in the way information can improve the experience, quality and outcomes of health and care services.

Quality information will empower patients and other service users. It will enable a culture of shared decision-making – ‘no decision about me without me’ – and it will help us all to make more informed choices about the way we live our lives.

Used effectively, information will facilitate and drive integration across care settings and inform health and well-being strategies that best meet the needs of local communities. It will help to generate greater efficiencies and productivity across health and social care.

To achieve this, the health and social care system will need to maximise the use of technology so information can move more freely and securely around the system.

The information strategy *The Power of Information*¹ sets out a 10-year framework for transforming information for the NHS, public health and social care. It is underpinned by the Health and Social Care Act 2012 which sets out a new health and care structure, and the responsibilities of the organisations within it.

1.0 Future structures and functions

The future structure and function of informatics – information services and IT systems – is designed to support this new system and the vision for information.

The External Relations Directorate in the **Department of Health (DH)** will have responsibility for information, information governance and IT policy and for ensuring that a joined-up, patient-centred approach

is taken across the NHS, public health and social care. It will act as the formal DH sponsor for the **Health and Social Care Information Centre (HSCIC)**.

The Patients and Information Directorate in the **NHS Commissioning Board** will work with the Department and with **Public Health England** to commission and sponsor national IT infrastructure, applications and services, to set information and information governance standards, and to identify levers and incentives to encourage the best practice use of information and IT across the health and care service.

The **Health and Social Care Information Centre (HSCIC)** will collect, analyse and present national data on health and social care. It will manage and monitor the day-to-day delivery of key national systems and services; approve and accredit local and national IT systems against technical and clinical safety standards so that information can be shared safely; support the delivery of information standards and governance and lead on the development and production of a code of practice for handling and releasing confidential information.

Locally, **NHS providers** will have greater autonomy in the future. Decisions will be taken as close as possible to the front line, unless there is a single clear need across the NHS. Providers will buy and implement their own IT services and solutions from a vibrant healthcare marketplace, supported by open and transparent information on available products and their costs and benefits.

National standards will ensure that information can flow safely and effectively around the system. At times, providers with shared needs may choose to work together through, for example, shared procurement frameworks.

¹ <http://informationstrategy.dh.gov.uk>

Transitional management arrangements will be necessary as informatics moves to new ways of working, particularly where national programmes have been delivered centrally in the past which will be locally owned in future, for example, the Local Service Provider (LSP) contracts. As is already the case, a local Senior Responsible Owner (SRO) will continue to drive the delivery of cost and benefits locally from these national contracts, and the programme delivery teams which support these local SROs will be housed in the HSCIC.

In the past, primary care trusts (PCTs) have led on the provision and support of GP IT systems. In the future, strategic leadership for GP IT will be provided by the NHS Commissioning Board, working with and through [Clinical Commissioning Groups \(CCGs\)](#) and [Commissioning Support Service \(CSS\)](#) organisations to ensure that GPs continue to have a choice of quality solutions which meet local needs.

1.1 Advantages of the new approach

Delivering national information services and IT systems through the HSCIC as a single delivery-focused organisation provides a number of significant advantages.

Firstly, it enables us to make the best use of specialist skills and resources and experience in health informatics.

Secondly, policy makers in the Department and the NHS Commissioning Board will be able to deliver outcomes through a single delivery organisation with the NHS Commissioning Board acting as a 'lead commissioner' on behalf of the health and care service. It will also be easier and clearer for local NHS providers, commissioners, local authorities and suppliers to deal with a single delivery organisation.

Thirdly, it makes it easier for us to develop and design national information and IT systems under one roof with single management and governance in place.

1.2 Implementing the vision

The challenge now moves to implementing the future organisational functions that will support the health and care system to deliver excellent patient outcomes. There are three core strands to this – design, people and partnership.

The design of the future organisational functions needs to meet the requirements of NHS, public health and adult social care sponsors and commissioners and support the key objectives of the Information Strategy.

The existing skills and experience we have in informatics must be maximised. Existing informatics staff are part of the solution, and staff need to be supported in moving into the right future policy, strategy or delivery role.

There is a need to make sure that all parts of the informatics system are working effectively together. The relationships between policy, strategy and delivery need to be strengthened along with the relationships with local NHS providers and commissioners. There is a need to agree how the organisations will work best together, and have complete understanding of roles, responsibilities and funding flows.

Teams are working collaboratively to design the DH External Relations Directorate, the NHS Commissioning Board Patient and Information Directorate and the IT Systems Delivery Function that will transition into the HSCIC.

At the same time, a refresh of the leadership of the HSCIC is being undertaken to reflect the broader remit that the HSCIC will have in future as it moves to become an Executive Non-Departmental Public Body.

By April 2013, all functions and people to support those functions will be operational in the new receiving organisations.

There will be further work beyond April 2013 to transform the HSCIC by streamlining and harmonising information services and IT system delivery functions so that there is an integrated informatics delivery capability that is a connected and trusted partner of the health and care system.

Accountabilities & Relationships: An organisational view

This section provides a summary description of the role of key organisations in relation to informatics, including an overview of the informatics functions they will take on in the future.

2.0 Department of Health (DH)

The Department of Health will be the architect of the health and care system and will be responsible for informatics policy development. The Partnerships and Information Division, part of the External Relations Directorate will take on this responsibility. The Division will ensure that appropriate partnership and governance arrangements are put in place with the other national bodies to deliver coherence in the development and implementation of informatics policy and strategy.

The responsibility for adult social care sits with the Social Care, Local Government and Care Partnerships Directorate of the Department of Health. This directorate will work with the External Relations Directorate to ensure that the needs of adult social care are met within the overall programme, and that the programme supports the integration of health and care services.

The Department of Health will be responsible for system-wide informatics programmes, projects and services and will provide the funding. The Department will work closely with other key bodies (for the most part The NHS Commissioning Board, Public Health England, The National Institute of Health Research and The Medicines and Healthcare products Regulatory Agency) to agree Senior Responsible Owner (SRO) arrangements and to commission the delivery of systems and services from The Health and Social

Care Information Centre and elsewhere, with governance arrangements in place to ensure appropriate accountability. The Department will have a portfolio management function going forwards, which will include oversight of the central informatics portfolio of programmes and projects at the appropriate level.

DH Key Activities

Policy Ownership: The development and ownership of information, information governance and IT policy (e.g. the Information Strategy) and alignment with other health and social care policies and other Government policy more generally on information and IT. Overall accountability for the success of information and IT policy across health and care, and for ensuring appropriate governance arrangements are in place to deliver that success.

Legislation: taking forward the primary and secondary legislation required to underpin those policies.

Arm's Length Body (ALB) Sponsorship: Sponsorship of the Health and Social Care Information Centre (HSCIC). This will include ensuring appropriate governance arrangements are in place to coordinate the commissioning of services (including efficient data collection) from the HSCIC by the Department, NHS Commissioning Board and other organisations. Support will also be provided to other sponsorship teams to oversee related information, informatics and information governance functions taken forward in other ALBs.

Senior Responsible Owner (SRO)

Responsibility: Ownership of business change programmes and projects from inception through business case approval, delivery of objectives and realisation of benefits for the investment.

The SRO is personally accountable for the programme's success; as the individual, deemed to be best placed and possessing the appropriate and relevant authority, credibility, experience and skills to lead and direct the programme. Whilst the Department may provide the funding for a programme or project, the Senior Responsible Owner may be selected from outside the Department (for example from the NHS Commissioning Board) with governance arrangements in place to ensure appropriate accountability.

Information Standards: Ensure that the appropriate information standards are developed, maintained and implemented across adult social care and in partnership with other bodies in the system that enable the principle of information sharing across the health and social care system, including research.

Chief Information Officer: Provision of IT Infrastructure to the Department and its Arm's Length Bodies. Oversight of corporate IT procurement and Information Governance.

Portfolio Management: Portfolio management will encompass the management of informatics investment initiatives within the Secretary of State's (SofS) responsibility and agreeing with Arm's Length Bodies the framework under which informatics investments are to be managed and reported, in particular to The Cabinet Office.

2.1 NHS Commissioning Board (NHS CB)

The Patients and Information Directorate within the NHS Commissioning Board will lead on future NHS information and IT strategy, including oversight of information standards and information governance. The Patients and Information Directorate will work in partnership with the Department of Health, other ALBs and the local NHS on the development of broader informatics strategies to ensure that the overall system is joined up.

The NHS CB will also provide SROs for central informatics programmes and projects where appropriate and will commission informatics services from the Health and Social Care Information Centre to deliver its strategic objectives.

NHS CB Key Activities

SRO Responsibility (NHS): Ownership of business change programmes and projects that are funded through (or delegated to) the NHS CB investment portfolio from inception through business case approval, delivery of objectives and realisation of benefits for the investment. The SRO is personally accountable for the programme's success; as the individual, deemed to be best placed and possessing the appropriate and relevant authority, credibility, experience and skills to lead and direct the programme.

Information Strategies: Develop, implement and monitor information strategies for the NHS (and integrated services where appropriate and requested to do so) to implement current and future changes in Departmental policy for information, IT and information governance (e.g. the NHS Commissioning Board strategies to

implement the Department's Information Strategy for health, public health and social care). Work in partnership with other organisations to ensure that these strategies drive integrated care across the health and care sector as a whole.

Information Governance Oversight: Ensure compliance with the mandatory and legislative requirements to protect the confidentiality and security of individuals' information. Publish guidance on the practice to be followed in relation to the processing of patient information and any other information obtained or generated in the course of the provision of the health service.

Information Standards: Ensure that appropriate information standards are developed, maintained and implemented in the NHS and in partnership with other bodies in the system that enable the principle of information sharing across the health and social care system.

Levers & Incentives: Develop, monitor and oversee appropriate levers and incentives to drive the adoption/implementation of NHS information and IT strategies.

IT Strategy Ownership: The IT Strategy will set out (at an appropriate level of detail) the physical architecture, infrastructure and applications that are required to realise NHS information strategies and enable business change.

Strategic Delivery Model: Develop and own the strategic delivery model for NHS information and IT strategies and for wider NHS policy and strategy initiatives where they impact information and IT. This will include funding and commissioning national informatics systems and services from the HSCIC and elsewhere to support commissioning organisations. The NHS CB will also work with the Department to commission NHS wide infrastructure, applications and services and to put in place framework contracts where appropriate.

Policy Liaison: Liaison with the Departmental Policy team(s) to influence the development of policy initiatives and ensure the emergent strategies and objectives for NHS informatics align with current policy direction. Participate in and contribute to 'integrated care' initiatives.

Strategic Supplier Management & Market Development: Develop and maintain a strategic relationship with the IT and information healthcare marketplace. This will involve oversight of and active engagement with the current marketplace/supply chain in Health IT and the development of strategies to encourage emergent informatics markets (e.g. information intermediaries).

Business & Enterprise Architecture: Develop, approve and own the overall business and technical enterprise architecture for the NHS.

Informatics Leadership & Professional Development: Contribute to informatics professional development and leadership. Provide strategic guidance on the informatics development of all health and care staff.

Global Leadership & Exploitation: Support and promote opportunities to exploit, commercialise and generate income from NHS informatics products and services where this is appropriate (this explicitly excludes the use of patient identifiable data).

Best Practice & Innovation: The identification, publication and promotion of best practice and innovation in the use of information and IT.

Commissioning the collection of data from the Health and Social Care Information Centre: Working in partnership with other organisations to ensure that the data commissioned to be collected by the HSCIC is agreed, coherent, prioritised and efficient across the sector as a whole.

2.2 Public Health England (PHE)

Public Health England will lead on information and IT strategy for public health, including oversight of information standards and information governance. Public Health England will also provide SROs for informatics programmes and projects where appropriate and commission the HSCIC to deliver informatics services.

PHE Key Activities

SRO Responsibility (Public Health):

Ownership of relevant business change programmes & projects from inception through business case approval, delivery of objectives and realisation of benefits for the investment initiatives within the Public Health portfolio. The SRO is personally accountable for the programme's success; as the individual, deemed to be best placed and possessing the appropriate and relevant authority, credibility, experience and skills to lead and direct the programme.

Information Strategies: Develop, implement and monitor information strategies and implementation plans for Public Health in response to current and future changes in Departmental policy for information (e.g. the Public Health England response to the Department's Information Strategy).

Information Governance Oversight:

Ensure compliance with the legislative requirements to protect the confidentiality and security of individuals' information, providing guidance as to consultation and permission required to grant consent for the use of identifiable personal information.

Information Standards: Ensure that appropriate information standards are developed, maintained and implemented in public health and in partnership with other bodies in the system that enable the principle of information sharing across the health and social care system, including setting out the requirements which local authorities must adhere to in relation to sharing public health data.

Levers & Incentives: Develop, monitor and oversee appropriate levers and incentives to drive the adoption/implementation of Information and IT strategies across Public Health.

IT Strategy Ownership: Ensure there is an IT Strategy that sets out (at an appropriate level of detail) the physical architecture, infrastructure and applications required to enable the future strategy for public health, including the information strategy.

Strategic Delivery Model: Develop and own the strategic delivery model for information and IT strategies across public health. This will include funding and commissioning national infrastructure, applications and services for public health.

Policy Liaison: Liaison with the Departmental Policy team(s) to influence the development of policy initiatives and ensure the emergent strategies and objectives for informatics in public health align with current policy direction. Participate in and contribute to 'integrated care' initiatives.

Business & Enterprise Architecture:

Develop, approve and own the overall business and technical enterprise architecture design required for those systems and services that are centrally commissioned to deliver the public health agenda, including any interfaces required within those services to integrate with the wider health and social care system.

Informatics Leadership & Professional Development:

Lead on informatics professional development and leadership across Public Health including Local Government, adopting good practice applied in the NHS (and elsewhere) where appropriate.

Global Leadership & Exploitation: Support and promote opportunities to exploit, commercialise and generate income from informatics products and services deployed in public health where this is appropriate (this explicitly excludes the use of patient identifiable data).

Best Practice & Innovation: Advocate the adoption of innovative and high quality approaches to informatics across Public Health, including the identification, publication and promotion of best practice and innovation in the use of information and IT across Public Health adopting approaches from the NHS and social care where appropriate.

Commissioning the collection of data from the Health and Social Care Information Centre:

Work in partnership with other organisations to ensure that the data commissioned to be collected by the HSCIC is agreed, coherent, prioritised and efficient across the sector as a whole.

Data Collections: Ensure that data collection activities (for example by cancer registries) address the needs of research users where appropriate and work with the HSCIC to ensure that opportunities to use routine data collections for research are maximised.

2.3 Health and Social Care Information Centre (HSCIC)

The HSCIC will be transformed to become the focal point for both the collection, linking and secure storage and publication of the core data resources for health and social care, taking over data collection responsibilities from other arms length bodies and central data collectors such as the Department of Health itself. It will deliver IT systems providing the expertise necessary to support the continuation of existing national systems such as the Spine as well as delivery critical services such as informatics standards delivery.

The HSCIC will be commissioned by the NHS Commissioning Board, the Department of Health, Public Health England, the National Institute of Health Research, the Medicines and Healthcare products Regulatory Agency and others to deliver informatics services across health and social care.

HSCIC Key Activities

Data Management & Value Add Services: Provide a single national trusted repository for data for secondary purposes, including holding and linking person-identifiable data where approved and necessary. This includes the provision of secure data linking services and the complementary secure data services, [e.g. the Clinical Practice Research Data-link (CPRD)] to health and care organisations, managers, commissioners, public health specialists, researchers, industry and other approved interested parties.

Health & Social Care Indicators: Provision of services for the design, development, delivery and review of health and social care indicators required to measure and monitor trends across and the effectiveness of health and social care provision.

Business Case & Benefits Management:

Provision of expertise to support the development, management, and monitoring of business cases for assessment, selection and approval of informatics investments.

Programme Delivery: Manage the delivery of approved informatics projects and programmes from initiation to closure.

Solution Design and Architecture:

Manage the translation of the business requirements into a technical solution blueprint.

Assurance & Accreditation: Assure national systems against appropriate contractual, clinical safety and information governance and information standards. Ensure that local systems connect safely with the national services. Develop and manage accreditation models for technical and clinical standards to ensure safe operation and deployment of systems across Health and Care.

Service Management: Manage the introduction and exit of new or amended national informatics services in accordance with the overall schedule and customer requirements.

Provide the day-to-day management and monitoring of the delivery and performance of national systems and services, for example, providing the expertise necessary to support the continuation of existing services such as the Spine.

In-House Development: Manage the development and operation of bespoke informatics systems and services commissioned for delivery (for the most part) by the NHS Commissioning Board, the Department of Health or Public Health England.

Information Governance: Lead on the development and production of a code of practice for handling and releasing confidential information. Continue to support the development and application of appropriate information governance processes (for example, ensuring necessary safeguards for, and appropriate use of, patient and personal information) in the design and management of the commissioned systems and services.

Information Standards Delivery: Develop and maintain information standards (for example, determining how specific real-world data such as a medical condition or a GP's prescription should be encoded electronically) on behalf of the NHS Commissioning Board, the Department of Health and/or Public Health England.

Subject Matter Expertise: Support the successful delivery of programmes and services through the provision of input from users and stakeholders from across the clinical disciplines, patient experience leads, technical and business partners, in an effective and consistent manner (e.g. through engagement with experienced users, public health experts etc).

Portfolio Management: Manage the investment initiatives commissioned from the HSCIC in accordance with the processes agreed with the Department of Health. This includes tracking and monitoring the delivery status, prioritisation of activities, allocation of resources and monitoring the return on the portfolio investments.

Finance & Commercial: Manage contractual relationships with existing national suppliers on a day-to-day basis. Undertaking procurement activity for new or replacement systems or services required on a national basis (including provision of framework contracts as required). Providing the internal audit and controls for expenditure.

2.4 Other Arms Length Bodies

In addition to their general responsibilities for the procurement and provision of the informatics systems and services required to fulfil their remits under legislation, there are a number of specific informatics related activities attributed to other Arms Length Bodies under the Health and Social Care Act 2012.

2.5 Care Quality Commission (CQC)

The Care Quality Commission will be able to require the HSCIC to collect information where necessary to allow CQC to fulfil its statutory duties, subject to the constraints in the Health and Social Care Act 2012 or made in regulations. In addition, CQC has a duty to seek to improve the Information Governance practice of registered providers, in relation to processing patient and personal data.

CQC Key Activities

Information Governance: Responsible for the establishment of the National Information Governance Committee (until 31 March 2015) that will support and provide guidance to CQC in the execution of responsibilities to; monitor adherence to IG standards, update and inform the NHS CB and Monitor on the practices of the provider organisations and report upon the trends in performance of IG practices across health and social care.

Commissioning the collection of data from the Health and Social Care Information Centre: Work in partnership with other organisations to ensure that the data commissioned to be collected by the HSCIC – to support CQC’s statutory functions – is agreed, coherent, prioritised and efficient across the sector as a whole.

2.6 Monitor

In the performance of its responsibilities as the sector regulator for healthcare in England, Monitor will provide the expertise and advice to the Department of Health and other Arms Length Bodies in relation to their informatics related activities.

Monitor Key Activities

Policy: Advise on the implications of the informatics-related policy initiatives under consideration.

Information Standards: Work in partnership with the NHS Commissioning Board and other organisations to set information standards where appropriate, and to advise on how best to enable and support the consistent adoption of information standards.

Commissioning the collection of data from the Health and Social Care Information Centre: Work with partners to ensure that the data collected through the Health and Social Care Information Centre to support Monitor’s statutory functions does not impose unnecessary burdens on the sector as a whole.

2.7 National Institute for Clinical Excellence (NICE)

The National Institute for Clinical Excellence (NICE) will be able to require the HSCIC to collect information where necessary to allow NICE to fulfil its statutory duties, subject to the constraints in the Bill or made in Regulations.

NICE Key Activities

Commissioning the collection of data from the Health and Social Care Information Centre: Work in partnership with other organisations to ensure that the data commissioned to be collected by the HSCIC – to support the statutory functions of NICE – is agreed, coherent, prioritised and efficient across the sector as a whole.

2.8 National Institute of Health Research (NIHR)

The Secretary of State, on behalf of NIHR, would be able to direct the Information Centre to collect information.

NIHR Key Activities

Commissioning the collection of data from the Health and Social Care Information Centre: Work in partnership with other organisations to ensure that the data commissioned to be collected by the HSCIC – to support NIHR's functions – is agreed, coherent, prioritised and efficient across the sector as a whole.

2.9 Medicines and Healthcare Products Regulatory Agency (MHRA)

The Secretary of State, on behalf of MHRA as an executive agency of the Department, would be able to direct the HSCIC to collect information.

MHRA Key Activities

Commissioning the collection of data from the Health and Social Care Information Centre: Work in partnership with other organisations to ensure that the data commissioned to be collected by the HSCIC – to support the statutory functions of MHRA – is agreed, coherent, prioritised and efficient across the sector as a whole.

2.10 Health Research Authority (HRA)

The Health Research Authority will work with the Health and Social Care Information Centre and other relevant bodies on issues to do with collection, analysis, dissemination and publication of information for research.

2.11 Health and Social Care Providers

In the future, decisions about information and information technology will be taken as close as possible to the front line, unless there is a clear single need across the Health and Care System. Providers will have the freedom to buy and implement their own solutions in a more vibrant and open IT marketplace.

However, there is an expectation that there will be perceived value in collaborative working arrangements and Providers will be encouraged to develop such arrangements and enhance (or develop) the 'Interim' (LSP Transition) governance arrangements being established. The key activities described below will be conducted relevant to the size and complexity of the provider organisation and some activities are only appropriate for NHS organisations.

Provider Key Activities

SRO Responsibility: Ownership of relevant business change programmes and projects from inception through business case approval, delivery of objectives and realisation of benefits for the investment. The SRO is personally accountable for the programme's success; as the individual, deemed to be best placed and possessing the appropriate and relevant authority, credibility, experience and skills to lead and direct the programme.

Information Governance: Ensure compliance with the mandatory and legislative requirements to protect the confidentiality and security of individuals' information, providing guidance and compliance with prevailing best practice such as completion of Information Governance Toolkit and performance of Registration Authority responsibilities.

Information Standards: Ensure compliance with appropriate information standards to ensure clinical safety and interoperability.

Strategic Delivery Model: Develop and own strategic delivery model(s) for Local information and IT strategies in accordance with wider NHS policy and strategy initiatives where they impact information and IT.

Strategic Supplier Management: Develop and maintain relationships with suppliers of information and IT Services which support innovation and collaboration and allow suppliers to better understand the needs of healthcare providers and respond to them.

Finance & Commercial: Be an 'Informed Client', proactively managing contractual relationships with suppliers on a day-to day basis. Undertake procurement activity for new or replacement systems and services required on an individual provider, local, or regional basis across health and social care.

Best Practice & Innovation: The adoption of best practice and innovation in the use of information and IT. Certain providers may also be leaders in the identification, publication and promotion of best practice and innovation in the use of information and IT.

Programme Delivery: Manage the delivery of approved local informatics projects and programmes from initiation to closure.

Service Management & Implementation:

Manage the introduction and exit of new or amended local informatics services in accordance with the overall schedule and customer requirements. Provide the day-to-day management and monitoring of the delivery and performance of local systems and services and liaising with relevant national services and processes in this area. This is particularly relevant to new services post National Programme for IT (NPfIT) contracts.

Assurance & Accreditation Compliance:

Ensure that all informatics delivery services comply with national assurance and accreditation standards and processes.

Subject Matter Expertise: Support the successful delivery of programmes and services through the provision of input from users and stakeholders, in an effective and consistent manner (e.g. through engagement with experienced users, technical experts etc).

2.12 Clinical Commissioning Groups (CCGs)

It will be for individual CCGs to determine how information and IT services are secured that best suits their needs and those of their patients, subject to any advice from the NHS Commissioning Board.

For example some larger CCGs may choose to carry out some information and informatics services in-house, but in many instances CCGs may contract out such services to suppliers like NHS Commissioning Support Services (CSS), Health Informatics Services (HIS) or those from other sectors, including the private sector.

It is important that CCGs have the capability to act as an 'Informed Client' putting in place appropriate contracts for the delivery of contracted out services and assessing whether they are getting 'value for money'.

CCG key activities may include

Informed client: Capability to ensure that appropriate contracts are let to support the discharge (delivery) of business intelligence and informatics responsibilities and to performance manage the supplier on an ongoing basis. This includes a 'value for money' assessment.

Information Governance: Ensure compliance with information governance requirements - in particular, ensure that CCGs themselves and the services carried out on their behalf by others comply with the mandatory and legislative requirements to protect the confidentiality and security of individuals' information.

SRO Responsibility (NHS): Ownership of relevant business change programmes and projects from inception through business case approval, delivery of objectives and realisation of benefits for the investment.

Best Practice & Innovation: The adoption of best practice and innovation in the use of information and IT.

2.13 Commissioning Support Service (CSS) organisations

The document "Towards Service Excellence", sets out the role of CSS organisations in supporting CCGs. Driven by the requirements of individual CCGs, CSS will provide a range of support functions to CCGs, which may include informatics and business intelligence services and support.

CSS organisations will take their direction from CCG clients, but may provide the capacity and capability to develop the strategy (direction) for the CCGs as well as the capacity and capability to deliver and implement systems and services to achieve/realise the strategy and technology-enabled reforms locally.

CSS key activities may include

Programme Delivery: Delivery of business change programmes and projects from inception through business case approval, delivery of objectives and realisation of benefits for the investment. Provision of a range of delivery services to ensure successful delivery of local programmes/projects.

Information Governance: Ensure compliance with the mandatory and legislative requirements to protect the confidentiality and security of individuals' information, providing guidance and compliance with prevailing best practice such as completion of Information Governance Toolkit.

Information Standards: Ensure compliance with appropriate information standards to ensure clinical safety, information sharing and interoperability.

Strategic Delivery Model: Develop the strategic delivery model for local NHS information and IT strategies on behalf of clients in accordance with wider NHS policy and strategy initiatives where they impact information and IT.

Strategic Supplier Management: Develop and maintain relationships with suppliers of information and IT services (on behalf of clients) which support innovation and collaboration and allow suppliers to better understand the needs of healthcare providers and respond to them.

Finance & Commercial: Proactively manage contractual relationships with suppliers on a day-to-day basis and undertake procurement activity for new or replacement systems and services on behalf of clients.

Best Practice & Innovation: The adoption of best practice and innovation in the use of information and IT. Certain providers may also be leaders in the identification, publication and promotion of best practice and innovation in the use of information and IT.

Programme Delivery: Manage the delivery of approved local informatics projects and programmes from initiation to closure on behalf of clients.

Service Management & Implementation: Manage the introduction and exit of new or amended local informatics services in accordance with the overall schedule and customer requirements. Provide the day-to-day management and monitoring of the delivery and performance of local systems.

2.14 Local Government

Local government is responsible for determining its own informatics functions. It is vital that all health and care organisations work with their local government partners to ensure that their respective informatics functions are developed in a way which fits with the wider system architecture.