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| Partners in improving local health | |

Digital Business Continuity Planning

Key Resource & Considerations

Reference Guide

Version 1.0 (02/10/2020)

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List of Abbreviations and Acronyms

|  |  |
| --- | --- |
| Term | Description |
| BCP | Business Continuity Plans |
| CQRS | Calculating Quality Reporting Service |
| EPS | Electronic Prescribing Service |
| ICT | Information and Communications Technology |
| NECS | North of England Commissioning Support Unit |
| PCN | Primary Care Networks |
| RA | Registrations Authority |

# Document Purpose

The purpose of this document is to provide Primary Care Networks (PCN) and Practice groups with digital technology considerations (not exhaustive) to review in order to complement their existing Business Continuity plans (BCP). The scenario that the considerations and resources in this reference guide are based on is if a practice has to temporary close due to COVID-19. It should be noted that this reference guide could also be helpful in a variety of other scenarios where staff need to work at a different location.

The content provides a checklist and many prompts that will need to be considered for BCPs as well as signposting to key contacts and useful resources. Its intended use is that it is adopted and reviewed within PCN and practice groups for ongoing reference and to ensure it is kept up to date, making it available to all relevant staff.

It should assist teams in being able to work together as a PCN / Practice Group to help ensure that adequate cross cover practice working is in place from a digital perspective.

In preparation for any future eventualities, it is advised that all relevant parties are liaised with on a regular basis to ensure all information is up-to-date and accurate at the time it is needed.

Please note that prior to moving any NECS assets i.e. those with blue asset tags such as PCs, laptops etc. the NECS ICT Service Desk must be contacted who will assign priority accordingly.

**Example Scenario: What if a practice had to close due to COVID-19?**

What are the digital technology considerations your existing BCP need to address?

How would the following services run in this situation and what would the digital requirements be for staff, stakeholders, ICT systems / equipment and sites?

* Practice GP services normal hours
* Practice GP services extended hours
* Services across the PCN e.g. community link workers, practice pharmacists, physiotherapists?

Further general points to consider around the services are: -

* Availability of other practices to accommodate both small / large teams (clinical / admin) from the closing practice – restrictions may apply with network ability to house and host extra equipment.
* Diversion of services to other practices and cover available with ICT resources in place.
* Cover to deliver the service from the closed practice.
* Management of the necessary actions i.e. who will do what, when and the methods of communication?

# ICT checklist for Business Continuity

This document covers a variety of areas to consider in your plans as illustrated in the diagram below: -

The content aims to support answers to digital technology related questions. It is intended that teams work through the following checklist by reviewing each section in the document.

|  |  |  |  |
| --- | --- | --- | --- |
| Section | Area | Checklist of areas to review | Completion date of the last review |
| 1 |  | * 1. Consider your key contacts relating to ICT and include in your BCP (use table 1.1 to assist)   2. Understand the needs of the various staff roles you have in the practice so you are clear who will need what equipment / software etc.   3. Document the digital technology requirements of each role | DD/MM/YY |
| 2 |  | Consider what ICT equipment would be required and review the considerations and resources in this section to identify any areas for the practice to consider in preparing their BCP | DD/MM/YY |
| 3 |  | Consider what ICT systems and software would be required and review the considerations and resources in this section to identify any areas for the practice to consider in preparing their BCP | DD/MM/YY |
| 4 |  | Consider what sites would be available with the necessary ICT systems / equipment to meet staff and patient requirements? | DD/MM/YY |

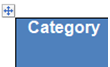
The document also provide useful resources, links to support materials and training – [see Appendix One: Resource List.](#_Appendix_One:_Resource)

# Section 1: Your teams and stakeholders

## 1.1 Key ICT contacts

PCNs and practice groups can populate the follow table with key contacts outlining who they are and how to contact them. The table has been started with some useful contact types to have in place.

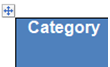
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| --- | --- | --- | --- | --- | --- |
| Area to consider | Role / description | Name | Location | Email / resources | Contact No. |
| CCG - Digital team | Person to co-ordinate activities on behalf of the CCG | Mandy Mitchinson |  | You can contact the digital team via [ngccg.informatics@nhs.net](mailto:ngccg.informatics@nhs.net) for assistance | 01912172651 |
| NECS – ICT Customer Liaison | Key contact in NECS to made aware – Customer liaison | Steven Reynolds (any other member of Customer Liaison can be notified) | n/a | [steven.reynolds4@nhs.net](mailto:steven.reynolds4@nhs.net) or  [NECSU.ictcustomerliaison@nhs.net](mailto:NECSU.ictcustomerliaison@nhs.net) | 0191 217 2685 or  0191 217 2776 |
| NECS ICT Service Desk | Facilitate requests for ICT requirements as covered in this document | Service desk | Various | [necs.servicedesk@nhs.net](mailto:necs.servicedesk@nhs.net)  Website to log call or view ICT status across the locality is: -  <https://servicedesk.necsu.nhs.uk/> | 0300 555 0340 |
| Smartcards/systems access | RA sponsor per practice to ensure smartcards can be set up for any incoming staff – a list could be collated of sponsors at each practice as a contact reference for anyone that requires access.  Are there 2 per practice to ensure cover is provided? | <Insert details> | <Insert details> | Details on becoming a sponsor and more, [click here](https://servicedesk.necsu.nhs.uk/raroles/). | <Insert details> |
| Practice ICT administrator | Central point of contact to manage any ICT queries e.g. staff setup, websites, social media etc. – see [Your ICT equipment](#_Section_2:_Your) and [Your ICT systems and software](#_Section_3:_Your) | <Insert details> | <Insert details> | <Insert details> | <Insert details> |
| Telephones | Details of the phone provider to sort any diversions.  If NECS phones, use portal to apply diverts / updates or for additional support, contact the ICT service desk | <Insert details> | <Insert details> | <Insert details> | <Insert details> |
| 3rd party systems / software suppliers to ensure access at other sites | List of 3rd party systems / software key contacts to assist with access, should it be needed | <Insert details> | <Insert details> | <Insert details> | <Insert details> |

Tip: To print the table only - click the cross symbol  so that the whole table is highlighted. Then from the File menu, select Print > Print Selection (Settings) and final click Print to print the table only.

## 1.2 Understand the ICT needs of your staff

Below is an example matrix that can be edited (click each box to add / remove the cross) to reflect what is needed from each member of staff. Further roles / requirements can be added / amended as required.

| Category | Digital Resource  Requirement | GP | Practice Nurse | Health Care assistant | Pharmacist | Community link worker | Practice Manager | Practice Admin | Reception |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Systems / software | EMIS - Clinical |  |  |  |  |  |  |  |  |
| Systems / software | EMIS – Administrative |  |  |  |  |  |  |  |  |
| Systems / software | SystmOne - Clinical |  |  |  |  |  |  |  |  |
| Systems / software | SystmOne - Administrative |  |  |  |  |  |  |  |  |
| Systems / software | Video conferencing - AccuRX |  |  |  |  |  |  |  |  |
| Systems / software | Payroll software |  |  |  |  |  |  |  |  |
| Equipment | PC |  |  |  |  |  |  |  |  |
| Equipment | Laptop |  |  |  |  |  |  |  |  |
| Equipment | Laptop with remote access |  |  |  |  |  |  |  |  |
| Equipment | Printer – FP10 |  |  |  |  |  |  |  |  |
| Equipment | Printer – Path. lab. labels |  |  |  |  |  |  |  |  |
| Equipment | Printer – A4 Paper |  |  |  |  |  |  |  |  |
| Equipment | BP machine |  |  |  |  |  |  |  |  |
| Equipment | Spirometer |  |  |  |  |  |  |  |  |
| Equipment | ECG Machine |  |  |  |  |  |  |  |  |
| Equipment | Scanner |  |  |  |  |  |  |  |  |
| Equipment | Telephone |  |  |  |  |  |  |  |  |
|  | Add requirement |  |  |  |  |  |  |  |  |
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Tip: To print the table only - click the cross symbol  so that the whole table is highlighted. Then from the File menu, select Print > Print Selection (Settings) and final click Print to print the table only.

## 1.3 Detailed requirements by role

There are various considerations for the roles below from a clinical and administrative perspective, such as:

**Clear system / ICT role requirements in place and available so staff can be** **setup to work at other practices e.g. view appointments, read / enter notes, prescribe, pathology, refer on, request tests, send / action tasks, printing, scanning other systems etc. Key areas include: -**

* + **Smartcard roles to apply** – selected from care id system by a sponsor (use staff role requirements matrix)
  + **Sponsors to allocate smartcard roles** – see [Key ICT contacts](#_1.1_Key_ICT). Further information on apply roles to smartcards is available in [Appendix One: Resource List](#_Appendix_One:_Resource).
  + **Training requirements if using another system** - see [Appendix One: Resource List](#_Appendix_One:_Resource) for comprehensive EMIS and SystmOne guides. Other prompts on on-services and prescribing
  + **Access to ICT equipment** e.g. pc, laptops, BP machines, spirometers, ECG machines – see [Section 2: Your ICT equipment](#_Section_2:_Your)
  + **Access to ICT systems and software** – see [Section 3: Your ICT systems and software](#_Section_3:_Your) & software
  + **Access to sites** – see [Section 4: Your sites](#_Section_4:_Your)

Taking the above points into account, a review of each role is advised using this document as a prompt in each case. Further notes / commentary can be added for reference.

|  |  |  |
| --- | --- | --- |
| Role | ICT considerations / resources | Date of last review |
| Receiving Practice ICT Administrator | 1. Management of the necessary actions to setup people to work in the practice i.e. who, what, when, how? PC access, systems access, printing etc. 2. Are they a Registrations Authority (RA) sponsor? 3. Can they provide training? 4. What if they aren’t available? 5. Any specific ICT roles that are cover e.g. ICT management, staff support etc. 6. What do they know about systems / clinical systems  * Setup up users - clinical systems * Setup up users - non-clinical systems / software * Systems access provided to all staff | DD/MM/YY |
| GPs | Add any specific requirements of role in place e.g. laptop for remote working if self-isolating etc. | DD/MM/YY |
| Practice nurse | Add any specific requirements of role in place | DD/MM/YY |
| Community link workers | Add any specific requirements of role in place | DD/MM/YY |
| Pharmacist | Add any specific requirements of role in place | DD/MM/YY |
| Physiotherapist | Add any specific requirements of role in place | DD/MM/YY |
| Practice Manager | Add any specific requirements of role in place e.g. payroll software, laptop for remote working | DD/MM/YY |
| Practice admin | Add any specific requirements of role in place e.g. where and how will they work? | DD/MM/YY |
| Reception | Add any specific requirements of role in place e.g. where and how will they work? | DD/MM/YY |
| RA Sponsor | Who are the sponsors for each practice to setup any incoming staff? Are there enough, should be 2-3 minimum depend on practice size.  See [RA sponsor](https://servicedesk.necsu.nhs.uk/raroles/) for more information | DD/MM/YY |
| Others | Are they others that haven’t been mentioned? | DD/MM/YY |

|  |  |  |
| --- | --- | --- |
| Stakeholders | ICT considerations/resources | Date of last review |
| Patients | (1) How can ICT support you to notify patients e.g. text, email, website, social media etc.?  General points be aware of: -  Consider options to bulk message patients  Telephone diversion  Repeat prescriptions (stop patients posting through letter box)  Management of online services | DD/MM/YY |
| NECS | (1) Raise with NECS ICT Service Desk so any relevant ICT requirements can be escalated or support provided. | DD/MM/YY |

# Section 2: Your ICT equipment

|  |  |  |
| --- | --- | --- |
| Category | ICT considerations/resources | Date of last review |
| PC | (1) **Adequate number of PCs** in other practices with access to the practice clinical systems & shortcuts on desktops – list what is available and where  (2) Process for **access / setup of PCs** for key staff in place  General point(s) be aware of: -   * **All NECS PCs should be accessible by practice staff to log on to** providing they are up-to-date – Note: PC’s should be switched on regularly in order to receive important ICT updates. * In general, PCs should be set up to work with the clinical system in use at the practice site. User settings for connected devices should in place. For other systems check they are available e.g. EMIS Web. New equipment and systems connections may need setup by NECS ICT Service Desk e.g. network printers * **PC configurations/setup at other sites won’t be the same** as staff member’s workplace PC, for example: -   **Non-standard software** may not be available  **Shortcuts to files and folders** i.e. Shortcuts to business critical areas / files e.g. shared network drives which you may have shortcuts on your desktop, should be listed and shared with the team for easy access e.g. copied into a Word file which is stored on each staff members drive.   * **Staff should reminded that they should save work to either their personal network drive or shared network drive areas**, any work or shortcuts saved to their desktop will not be available on another device and is at risk of being permanently lost should the PC experience any problems. | DD/MM/YY |
| Laptop | (1) The practice should already have **laptops in place for business continuity** should they be needed – record asset tags and location. These should be moved between practice staff as and when the need arises.  (2) Process for **access/setup of laptop** in place for key staff in place i.e. on site or working from home\*  \*For staff wishing to work away from a non-GP practice site e.g. from home a **BMS token** (one per user) or **Checkpoint** (one per laptop) is required to work in this manner. For first time setup users must be able to connect to a NECS network e.g. practice site.  It is very important to test access to laptops for the user before leaving the practice, where possible.  (3) Should the practice have need of **additional remote working** to support their business continuity, follow the remote working requests process outlined - [click here to view the CCG laptop process](https://teamnet.clarity.co.uk/newcastlebridges/Topics/View/Details/293952b6-a169-46d6-9724-ab8700d11b62)  General point(s) be aware of: -  For staff, working from a practice site with access to the NECS network either a **network cable or Wi-Fi (NECS Data)** can be used.  **Laptops should be switched on regularly** and connected to the NECS network in order to receive important ICT updates.  Please note that any devices not previous connected to the laptop e.g. medical device, printer etc. setup may be required by NECS ICT Service Desk. These must be **NECS approved products.** | DD/MM/YY |
| Printers | (1) Printers in place to **print labels, prescriptions and A4**  General point(s) be aware of: -  Printers that are **wired to the existing device** will general be ready to go (clinical systems should automatically use the PC settings and not user settings). The majority of printers are setup up in this way. Should there be a change in usual clinical system, further setup may be required, the Practice ICT Administrator or NECS ICT Service Desk can assist.  Where a **network printer** exist, the Practice ICT Administrator or NECS ICT Service desk may be needed carry out the connection.  For laptops, staff should note that when returning to your normal workplace, **ensure staff select the correct printer** and remove the previous printer. | DD/MM/YY |
| Scanners | (1) **Setup and selection** at new site  In general, scanners should be **setup to the connected device** and ready for use.  Document scanning in clinical systems  Permissions to view the necessary secure shared network drives needs to be in place, should the staff member be working on behalf of another site. Shared network drives access needs to be granted by Practice Manager in writing for NECS to setup via the NECS ICT Service Desk.  For SystmOne users, working in their own SystmOne unit at another site, the scanner settings will need to be changed via PC settings as necessary. | DD/MM/YY |
| Video conference equipment | (1) **Setup and selection** at new site  General point(s) be aware of: -  **PC Cameras, microphones, headsets** will be connected and setup to work on a specific device, should they be moved to another device NECS ICT Service Desk may be required. | DD/MM/YY |
| Telephones | (1) **Setup and selection** at new site  (2) **Redirect** the lines to other practices – staff onsite to do this or remote divert possible  General point(s) be aware of: -  **Diversions** for the closed site will be required e.g. working hours, out of hours, weekends, automated messages – if a NECS phone system the NECS ICT Service Desk can be contact to assist in this, alternatively the supplier may need to be contacted. Onsite diversion needed. **Contact the relevant parties in advance to confirm the process for diversion.**  **User logins** may be required for certain phone systems. | DD/MM/YY |

# Section 3: Your ICT systems and software

## 3.1 Clinical system access / usage

|  |  |  |
| --- | --- | --- |
| Sub category | Considerations/resources | Date of last review |
| SystmOne | How will the clinical system be accessed in an emergency? What sharing do you need to set up to allow other practices to see your patients if needed?  (1) **Agreed access levels** per role, as per set roles in the Care Identity Service (CIS), in place for sponsor to apply – see [example staff requirements matrix](#_Example_staff_requirements) and RA support information in [Appendix One: Resource List](#_Appendix_One:_Resource).  Resources include **SystmOne to SystmOne** working – see [Appendix Two : Clinical system functionality to aid cross PCN working](#_Appendix_Two:_Clinical)  (2) **Confirmed sponsors** in place to manage the addition/amendment of staff access to the new system, if needed – see [Key ICT contacts](#_1.1_Key_ICT)  (3) **Training**, functionality (spine services working) – see [Appendix One: Resource List](#_Appendix_One:_Resource) for comprehensive training materials / course booking | DD/MM/YY |
| EMIS | How will the clinical system be accessed in an emergency? What sharing do you need to set up to allow other practices to see your patients if needed?  (1) Agreed **access levels** per role, as per set roles in the Care Identity Service (CIS), in place for sponsor to apply – see [example staff requirements matrix](#_Example_staff_requirements) and RA support information in [Appendix One: Resource List](#_Appendix_One:_Resource). Resources include **EMIS to EMIS** working – see [Appendix Two : Clinical system functionality to aid cross PCN working](#_Appendix_Two:_Clinical)  (2) **Confirmed sponsors** in place to manage the addition / amendment of staff access to the new system, if needed – see [Key ICT contacts](#_1.1_Key_ICT)  (3) **Training**, functionality (spine services working) – see [Appendix One: Resource List](#_Appendix_One:_Resource) for comprehensive training materials / course booking  Note when users are logging into EMIS at other sites, **EMIS switcher** must be used, see for [Appendix One: Resource List](#_Appendix_One:_Resource) for further guidance. | DD/MM/YY |
| Other e.g. EMIS Enterprise Module, Community /OOH Units, TPP Shared admin etc. | (1) Agreed **access levels** per role, as per set roles in the Care Identity Service (CIS), in place for sponsor to apply – see [example staff requirements matrix](#_Example_staff_requirements) and RA support information in [Appendix One: Resource List](#_Appendix_One:_Resource)  (2) Confirmed **sponsors** in place to manage the addition/amendment of staff access to the new system, if needed – see [Key ICT contacts](#_1.1_Key_ICT)  (3) **Training** – see [Appendix One: Resource List](#_Appendix_One:_Resource) for comprehensive training materials / course booking  General point(s) be aware of: -  **Any other processes** to be considered for a certain type of clinical system?  **Functionality** in working order e.g. connection to spine services to enable referrals, prescriptions etc. | DD/MM/YY |

## 3.2 Other systems and software

|  |  |  |
| --- | --- | --- |
| Sub category | Considerations/resources | Date of last review |
| Microsoft Teams | (1) **Setup of the user** and their access  (2) **Processes for use** of functionality video calls / conferencing, messaging, document sharing and collaboration  General point(s) be aware of: -  **Groups can be setup within Microsoft Teams** to bring together key groups for meetings, messaging and information sharing e.g. key documents, all accessible with just an internet connection.  See [Appendix One: Resource List](#_Appendix_One:_Resource) for Using Teams guides | DD/MM/YY |
| E-Consult | (1) **Setup of the user** and their access  (2) **Processes** – access to shared inbox, monitoring appointments / patients | DD/MM/YY |
| Video consultation - AccuRX | (1) **Setup of the user** and their access  (2) **Supplier contacts** in place / helpdesk  See [Appendix One: Resource List](#_Appendix_One:_Resource) for the link to AccuRX help centre | DD/MM/YY |
| Video consultation - other | (1) **Setup of the user** and their access  (2) **Support for the other systems** such as Q Doctor (E-Consult), Ask my GP etc. | DD/MM/YY |
| SMS - AccuRX / MJOG / iPLATO | (1) **Setup of the user** and their access  (2) **Practice support** direct with supplier | DD/MM/YY |
| Other various (e.g. locally installation software) | (1) **Setup of the user** and their access  (2) **Any software / systems require access outside of normal PC / laptop builds**  (3) NECS can be contacted to possibly **install approved software onto the relevant device**, alternatively the supplier may need to setup / support. If the supplier needs access to system, it will need to be managed by NECS and service charges may apply.  General point(s) be aware of: -  Examples of **non-clinical software** may include payroll i.e. IRIS (accounts and payroll)  **3rd party supplier software** e.g. Olympus digital dictation  **Web-based systems** e.g. GP TeamNet, CQRS, ClaimIT etc.  Make sure you have **user names and passwords in place** to access these services | DD/MM/YY |
| Practice Website / social media | (1) Process to carry out **website updates/patient notices**, wording to use etc.  (2) Process to carry out **social media** e.g. Twitter, Facebook etc.  General point(s) be aware of: -  **Content** who can manage practice or supplier, will someone be available and able to support? | DD/MM/YY |
| Email | (1) **Staff email addresses** for NHS.net will need to be accessed via a web browser or Outlook application. On a new machine Outlook will need to be setup again, this can be done by staff on their own by clicking the Outlook icon and following the prompts. Staff will need to be aware of their email and password  (2) **Any generic practice** NHS.net email inbox will also need to be monitored with staff being aware of how to access them- delegate access to relevant mailboxes.  General point(s) be aware of: -  **Processes** will need to be in place for this and must accessible outside of the practice i.e. personal / shared network drives. | DD/MM/YY |

**Potential benefit: Electronic prescribing service (Phase 4)**

Phase 4 of Electronic Prescribing Service (EPS) is in place to address those patients who do not have an EPS nominated pharmacy or those that are unsure in certain circumstances which pharmacy they will use e.g. working away, holiday, someone else collecting their prescription, out of hours collections etc**. The rollout was to all practices was set to completed by September 2020.** EPS Phase 4 scripts are sent to spine and are then downloaded by any pharmacy and processed electronically. Patients will be provided with a printed token, or token ID electronically (e.g. in times of COVID) so they can still go to any pharmacy. See [Appendix One: Resource List](#_Appendix_One:_Resource) for more information. Overall, it is important to note that using EPS with a nomination is still the preferred and most efficient option.

# Section 4: Your sites

|  |  |  |
| --- | --- | --- |
| Category | Considerations / resources | Date of last review |
| Rooms - Clinical | (1) Rooms that are **fit for purpose** are available in the PCN / Practice network for staff to use from the closed practice.  (2) Necessary **ICT equipment** in place for clinical purposes. | DD/MM/YY |
| Rooms Admin | (1) Rooms that are **fit for purpose** are available in the PCN / Practice network for staff to use from the closed practice.  (2) Necessary **ICT equipment** in place for clinical purposes. | DD/MM/YY |
| Workstations / Home working | (1) For **on-site** practice users, ensure appropriate workstations with PC, printer, network points / Wi-Fi in place etc.  (2) **Home working** plans and process i.e. remote access via laptop or other device / methods. | DD/MM/YY |

# Appendix One: Resource List

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Category | Sub category | | Resources | Location |
| ICT systems & software | AccuRX | | AccuRx **help centre** to search for useful help and guidance articles | [Help Centre](https://support.accurx.com/en/) |
| ICT systems & software | EMIS | | A comprehensive number of **training guides** to cover key areas in system use, listed per role e.g. GP, admin, nurse, pharmacist etc.  In addition, mini guides to cover further areas of the system. | [[NECS EMIS Training Guides](http://learning.necsu.nhs.uk/clinical/)](http://learning.necsu.nhs.uk/clinical/) |
| ICT systems & software | | EMIS | **EMIS course booking** | [necs.servicedesk@nhs.net](mailto:necs.servicedesk@nhs.net) or  0300 555 0340 |
| ICT systems & software | | Electronic Prescribing Service (EPS) Phase 4 | **NHSD resources** covering a host of useful information that practices  NECS examples of patient stories to highlight the benefit of using EPSP4. | [NHS Digital Practice Information](https://digital.nhs.uk/services/electronic-prescription-service/phase-4/prescriber-information)  [EPSP4 Patient stories](https://learning.necsu.nhs.uk/docs/project/EPSP4_Patient_Stories.pdf) |
| ICT systems & software | | Microsoft Teams | **NHS Guide** to using Microsoft Teams including guidance on meetings, chat, document and setting up a Teams group. | [Using Microsoft Teams](https://support.nhs.net/article-categories/using-teams/) |
| ICT systems & software | | NECS service desk | NECS knowledge base to show **service status** on Clinical Systems, Email and Network/Telephony. Also includes the link to **self-service** (username/password required. | [NECS Service desk knowledge base](https://servicedesk.necsu.nhs.uk/) |
| ICT systems & software | | SystmOne | A comprehensive number of **training guides** to cover key areas in system use, listed per role e.g. GP, admin, nurse, pharmacist etc.  In addition, mini guides to cover further areas of the system. | [NECS SystmOne Training Guides](http://learning.necsu.nhs.uk/clinical/) |
| ICT systems & software | | SystmOne | **SystmOne course booking** | [[necs.servicedesk@nhs.net](https://learning.necsu.nhs.uk/systmone-events/)](mailto:necs.servicedesk@nhs.net) [or](https://learning.necsu.nhs.uk/systmone-events/)  [0300 555 0340](https://learning.necsu.nhs.uk/systmone-events/) |
| Registrations Authority | | RA support | Useful **smartcard guides** to cover all key need to know areas and their use.  Information on becoming an RA sponsor. | [Smartcard guides](https://servicedesk.necsu.nhs.uk/category/smartcards/)  [RA Sponsor](https://servicedesk.necsu.nhs.uk/raroles/) |

# Appendix Two: Clinical system functionality to aid cross PCN working

This section includes

1. [SystmOne to SystmOne - Allow staff from another practice access to the module](#_SystmOne_to_SystmOne)
2. [SystmOne to SystmOne – Shared admin](#_SystmOne_to_SystmOne_1)
3. [EMIS to EMIS - Allow staff from another practice access to the module](#_EMIS_to_EMIS)
4. [EMIS to EMIS – Cross organisation working using EMIS switcher](#_EMIS_to_EMIS_1)

## SystmOne to SystmOne - Allow staff from another practice access to the module

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| Details / Resource | | | | |
| In the case that a practice needs to close for a period of time, staff and patients could attend another site, space permitting, and run services based on the space made available. The additional staff can physically work from any practice, providing sufficient space/PC availability; all normal functions can be performed as they would be accessing their own clinical system.  In the case that a SystmOne practice needs to close due to staff sickness/ shortage then patient care could be provided at another SystmOne practice, providing that there is staff capacity at the alternative location. For staff at the receiving practice to access/view patient records they would need to be added into the patient’s GP unit similar to the process for a locum.  **Create a new user in SystmOne -** [Click here to view Creating a new user in SystmOne](https://learning.necsu.nhs.uk/docs/systmone/systmone_creating_new_user.pdf) | | | | |
| **Process** | **IT Requirements** | **Dependencies** | **Risks/Issues** | **Resources** |
| Established process similar to adding locum  Ensure Organisation Preferences are configured to allow clinician to perform home visits, refer patients, be part of task groups and configure own prescribing warnings | Possible SystmOne install and or config needed utilising space in another site | PBAC Roles are added to all Smartcards. Sufficient hardware and space is available | No sufficient RA Support Additional hardware not available within the required timeframe  Additional time taken for staff to log into other units  Reliance on user to ensure patient data is entered within the correct unit and medical record | RA Agent  Technical support |

## SystmOne to SystmOne – Shared Administration

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| Details / Resource |
| Shared Admin will allow up to 10 practices to join an organisational group which will allow the member practices access to the full patient record which can then be updated. Shared Admin also allows users to view appointments, rotas and visit lists in all member practice units.  Users only need to log onto their own SystmOne unit, there would be no need for mass user registration across differing practices or RA support. Patients could present at any one of the practices that are a member of the ‘Shared Admin’ group and be seen with full record access and have their record updated in real time. Additional functionality can be enabled to allow back office efficiencies - the use of which would need to be assessed against the business change activities needed, the impact and the benefit gained. |

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| **Process** | **IT Requirements** | **Dependencies** | **Risks** | **Resources** |
| IG implications addressed  Business Change activities to ensure all using same processes and standards relating to rota/booking/consultations  Create Org and Enable within SystmOne | Access to SystmOne | Consistent approach to data entry across the PCN  Staff have access to all units across PCN  Have to nominate an ‘owning’ practice for the shared admin group | Needs careful well thought out initial set up as it is difficult, if not impossible to change settings at a later date.  The more ‘features’ that are enabled, a) the more that will be visible and b) the more jurisdictions other units have over the patient record.  While the patient record is common across a shared admin group, users have different access for each unit, which has ramifications for prescribing/ tasks/ path/ documents etc. (i.e. Hub clinician who also works in one of the practices) | RA  Data Quality  Business change/training |

## EMIS to EMIS - Allow staff from another practice access to the module

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| Details / Resource | | | | |
| Simplest approach is to allow other GP/medical staff access to the clinical system the same way in which you would a locum.  **Create a new user in EMIS -** [Click here to view EMIS New User Mini Guide](https://learning.necsu.nhs.uk/docs/emisweb/creating_a_new_user_mini_guide.pdf)  **EMIS Config Switcher to desktop** [Click here to view EMIS Config switcher guide](https://learning.necsu.nhs.uk/docs/emisweb/emis_config_switcher.pdf) | | | | |
| **Process** | **IT Requirements** | **Dependencies** | **Risks** | **Resources** |
| Established process similar to adding locum -Config switcher will need enabled - User profiles to be set up for clinical and admin staff | Switcher needs enabled | Staff are familiar with use  Staff PBAC roles are same across PCN  Practices are on same version of EMIS  SLA with Trusts are revised to reflect increased number of samples to be collected  Data Sharing agreements are in place | Only a small number of instances can be open at any one time Increase admin time  Staff could have varied levels of access which could limit ability to complete tasks  Varies access to most up to date functionality across units  If data sharing agreements are not in place there could be a delay in access to units | Training RA CCG to confirm with Trust |

## EMIS to EMIS – Cross organisation working using EMIS switcher

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| Details / resources |
| **EMIS Cross organisational working**  This is about sharing across EMIS organisational to enable book appointments into other GP units, view patient records in other units. To enable this functionality, data sharing agreements needs to be configured within the EMIS units. Visit the data sharing page on EMIS Now (note a login is required)- Click here to view [EMIS Data sharing Information](https://www.emisnow.com/csm/?id=kb_article&sys_id=495ea951db47d4109aa4641d0b96192e)  Direct links to the forms that need to be completed can be found below:   * EMIS Web **Cross organisation appointments sharing** configuration request- [Click here to view QF1092 EMIS Web cross org appointments configuration request](https://www.emisnow.com/csm/sys_attachment.do?sys_id=8d5ee951db47d4109aa4641d0b9619f8) * EMIS Web **Care Record sharing** configuration request - [Click here to view QF1091 EMIS Web Care Record sharing configuration request](https://www.emisnow.com/csm/sys_attachment.do?sys_id=c55ea951db47d4109aa4641d0b961936) * EMIS Web **Cross organisation tasks sharing** configuration request - [Click here to view QF1093 EMIS Web cross org tasks configuration request](https://www.emisnow.com/csm/sys_attachment.do?sys_id=895ee951db47d4109aa4641d0b9619fa) * EMIS Web **patient demographic sharing** configuration request (not needed if you are requesting access to the Care Record sharing) - Click here to view [QF1094 EMIS Web patient demographics sharing configuration request](https://www.emisnow.com/csm/sys_attachment.do?sys_id=955ee951db47d4109aa4641d0b9619fc)   Guides to support staff when working at a different EMIS site  **EMIS Config Switcher to desktop** [Click here to view EMIS Config switcher guide](https://learning.necsu.nhs.uk/docs/emisweb/emis_config_switcher.pdf)  **Create a new user in EMIS –** [Click here to view the EMIS New User Mini Guide](https://learning.necsu.nhs.uk/docs/emisweb/creating_a_new_user_mini_guide.pdf) |

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| **Process** | **IT Requirements** | **Dependencies** | **Risks** | **Resource Requirements** |
| Reliance that staff are added to relevant task groups (please see guidance in the guides provided)  Reliance on staff to configure systems fully to enable GP to refer patients | Access to EMIS | Task group setup  System configuration | Staff can only log into one practice unit using their Smartcard therefore all other instances opened will not be Spine enabled resulting in no access to any SPINE services which include SCR / EPS functionality for example  Can only open a maximum of 4 instances of EMIS Web at any one time  Heavy reliance on user to ensure patient data is entered within the correct unit and correct medical record  Possibility of no access to generic practice e-mail account to enable the processing of e-Consultations | EMIS  Business change/training |