

**WRITTEN QUESTION TO THE MINISTER FOR HEALTH AND SOCIAL SERVICES
BY DEPUTY R.G. LE HERISSIER OF ST. SAVIOUR**

ANSWER TO BE TABLED ON TUESDAY 4th JULY 2006

Question

Would the Minister inform members –

- (a) of the costs to date of the scheme intended to allow GPs to integrate with the relevant IT systems of the Health and Social Services Department? and,
- (b) when this scheme will be completed and at what cost over and above those already incurred?

Answer

- (a) A major pivot of modern and effective health care is an integrated relationship between GPs and other community health professionals and their colleagues in the secondary care sector. For care to be effective information must follow the patient; as patients present in general practice, then perhaps require an acute surgical or medical intervention, and are then returned to general practice for ongoing care and treatment. The passage of information must be ICT based; and one patient record (transcending primary and secondary care interventions) must exist (rather than having multifarious pieces of paper scattered over the organisation which are then in danger of being lost, or being forgotten, or not being retrievable in time to be useful for clinical decision making). In Jersey, both GPs and consultants have rightly demanded state of the art ICT systems and, indeed, have made it clear that their ability to expand the health system's capacity and capability to manage the Island's increasing morbidity is dependent upon such ICT systems.

The Department of Health and Social Services has been working with representatives of GPs and consultants, representatives of the Social Security Department, and other important stakeholders such as Family Nursing and Home Care to devise an all-embracing 'specification' of service. This specification describes to prospective suppliers the nature of the ICT system which we are seeking to procure. This most certainly will include an ability to transfer timely information between GPs and health and social care practitioners of the Health and Social Services Department, (for the important service reasons detailed above), but it will also provide additional functionalities. These include record storage, the replacement of the Department's ageing and virtually redundant hardware, order comms and result reporting (the internal and external transmission of such matters as pathology and radiology results), and archiving, retrieval and storage facilities of such data as X-Ray, MRI and CT results.

The specification of service includes all of these important functionalities. In due course, this specification will be submitted to prospective providers who, through a competitive process, will have to demonstrate how they would provide such a comprehensive range of services. This is the modern way of procuring ICT systems, relying upon the ability of the procurer to exploit the experience and track record of established suppliers in coming up with innovative and workable solutions. For this reason it is not possible to separate out the cost of integrating GP and HSSD ICT systems from the rest of the functionality. To labour the point, the functionality is an integrated single product.

In this context, £85,000 has been spent in facilitating a number of workshops with the above mentioned stakeholders, researching the latest generation of systems, and what they can deliver, and writing the specification of service.

- (b) As the above makes plain, the procurement of such a comprehensive ICT system is at an early stage. There is something of a race against time underway. The current systems in the Health and Social Services Department, developed over the past 25 years, are at risk because the current provider and servicing agent for this dilapidated equipment has been 'eased' out of the health ICT market in the UK. Commitments have been

secured by which this current supplier will provide technical support until 2008, but it is impossible to secure any further support commitment.

This state of affairs post 2008 is deemed to be high risk and the Council of Ministers has agreed that this is a risk which cannot be afforded. Hence, capital funding has been received for this scheme of between £12.5 and £15 million; the eventual figure being determined through competition as referred to in (a) above. The full scheme will take some three years to introduce and officers and technicians are now working with doctors and other health care professionals to determine how best we can sequence the implementation in such a way that we can guard against the risk post 2008.