

NHS-HE Forum

Notes and actions from the Tenth Meeting on 17th May, 2006

1. Attendees

Prof Roland Rosner welcomed the 41 attendees as listed at:

<http://www.nhs-he.org.uk/attendees.pdf>

2. Actions from previous meeting on 17th November, 2005

8.04	Grouping of Athens authorisations within one sign-on <i>There are no contractual issues with the proposed grouping of Athens authorisations within one sign-on</i>
8.05	Draft statement for NHS-HE Forum to support Open Access Publishing <i>On the hold until the next meeting in the absence of Paul Ayris</i>
9.01	Send copy of research related PowerPoint presentation to MT <i>Done</i>
9.02	Set up a JISCMail discussion group for the NHS-HE Forum <i>Done. Currently 165 on the NHS-HE distribution list.</i>
9.03	“Local” Videoconferencing Proposals <i>The University of Plymouth has put in a proposal to create a videoconferencing "hub" for the south west. This is still at the proposal stage.</i>
9.04	Engagement with CHERRI-PIE Project and CRANCS <i>Presentations today</i>
9.05	HE N3 Connection applications through N3 <i>Ongoing</i>
9.06	To keep videoconferencing on the N3 JANET Gateway working Group agenda <i>Yes, videoconferencing is being looked at as part of the proposed pilot.</i>
9.07	Athens Pilots for Account Linking– contact Phil Leahy <i>Phil received a number of expressions of interest. On the agenda.</i>

3. NHS-HE Co-ordinator update

Key points from Malcolm Teague:

- Objectives of the NHS-HE Forum remain the same
- N3-JANET Working Group is making good progress but that is later on the agenda
- Interface with the National Library for Health is making progress through the Enterprise Architecture Group
- More emphasis on research requirements (eg Best Research for Best Health)
- Many new contacts derived from the NHS-HE Connectivity survey
- Survey results showed there is a lot of existing connectivity for university applications from NHS (for email, VLE, eJournals, intranet etc.). There is less existing connectivity for NHS applications from universities
- 28 out of 39 respondents are interested in being part of the proposed national pilot

- New interest from the Scottish Executive's Improving Services Agenda
- Denmark's connection agreement system looks interesting and hopefully this will feature at November's meeting.
- Participated in British Healthcare Computing, University & Colleges Information Systems Association (UCISA) and Library and Knowledge Development Network (LKDN) conferences

See presentation at <http://www.nhs-he.org.uk/mt-may.pdf>

4. N3 update

John Hemsley of BT gave an update on the N3 project to deliver a broadband network to the NHS in England and Scotland. "N3 is the quiet success of CfH".

In November 2005 there were:

- 12,000 connections
- 4 orders for bespoke gateways
- 20% of customers outside NHS

Today (May 2006) there are:

- 14,469 connections
- Delivered 6 ETP (electronic transfer of prescriptions) gateways (Tesco, Boots, Lloyds, Alliance Pharmacy, PIPEX, IMS)
- 3 bespoke gateways in delivery
- 32% of N3 customers now "outside NHS"

By April 2007 there will be

- 18,000 connections
- bespoke gateway to NHS Wales to connect Dawn2 to N3 (to be delivered in July, paid for by NHS Wales)
- two proposals for bespoke gateways to London Grid for Learning (LGfL) and West Midlands Networking Company (WMNC) - one has passed the security approval but not raised the money yet, the other has the money but does not yet have security approval)
- NHSNet closure by Sept 2006 (alternative services to be ordered by 30th June 2006)

PIPEX and other ISPs will sell on a cheaper service to independent pharmacies. There is a lot of competition amongst pharmacies to become "the pharmacy of choice" (eg to deliver your prescription by 9am the next day) and see ETP as a help with this.

There is also an update on COINs (Community of Interest Networks) in the presentation eg currently connecting more than 1,000 sites via COINs and the plan is to connect greater than 5,000 sites by year end via COINs.

See presentation at <http://www.nhs-he.org.uk/hemsley-may06.pdf>

5. N3 JANET Gateway Working Group Update

Mark Ferrar from NHS Connecting for Health spoke on this as chair of the Working Group. The challenge is to permit suitable joint access for staff and students to both NHS and HE systems in an appropriately secure manner.

The Working Group has representatives from NHS, BT, HE, UKERNA. They have had 3 meetings and two teleconferences so far, and have done a lot of work. Closure depends on a successful pilot and resolving the problem of funding. It is hoped to start the pilot November 2006 and complete by end May 2007.

The outline business case report will be completed by end May 2006. It is written in Dept of Health Business Case format. There are some loose ends with regard to configuration rules, administration, sources of funding and access scope. The illustrative user scenarios really highlight what people need.

Three strands to the model:

- a) National and local gateways
- b) Implementation guidelines
- c) Funding

Funding is an issue, because although £200k is not large in a £6bn budget, no-one has accounted for this sum in an existing budget. Making a case for new costs tends to be limited to activities which apply to the whole NHS and not just some NHS organisations. **Action:** Mark is taking steps to resolve the NHS funding for the proposed pilot.

6. CHERRI

CHERRI is the Common Healthcare Educational Recordings Reusability Infrastructure and is about sharing clinical recordings for non-clinical educational use. Rachel Ellaway and Helen Cameron from the University of Edinburgh are two of the main authors of the final report from this JISC funded project. It is available at www.cherri.mvm.ed.ac.uk.

The project and its recommendations are described in the presentation by Rachel and Helen at <http://www.nhs-he.org.uk/CHERRI.pdf>.

The project has developed a life cycle model for clinical recordings in academic non-clinical settings (CRANCS). The issues of patient consent and intellectual copyright and licences are both tackled.

The question for the NHS-HE Forum is how to take the recommendations forward now the project has ended? The NHS-HE Forum has concentrated on network connectivity and library content issues to date. Issues considered and researched by the CHERRI project don't fall directly in these categories but nevertheless are at the NHS and HE interface.

The discussion drew parallels with other consent and authorisation issues in projects such as "role based access control" and legitimate relationships in the NHS Connecting for Health programme and shibboleth early-adopter roll-out such as in Wales. There was support for widening the agenda of the NHS-HE Forum to include other issues that arise at the interface between the NHS and HE at both policy and technical levels. However

others such as clinicians and the GMC would need to be involved to make progress in an area such as CHERRI.

In the meantime the Edinburgh team may try to implement locally a version of their recommended way forward to gain more practical experience.

Action: meeting to be set up with CHERRI team, JISC and HE Academy subject centre to discuss how the CHERRI recommendations might be progressed.

7. Athens Eduserv

This was an update by Phil Leahy of Eduserv Athens on the project to allow access to all authorised resources with one Athens log-on where the user has more than one Athens account. There was a delay in setting up the pilot whilst there were discussions with the NHS Library for Health and service providers. Also it became clear that the facility would not be implemented this year as they need to concentrate on the licence reconfigurations in the database following the forthcoming mergers of Strategic Health Authorities and Primary Care Trusts.

Those who have already expressed an interest in the pilot have been sent an email. The pilot will end in June.

8. Update from Cardiff and the all Wales Project

This was an update by David Harrison and Carol Leonard from the University of Cardiff.

All Wales Service:

This is Citrix based and allows for one-way traffic across Wales ie from all NHS District General Hospitals back to Cardiff University. This has been working successfully for a number of years and is "steady as she goes".

Welsh Public Sector Broadband Aggregation:

Many of the Welsh networks were due to be re-procured at about the same time so the contracts were adjusted so that they can be procured as one public network for Wales. The networks involved include North Wales MAN, South Wales MAN, the Lifelong Learning Network and DAWN. They are looking for one physical network with virtual private networks on top to support sectors such as health, education, local authorities, libraries, fire service and police. This is a great example of joined-up government. Project is at business case stage and plan to be out to the market later in 2006.

Shibboleth early adopter project:

Cardiff has been funded by the JISC to be an early adopter of the shibboleth federated access management system for electronic resources. Shibboleth is now implemented at Cardiff within the Information Services department but it will be rolled out to all first year students and new staff this September and then to everyone in September 2007.

Shibboleth raises policy questions such as: who is a member of the university, what are they allowed to do, and what procedures need to be put in place? The number of honorary NHS staff has been a major challenge here but they hope to be in a position of

making recommendations in June. The Shibboleth pilot is only being used for access to education systems i.e. not clinical support systems

A show of hands from the floor indicated that most delegates today are interested in identity management and membership of communities. This is a key issue.

See presentation at

9. Primary Care Research Hub

Dr Adel Taweel from the University of Birmingham presented the work of the electronic Primary Care Network (ePCRN). This is a collaboration of the Universities of Minnesota, San Francisco and Birmingham (UK). It is funded by the National Institutes of Health in the USA.

Managing randomised clinical trials (RCTs) in primary care is extremely complex - even the most common clinical problems need far more numbers in a study than can be provided by one GP practice. The main goals of ePCRN are to:

- establish a Randomised Controlled Trials management system
- establish a secure distributed query process for Electronic Health Records
- establish a secure research portal

See presentation at <http://www.nhs-he.org.uk/taweel-may06.pdf>

10. IAMSECT Project

Tony McDonald from the University of Newcastle described the work of this project. IAMSECT stands for Inter-Institutional Authorisation Management to Support e-Learning with reference to Clinical Teaching. This 2 year project ended on 16th May (day before the Forum). It has been funded by JISC together with the universities of Newcastle, Durham and Northumbria as well as the Higher Education Academy. There is significant buy-in from the local NHS. They have used Shibboleth because it allows single sign-on (SSO) through distributed authorisation and authentication across institutions.

University of Newcastle and Durham have a joint medical school. The Durham students join the Newcastle ones for Phase 2 of their studies. Newcastle use Learning Support Environment (LSE) as their VLE whilst Durham uses Durham University On-line (DUO – an implementation of Blackboard). They need a system to enable them to easily track and transfer students between institutions. Everyone recognised an SSO would be useful. Some services have now been made available through shibboleth, implementation and other documentation have been improved and there have been many dissemination events to a wide variety of audiences.

There are two related projects which also require authenticated and authorised access to resources:

- EPICS Regional ePortfolio Collaboration – moving transcript information between 5 Universities and 3 Further Education Colleges in the North East - see www.epics.ac.uk.

- Centre for Excellence in Teaching and Learning (CETL) project aimed at healthcare – CETL4HealthNE. This will support 9,000 students in medicine, dentistry, nursing and professions allied to medicine on clinical on placement. See <http://www.cetl4healthne.ac.uk/CETLPlone>

See presentation at <http://www.nhs-he.org.uk/mcdonald-may06.pdf>

Also <http://iamsect.ncl.ac.uk/>

11. Access to Content and National Library for Health Update

This was not discussed in the absence of Paul Ayris and Ben Toth. A report from Paul ayris had been previously distributed and is at <http://www.nhs-he.org.uk/report.pdf>

12. Next meeting: November 2006, exact date to be agreed.

13. Action List

	ACTION	WHO
8.05	Draft statement for NHS-HE Forum to demonstrate support of Open Access publishing – proposal is now that the Forum should formally endorse the Berlin Declaration on Open Access.	PA
10.01	To pursue funding for the N3 JANET Gateway pilot proposal.	MF
10.02	Meeting to be set up with CHERRI team, JISC and HE Academy subject centre to discuss how the CHERRI recommendations might be progressed.	MT

Hilary Baxter/Malcolm Teague

