NHS-HE Forum

Notes and Actions from the Ninth Meeting on 17th November, 2005.

1. Attendees

Prof Roland Rosner welcomed the 47 attendees as listed at:
http://www.nhs-he.org.uk/email/Attendees%20NHS-HE%20Forum%20171105%20for%20website.xls

2. Actions from previous meeting on 12th May, 2005

8.01	*Consider how to include Social Care.* It was agreed that it would over-complicate our remit to include this. There are many initiatives to increase the joint working of social care and the NHS so it should be possible for HE to interoperate with social care via the interface with the NHS.
8.02	*Set up N3 JANET Gateway(s) Working Group* N3 JANET Gateway(s) Working Group set up and has met twice. Update on the main agenda.
8.03	*Inform Paul Ayris of any existing "Access to Content" groups that are working across NHS and HE.* No responses received. Considered a nil return and action complete but please let Paul know if you are aware of any.
8.04	*Check if there are any contractual issues with proposed grouping of Athens authorisations within one sign-on.* Action carried forward. (post meeting note – Paul Ayris has confirmed that he does not think there are any)
8.05	*Draft statement for NHS-HE Forum to demonstrate support of Open Access publishing.* Action carried forward.
8.06	*Request presentation on Shibboleth for the next meeting.* Terry Morrow from JISC is speaking on this topic at this meeting.
8.07	*Link into the work of the Clinical Research Collaboration.* Malcolm Teague has reviewed the UKCRC and related websites, but not been able to find out significant information affecting connectivity. Roland Rosner has a powerpoint presentation from a recent related meeting which may help. **Action:** Roland to forward to Malcolm
8.08	*Map HE Regional Network Operator (RNO) areas with the NHS local service provider (LSP) areas.* Complete - as part of the matrix of NHS Trusts and Medical and Nursing Schools.
8.09	*Investigate the potential for Regional pressure to be applied for NHS-HE solutions e.g. template for a letter based on the London approach.* We are getting good support from NHS Connecting for Health, so not thought necessary to apply regional pressure at the moment.
8.10	*Investigate mechanisms for Forum email discussion* It was agreed that a JISCMail list would be set-up as soon as possible after the Forum meeting. **Action**: Malcolm Teague to set this up.

It was reported that the strong indications from the N3 JANET Gateway(s) Working Group is that the Andrew Cormack Citrix-based model is still suitable (question raised in 9c of previous minutes).

3. NHS-HE Co-ordinator Update

Key points from Malcolm Teague:
- N3 JANET Working Group the most significant development (see agenda item below).
- NHS-HE Video-Conferencing Proposal using IP has been developed. Will put on www.nhs-he.org.uk once good comments from Kate Caldwell have been assimilated. Looking for specific examples to take this forward as at least in England the NHS would rather agree specific proposals rather than global solutions until an NHS videoconferencing strategy is in place. **Action**: anyone with a specific videoconferencing proposal to contact MT.

- The importance of Shibboleth initiatives and how they link in to parallel NHS initiatives has been recognised. Covered later on the agenda.
- Research initiatives: main link via www.ukcrc.org.uk for clinical research collaboration
- Cherri Pie (Common Healthcare Education Recordings Re-usability Infrastructure – Practice, Interoperability & Ethics): a JISC medical images study looking at the issue of consent and IPR for clinical recordings (see presentation for a few more details). **Action:** MT to investigate how best the Forum members can engage with this important work.
- NHS-HE Meeting planned to be set up in Scotland for early 2006.
- Matrix of NHS Trusts and Medical Schools and Nursing Schools. Latest version has been circulated. Many thanks to those that have contributed. It is a work in progress and there are still gaps. The current version is England only but it will be expanded to Wales, Scotland and Northern Ireland in future.

See presentation at http://www.nhs-he.org.uk/email/NHSHE%20Forum%20171105%20MT.pdf

4. NHS-HE Connectivity at Brighton & Sussex Medical School (BSMS)

Mark Packer, ICT Project Manager, outlined the approach to IT and NHS-HE Connectivity at the Brighton and Sussex Medical School. BSMS is a new medical school, and the connectivity project is a collaboration between Brighton & Sussex University Hospital (BSUH) and BSMS.

Mark was impressed with the help from the NHS Information Authority when it was still in existence. Mark Ferrar now has the team within his Directorate at NHS Connecting for Health who will give security clearance for sites. The feedback on turnaround has been good eg from John Hemsley.

See presentation at http://www.nhs-he.org.uk/email/BSMS%20NHS-HE%20Forum.pdf

5. N3 Update

John Hemsley gave an update on N3 in general and his work on customer funded N3 connections (has changed its name from "Non-NHS Customers" as this caused confusion, many NHS organisations have to self-fund as well).

NHSNet may be switched off by March 2006 at the earliest, and July 2006 by the latest. Many NHSNet connections have already been switched to N3 with no interruption of service. Only 1,000 NHSNet connections left to move over.

Delivery status
- 12,000 N3 connections delivered so far (largest private network in Europe)
- Exceeding delivery targets, 1500 per month being delivered
- 10,000 connections still to do over next 12 months (should do within 7 months)
- 94% of all GPs connected
- Opticians, dentists and pharmacies to be connected
- Next extra focus is on Electronic Transfer of Prescriptions (ETP) – 650m prescriptions pa
- N3 have a bespoke gateway offering for pharmacies to participate in ETP
- ETP will enable more accurate dispensing of drugs, reduce the potential for fraud, improve payment turnaround times and generally improve the process
- BT working with a series of communities on Community of Interest Networks (CoINs). There are 53 CoINs on the books, some are delivered)
- The Scottish N3 network is the same as the English N3 network, however the clinical applications to be connected are not the same so the applications are not necessarily integrated eg. Scotland has a different prescription system (EMAS)

See presentation at http://www.nhs-he.org.uk/email/John%20Hemsley%20N3%20NHS-HE.pdf

Question 1
How many HE institutions have applied for N3? Fourteen so far have an N3 connection or in the application process (but some will be transfers from NHSNet). If a University writes a letter saying they've done nothing to their NHSNet connection in the last 3 years, then their application will be "rubber-stamped" and they will receive their N3 line quickly.

Action: The NHS-HE Forum would like to know of N3 applications from Universities as there may be strategic options available eg eventual results from the N3 JANET Gateway(s) Working Group. MT to draft an email to UCISA Directors for the chair to send - to ask them to inform the NHS-HE Forum of such applications.

Question 2:
How do we get videoconferencing and Multicast on to the N3 agenda?

Answer: It's not part of the specification for N3 as this was designed to support the new national clinical applications. So who would pay to have this added? It would need to come under NHS Connecting for Health as an application to be delivered (in England). Videoconferencing will be able to happen as a local initiative, but without QOS or multicast, there is no guarantee of a good user experience.

Action: MT to keep this on the N3 JANET Gateway(s) Working Group agenda.

6. N3 JANET Gateway Working Group update

Malcolm Teague reported on this in Mark Ferrar's absence. The working group has met twice in the last couple of months. The next meeting is on 8th December. Members include Mark Ferrar (chair), Tim Robinson, Geof Smith, Ted Woodhouse and Malcolm Teague from the Forum. The focus is on England but it is hoped that it will help in the other UK countries as well.

It had been hoped to have a specification ready by Christmas, but it may need to go into next year now, due to the amount of work still to be done. However, there is good commitment on both sides.

The terms of reference and evolved and the outputs need to include:
- An assessment of user requirements
- Published user scenarios and guidelines
- Technical specifications for both BT and UKERNA
- Framework to agree policies and access agreements
- A finance model to recommend to the funding agencies

There are two major strands being developed in parallel:
a) "Wiring" ie gateway(s) technical architecture
b) Rules for data access eg process, procedures and controls

Wiring/gateway plans are contingent upon for instance:

i) The old "NHS Code of Connection" is being replaced with a new "NHS Code of Compliance" which is to be published imminently. There will be a major shift in focus on security, since legacy applications running over NHSNet are not encrypted, hence there was very strict security over access into NHSNet. However, since all new national and NHS Connecting for Health funded programmes running over N3 have encryption built in, then there are potential opportunities for changing the emphasis in the security arrangements.

ii) Procurement of SuperJANET5, which may mean new core POPs (Points of Presence) in new locations and these once known need to be compared to BT's core POPs for N3.

iii) N3 Community of Interest (COIN) Developments leading to potentially shared infrastructures with other public sector organisations within geographical areas.

iv) Home working, branch surgeries, pharmacies and dentists all require access to N3 and these share some of the same requirements as HE. Developments are being driven or assisted by these other groups.

v) There is to be a new N3 catalogue to be published in Spring 2006 which gives a chance to review and update N3 offerings.

vi) NHS Connecting for Health is rolling out Picture Archiving and Communications (PACS) across all England NHS Trusts by April 2007. The bandwidth required for PACS is significant so this is pushing a reassessment of the local network arrangements (network upgrades for PACS have to be funded by the NHS Trusts rather than the centre).

The National Gateway: 3 broad options are being reviewed by the Working Group -see diagram in presentation at:
http://www.nhs-he.org.uk/email/NHSHE%20Forum%20171105%20N3%20Janet%20G%20WG.pdf

7. Ensuring Equality of Access

Jane Williams and Martin van Eker summarised this project which is a collaboration between University of Bristol, University of West of England and the NHS in Avon, Gloucestershire, Somerset and Wiltshire.

See http://www.nhs-he.org.uk/email/NHS%20HE%20Forum%20Nov%202005%20MVE.pdf

A recent student survey showed most to be happy, with a few minor problems. Other (non-IT) issues have taken the place of access to IT. Andrew Cormack's paper gave them a template to follow, but each Academy implementation is different.

8. Hampshire and Isle of Wight (HIOW Partnership)

Ian Wilcox outlined the vision for the HIOW Partnership which is a Hampshire County Council initiative and covers police, fire, local authorities, NHS etc. Discussions are continuing with Higher Education. They are looking at the total broadband requirements for the county. They are lucky to have a lot of "co-terminosity" in their area.

See presentation at: http://www.nhs-he.org.uk/email/2005-11-17%20NHS-N3%20Forum.pdf

A key component is the development of the NHS N3 COIN (Community of Interest Network) being led by the Strategic Health Authority as part of HIOW. The interface between the NHS and Social Services is a key driver.

How do they fund the partnership? - a variety of sources, including the regional development agency and the EU. One of the key tactics is to influence projects at the planning stage where adjustments to support the partnership approach can be made with minimal extra cost eg have put nodes into BT phone exchanges rather than individual schools, because they know it will be far more acceptable to other parts of government.

9. Access to Content Update

Paul Ayris gave an update from the Content stream of NHS-HE Forum activity, particularly moves for joint procurement. Paul is chair of the JISC funded NHS-HE Joint Procurement Group and is a member of the Society of College, National and University Libraries' (SCONUL) Health Strategy Group.

See presentation at http://www.nhs-he.org.uk/email/NHSHE%20Paul%20Ayris.pdf

The NHS is fully committed to the principal of joint procurement as long as it delivers value for money to the NHS. HE would undoubtedly take the same line in terms of value for money for HE. However there has not yet been a joint procurement after two years of trying. There was a meeting with the JISC on 14 November 2005 and there is still commitment to make this happen – details in the presentation.

10. National Library for Health Update

Ben Toth, Head of Knowledge Services at NHS Connecting for Health and Programme Director for the National Library for Health, gave this update with the key features summarised in the presentation at:
http://www.nhs-he.org.uk/email/National%20Library%20for%20Health%20-%20update.pdf

They have developed a high level architecture for the library and a business case for an NHS wide (England) document delivery service. They are at early stages of discussions about Shibboleth and Athens and their development of single sign on (SSO). A national service framework is out for consultation (see www.library.nhs.uk/forlibrarians/nlhprogramme/nsf for more details). There is a joint programme with Microsoft for an NHS Common User Interface.

11. Combining Athens Authorisations

Many users across the NHS-HE boundary end up with at least two Athens logons: one for the NHS resources and one for the University resources. Phil Leahy of Eduserve Athens explained the proposal to link the authorisations so that all the authorised material (whether from NHS or HE) can be accessed from one log-in. It is recognised that such users are in the minority overall so this facility will be user driven and set-up.

This new feature will be piloted from Christmas 2005. **Action:** Anyone who wants to get involved in this set of pilots should contact Phil Leahy at the Athens Service Desk.

12. The JISC's Shibboleth Programme

Terry Morrow outlined the nature of Shibboleth and why it was seen as strategically important, building on the success of Athens in the UK.

Shibboleth is not an authentication or authorisation tool (a common misunderstanding). It is simply an infrastructure to allow authentication (done at the home address) and authorisation (done at the service provider). (See diagram in presentation)

See presentation at http://www.nhs-he.org.uk/email/NHS_HE_Forum_171105%20Shibboleth.pdf

There is a Core Middleware Programme which has two streams:
1. Technology Development Programme – investigating a number of technologies not just Shibboleth. 15 funded projects some of which are looking at the HE-NHS interface e.g. IAMSECT in the North East.
2. Infrastructure Development Programme – with the aim of establishing a working UK Shibboleth infrastructure with most HE and research communities using Shibboleth by the end of 2008. The plans are to make JISC data centre services such as Edina and Mimas Shibboleth compliant, to create Athens/Shibboleth gateways, to establish a national UK Federation and to fund organisations to be early adopters of Shibboleth.

UKERNA has been asked to submit a proposal by end November to set-up a federation. This will put the UK in line with other National Research and Education Networks (NRENs). A full UK Federation will be in production by July 2006.

Becta have recently announced their strategic intent to adopt Shibboleth for schools.

Any correspondence contact: t.morrow@jisc.ac.uk

13. **Next meeting: May 2006, exact date to be agreed.**

14. Action List

	ACTION	WHO
8.04	Check if there are any contractual issues with proposed grouping of Athens authorisations within one sign-on.	PA
8.05	Draft statement for NHS-HE Forum to demonstrate support of Open Access publishing	PA
9.01	Send copy of research related Powerpoint presentation to MT	RAR
9.02	Set up a JISCMail Discussion Group for the NHS-HE Forum	MT
9.03	Anyone with a specific videoconferencing proposal to contact MT.	All
9.04	To investigate how the Forum members can best engage with the finalisation and outcome of the Cherri-Pie project about Clinically Recordings in Academic Non-clinical Settings (CRANCS)	MT
9.05	To draft an email for the chair to send to UCISA Directors to ask them to inform the NHS-HE Forum of HE N3 connection applications.	MT
9.06	To keep NHS-HE videoconferencing on the N3 JANET Gateway(s) Working Group agenda	MT
9.07	Anyone who wants to get involved in this set of pilots should contact Phil Leahy at the Athens Service Desk.	All

Hilary Baxter/Malcolm Teague