Programmes, standalone Projects and Services (Parent level) portfolio items for all Types

Portfolio Code	Portfolio Item Name	Portfolio Item Description
P0022/00	BT LSP (London)	BT LSP (London) has overall responsibility for upgrading NHS information technology to make it possible for hospitals, community services and mental health trusts to implement Electronic Patient Record as per the LSP contract with BT. This will enable the NHS to provide better, safer care for patients wherever and whenever they need it.
P0047/00	BT LSP (South)	Ensuring patients detailed clinical information is available at the point of care.
P0070/00	Calculating Quality Reporting Service (CQRS)	The Calculating Quality Reporting Service (CQRS) is used to calculate, report and approve quality outcome-related achievement and payments to GP practices and NHS England Area Teams. CQRS has replaced the QMAS system which was previously responsible for calculating and reporting Quality Outcomes Framework (QOF) payments. A replacement system (for QMAS) was required to provide increased flexibility to meet the policy outlined in the Health and Social Care Act.
P0306/00	Care.Data	The Care. Data programme, this initiative will ensure that there is more rounded information available to citizens, patients, clinicians, researchers and the people that plan health and care services. Our aim is to ensure that the best possible evidence is available to improve the quality of care for all.
P0004/00	Child Protection - Information Sharing	The Child Protection - Information Sharing project will provide child protection information to unscheduled (emergency and urgent care) services in the NHS on the statutory position of children subject to a Child Protection Plan or Looked After Children on a Statutory Order. It is intended that the information will be fed from Children's Social Care systems and a solution will be developed that will enable unscheduled care setting systems within the NHS to view this information.
		NHS England fund HSCIC to deliver the CP-IS service through ministerial approved business cased signed off in Dec 12 and supports funding of the project through to April 2018. The project should be HSCIC cost neutral.
P0031/00	CSC LSP Delivery Programme	LSP Delivery Programme: Increased patient safety and quality of healthcare and also greater clinical effectiveness and administration efficiency
P0325/00	Cyber Security Programme (CSP)	The HSCIC board commissioned an Interim Cyber Security Review (ICSR) to establish the readiness and capability of the HSCIC to proactively manage and respond to Cyber Security threats as part of a wider Information Assurance programme. The resulting report identified a significant number of high impacting risks that need to be addressed as a matter of urgency. This programme will address these risks. In addition there are some areas not covered by the report that may require additional effort such as threat analysis and specialist input from niche providers.
P0265/00	Data Service for Commissioners (DSfC)	The establishment of the additional infrastructure, systems, services foundation and staffing for the HSCIC to deliver the requirements of commissioners to enable a legal and effective delivery of data provision.
P0010/00	Defence Medical Services (DMS)	Support Defence Medical Services to deliver the fully operating capability of their Personnel Care Record System Programme (DMICP). This includes integrating with the services and systems of the NHS, provision of relevant SME, skills and programme resource. In this context NHS systems include patient registration, staff authentication and patient choice together with activity related management information.
P0012/00 P0301/00	Electronic Transmission of Prescriptions	The Electronic Transmission of Prescriptions (ETP) programme is delivering the Electronic Prescription Service (EPS) to GP practices, community pharmacies and dispensing appliance contractors across England. EPS enables prescribers (such as a GP or practice nurse) to send prescriptions electronically to a dispenser (such as a pharmacy) of the patient's choice, and then onward transmission to the NHS Prescription Services to support reimbursement. This makes the prescribing and dispensing process more efficient and convenient for patients and staff.
		EPS is being delivered in two phases: • EPS Release 1 introduced the technical infrastructure to enable prescribers and dispensers to operate the EPS. EPS Release 1 was completed in 2008. • EPS Release 2 delivers enhanced functionality (such as electronic signatures and patient nomination of a preferred pharmacy) for users to gain tangible benefit from EPS. EPS Release 2 is currently being rolled out
	Female Genital Mutilation Prevention – Data and Systems Business Case Development	The objective of this document is to define and authorise the work package to produce a feasibility study on information collection and sharing by the NHS on Female Genital Mutilation (FGM). The work package will deliver an assessment of the feasibility of achieving the following objectives: - How can the NHS support the multi-agency objective of protecting and caring for those currently affected by, or at imminent risk of, FGM; - How can the NHS support the long term health education and health promotion components of a multi-agency strategy on the eradication of FGM
		An assessment of feasibility will be formulated in a final document which will contain a study investigating multiple options for achieving the objective.
		The options will consider those requirements, risks and benefits relevant to the objectives, starting from a 'do nothing' state, to one which fully addresses the obligations on the NHS and health care professionals as outlined in the multi-agency practice guidelines on FGM.
		All the options together will identify a common set of requirements, against which each individual option will be assessed. Each option will also specify the estimated resources, in terms of time, cost and materials, required to realise the option.
P0281/00	General Practice Extraction Service (GPES)	Primary Care Services
P0014/00	GP2GP	To deliver the national implementation and roll-out of a computerised system to manage the transfer of patient records between GP practices when patients change their GP, covering electronic records transfers between GP practices.
P0208/00	GPSoC Replacement	To provide a contractual vehicle for the supply and development of GP clinical IT systems for all Practices in England, following expiry of the extended GPSoC call off agreements in March 2014.
P0207/00	Health & Justice Information Services	Health and Justice Information Services (HJIS) focuses on the future information services required to support the statutory responsibilities of NHS England (Health & Justice) in the direct provision and commissioning of healthcare for all places of detention, and Sexual Assault Referral Centres, in England.
P0190/00	Health & Social Care Network (HSCN)	Develop and deliver options appraisals with supporting impact assessments, leading to an appropriate business case for the procurement of a wide area network to meet the information needs of health, public health and social care through utilising in full or in part the Public Sector Network (PSN) framework, models and approaches. The PSNH project will deliver a Public Services Network for Health, which will be aligned and accredited to PSN standards
P0372/00	Information Service for Parents at Point of Care	The HSCIC Cross-Government Programmes team has been asked to initiate and subsequently manage the delivery of a project to develop information sharing between maternity systems and a central repository owned by PHE. The project will facilitate PHE in providing an information service (high quality digital advice) at point of care (maternity) for new and expectant parents. This work is being commissioned, and funded, by PHE and aligns with the PHE Marketing Strategy (addressing key public health issues, increasing quality and cost-effectiveness and being evidence based) as well as being a direct ministerial requirement (Dan Poulter) to provide direct access to a coherent service at point of care for this patient group.
P0055/00	Maternity and Childrens Datasets	To collect and report on data for maternity, child health and adolescent mental health services.
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P0294/00	National Tariff System (NTS)	The National Tariff System programme will provide national solutions that implement the national payment system as defined by NHS England and Monitor.
1 025 1,00	reaconar raini system (1115)	This will be achieved via implementation of a national system and enabling products which initially provide core PbR functionality for hospitals providing NHS care.
		Over the longer term it will deliver emerging national policy requirements and meet additional business requirements of users.
P0026/00	NHS Choices	NHS Choices (www.nhs.uk) acts as the digital gateway and public front door to the NHS, transforming the delivery of health and social care to one that is patient-centred, personalised and accessible to all.
20329/00	NHS eProcurement Solution	An eProcurement Programme to deliver the National NHS eProcurement Infrastructure for the Department of Health's NHS eProcurement Strategy. The Department of Health will provide the required funding. This is expected to be transferred via the GIA (Grant in Aid) budget.
P0238/00	NHS e-Referral Service Programme	The NHS e-Referral Service Programme will deliver an open, modern, electronic referral service, improving patient outcomes and delivering paperless referrals by 2015.
P0196/00	NHSmail2	The NHSmail 2 Project is to replace the existing NHSmail service. The project is tasked with procuring a new service and transitioning the users and services onto this service from the current Vodafone platform.
P0037/00	Offender Health IT	To deploy a clinical system to all prisons in the South and London so that they can link up with existing deployment plans in NME to form a national network. The system chosen TPP SystmOne, provides a single patient record whi is allowing patients information to be transferred when they are moved around the prison estate. Thus providing continuity of care and improving health care for prisoners as well as working environment for staff.
P0377/00	Open Source Evaluation Project - OpenPACS	HSCIC will provide advice, guidance and management in support of NHS England's Open Source workstream, primarily in relation to PACS, optionally RIS and VNAs (duration - 3 months initially with an option to extend another 3 months).
P0033/00	PACS Exit Programme	Development and deployment of the PACS (Picture Archiving And Communication System). Overarching programme to manage the PACS sub-programmes.
P0341/00	Social Care Informatics Study (SCIP) Project	The purpose of this project is to determine the feasibility, identify and prioritise candidate opportunities and develop an outline roadmap for the development of standards in ASC for the increased collection and sharing of client level data.
P0181/00	South Acute Programme	21 NHS organisations are participating in the South Acute Programme working as six collaborative groups. Trusts within each collaborative are procuring common Commercial off the Shelf (COTS) clinical systems. These clinical systems are being selected to meet each groups local requirements and include full integrated Electronic Health Records, Clinical Portal, Electronic Document Management (EDM) and ePrescribing solutions. It is anticipated that all the groups will have signed contracts by the end of May 2015.
P0182/00	South Ambulance Programme	To procure clinical solutions for the Southern Ambulance Trusts which do not currently have these solutions under the BT LSP solution.
P0183/00	South Community and Child Health Programme	To procure clinical solutions for the Southern Community and Child Health Trusts which do not currently have these solutions under the BT LSP solution.
P0049/00	Spine	To provide the national Spine infrastructure to support national systems such as Demographics, EPS, PSIS. The Spine contract provides key components of the overall architecture for the NHS Care Record Service (CRS).
P0050/00	Spine 2	The provision of the existing Spine Services to be re-procured using the new Government ICT strategy framework, using internal and 3rd party resources.
P0321/00	Strategic Capability Platform (SCP) P1	A public commitment has been made to extract primary care data from GP Systems in early 2014 and to link and disseminate that data in anonymised form from July 2014. This, along with other short term commitments associated with programmes, including care.data, results in a requirement for a new Interim Platform to meet the requirements of NHS England as Lead Commissioner ahead of any significant investment in the Strategic Capability Platform. The Strategic Capability is planned to be the platform that enables the HSCIC to carry out its statutory requirements for the processing and dissemination of data in a safe and secure environment.
P0051/00	Summary Care Record	Delivery of the SCR which supports urgent and emergency care settings, providing information to authorised health care professionals to support care where no information is currently held about a patient, for example in out-of-ho settings, emergency departments, treating temporary residents and emergency admissions to secondary care.
P0042/00	SUS Live Service	SUS is the single, comprehensive repository for healthcare data in England which enables a range of reporting and analyses to support the NHS in the delivery of healthcare services. SUS is used for a number of purposes, these include: Healthcare planning Commissioning services Payment by Results Improving public health Developing national policy The HSCIC is responsible for managing the SUS service, and uses the data collected across the whole of the NHS to produce national healthcare statistics. The HSCIC is able to link data from SUS and other data sources to provide rich picture of patient care in England.
P0335/00	SUS Transition	Responsible for the delivery of interim tactical solutions to ensure business continuity from the end of the BT SUS contract. This will include system data and user transition.

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