

---

LETTER TO PRACTICES FROM DAN CORFIELD DATED 26 SEP 09

*Dear Colleague*

*As you may be aware, I am undertaking to visit all practice manager group meetings in the near future to update you on some general IM&T developments, however in the meantime there are a few highlights to mention. I look forward to seeing you all at these meetings, the county practice managers' events later in the year, and as required on an individual basis.*

Remote Access

Over the last couple of years the demand for secure remote access to GP surgeries has been increasing. While there are a number of commercially available products available, few - if any - have met the minimum security standards required to protect both surgeries' commercially sensitive information (such as financial accounts, personnel files, etc) and patient records. NHS Gloucestershire has been investigating some of these potential solutions in recent months – while the area of remote access is not one that falls within PCT-funded projects or the Core Specification, there is a clearly a role in helping surgeries to identify what is suitable.

We have finalised trials of a specific software solution (“Away From My Desk” [www.awayfrommydesk.com](http://www.awayfrommydesk.com)) to establish suitability for use in GP surgeries. The software uses several layers of security, starting with a thumb-print scan, and followed by industry leading data encryption technologies, to provide access to an available PC in the surgery and to take remote control of it. This will allow access to email, the clinical system, and any other software on that PC as well as files on the network.

In addition to the obvious use of this software to enable work from home and increase overall workforce flexibility, the solution can be used in care and nursing homes, schools, etc – wherever there is a PC with web access and a spare USB port. In addition, there are potential benefits for use within a pandemic flu or similar scenarios.

The solution is also exceptional value for money for surgeries – while the normal cost is £15 per person per month, this price drops to just £9 when we have 40+ people using it, and then to just £7.50 at 100+ users, and includes the finger-print device, the software and full support. There are some solutions out there that don't have ongoing costs, but they carry extreme risks to surgery data due both lack of necessary security, and lack of business support.

To achieve the initial 40% saving, the PCT has coordinated the first 40 names and these have been passed on to the supplier to get the ball rolling. Away From My Desk will now contact surgeries to initiate the business relationship, installation and billing arrangements.

This is an exciting development for Gloucestershire's GP surgeries, addressing a long-standing business need that, while outside of the PCT's ability to fund, will clearly have benefits for the surgeries' working patterns and flexibility.

IT Services

A new contract with IT Services is in the final negotiation stages – confirmation and Service Levels will be published as soon as possible. In the meantime, there are two minor items to mention:

1. Please remember to provide as much contact and availability information to the Service Desk when you get in touch, and ensure you obtain an Incident number – if the Service Desk colleague you speak to does not remember to provide this, please ask them for it.
2. It is generally appreciated that there are sometimes delays to receiving service from local IT. While it is understood that you may wish to raise a complaint under such circumstances, and may feel frustrated, please remember that the technicians who visit are there to do a job and resolve the reported issue – if you feel you have not been visited soon enough, or been given the correct prioritisation, please take this up with the Service Desk management or via me rather than the visiting technician.

### N3 Performance

As you may be aware, over the last twelve months most surgeries have received an upgraded N3 link (the data connection out of your site that connects you to the internet and the rest of the NHS). I have anecdotally heard that performance of these allegedly improved links is no better, and in some cases may actually be worse, than the previous service which itself was questionably adequate. In fairness, it is likely that many sites are running a lot of non-primary care (and non-work) data over these links, but while it would be prohibitively expensive to run full benchmarking and analysis at every site, I would be very grateful if every surgery could answer the following questions as soon as possible:

1. Whether good or bad, how does the performance of your external data connection (N3) affect the normal day-to-day running of the surgery?
2. Has the performance of your N3 link deteriorated or improved within the last 12 months, and to what degree?
3. Following on from Q.2, if there has been a change in performance, when did this become noticeable?

Many thanks!

---

### **Dan Corfield**

Primary Care IM&T Development Manager

Tel: 08454 221725

Mob: 07917 596822

Email: [dan.corfield@glos.nhs.uk](mailto:dan.corfield@glos.nhs.uk)