PACS programme
Exit wave 1
Lessons learned
WELCOME
This guide is intended as a one-stop resource for NHS trusts who are embarking on an exit from their PACS contracts.

Who is this guide for?
The 30 June 2013 saw the successful exit of 84 NHS trusts from their national picture archiving and communications system (PACS) contracts, known as the PACS Exit Wave 1.

This document provides a detailed, but user-friendly, insight into all the key areas associated with the PACS exit, drawing on the experiences of the national PACS team, NHS trust employees and suppliers. These lessons learned are designed to support you (NHS trusts) as you consider your future PACS service options and help you plan locally for your own PACS contract exits.
PACS AND RIS CDS LOCALISATION, TRANSFORMATION AND MIGRATION

Recommendations for future projects

- Plan localisation timelines for your trust against (a) the current and (b) the estimated final data volumes to give the actual localisation commencement starting point. Work backwards from this starting point to manage and include assurance planning.
- Understand what the central offering is as regards data localisation in a service and transfer agreement to exit. The central offering needs to be agreed by the central body with representation from the NHS prior to acceptance.
- Decide if transformation can run concurrently to localisation and migration, or whether this can be done linearly.
- Decide the assurance and contractual boundaries for transformation. For example, is the LSP liable if the transformed data doesn’t ‘work’ on the new system?
- Establish clear communication channels providing ‘one source of the truth’ for both outgoing and incoming information for your trust.
PACS AND RIS CDS LOCALISATION, TRANSFORMATION AND MIGRATION

Notes

- The PACS Exit Wave 1 was understood to be the largest data localisation in the world and suppliers were motivated to make this happen.
- In light of the Government objectives to put decision making into local hands, HSCIC will support NHS trusts with as much information as possible to support your local planning. However, HSCIC will challenge and escalate any decisions made that may present risk to clinical and patient safety.

Lessons

- Engage in early discussions around the amount of flexibility there is regarding adding extra capacity (for example, technical infrastructure) and lead-times.
- Accept risk based approach. Balance contractual milestones and end timelines against waiting for a ‘perfect’ solution.
- When contracting third party data specialist suppliers for localisation and migration services over N3 you will need to manage the risks carefully to avoid loss of data.
- Be mindful that if the LSP use proprietary tags in order to move to a new supplier the PACS, data will need to be converted from proprietary tags into a DICOM format.
PROCUREMENT

Recommendations for future projects

- Follow the procurement frameworks available. These are the Official Journal of the European Union (OJEU) and NHS Supply Chain (NHSSC).
- Form a consortium, but be aware of the financial overheads. Establish clear Terms of Reference for the consortium with the understanding that decisions are made on collaboration and discussion at board meetings. Ensure the meetings are attended by the right people (i.e. those who are able to make decisions such as your trust’s IT directors and clinical directors).
- Share real stories and present face to face and don’t just publish the written word for global distribution.
- Attend supplier road shows.
- Consider the benefits that can be achieved through collaboration (e.g. financial and resource savings, sharing of knowledge and skills). The building of these relationships may add to future collaborations on PACS related initiatives.
- Think about exit when creating contracts in the first instance.
PROCUREMENT

Notes
- The market was ready to take advantage of the expiry of the national PACS contract and this helped to generate a genuine competitive market.
- All trusts that chose a strategic solution were able to maintain genuine procurement competition.
- Where procurement consortia worked well, the process was driven to improve the future view of the service they were to deliver. They were run very professionally and appointed the right people, at the right executive level, with the right skills, and assigned the necessary capital investment.

Lessons
- Forming a consortium can increase your purchasing power and lead to successful procurements. However, you should be aware of the financial overheads of participating in consortia.
- Effective collaboration requires the involvement of senior executives of individual NHS trusts.
SUPPLIER MANAGEMENT

Recommendations for future projects

- Ensure that all parties are represented at face to face meetings and on teleconference calls so that decisions can be made. It’s useful to define a deputy contact for your trust should the main representative be unable to attend.
- Maintain regular contact (1-2 calls per week) and regular face to face meetings are very important (1 every 2/3 weeks). Make everyone feel like part of the same team by building personal relationships.
- An ‘unofficial’ communication channel is useful. Use the telephone and follow-up by email. Don’t rely on email all of the time.
- Incorporate an NHS only session at the conclusion of the board meeting.
- Ensure you have clear terms of reference for suppliers with regards to involvement with project board meetings.
- Think about exit when creating contracts in the first instance.
SUPPLIER MANAGEMENT

Notes

- NHS Supply Chain ran effective supplier engagement events and demonstrations where trusts can gain market knowledge.

Lessons

- NHS Supply Chain provides a value for money procurement framework as an alternative to OJEU.
- Added benefits and value can be demonstrated through supplier partnerships and supplier market share. For example, some LSPs were proactive in finding solutions for trusts that provided added value for money.
- Delays in decision making and communications can impact data migration processes to new PACS.
STAKEHOLDER MANAGEMENT

Recommendations

- Get out there and share information and lessons learned face to face - between HSCIC and yourselves, as well as sharing information with your counterparts in neighbouring NHS trusts. Be prepared to deliver the same message repeatedly.
- Ensure the level of resource to maintain regular contact and ensure that this progress is going to plan and on track.
- Where you envisage or have evidence of something that may go wrong, make use of the specialist knowledge and help available from the national PACS team on areas such as project management support. Be mindful that this is not a transfer of risk to HSCIC; it's purely a consultancy service.
- If hiring contractors for sustained periods be sure to conduct a comprehensive knowledge transfer exercise prior to contract expiry.
- Assurance teams from all parties should work closely with the national PACS team to define work packages and agree assurance work.
- Be sure to clearly document the exit responsibilities of the supplier in the contract.
STAKEHOLDER MANAGEMENT

Notes

- Exit boards provide a single point of contact and it is important that all organisations involved in the exit process attend all meetings preferably face to face and this provides an invaluable opportunity to share information immediately.

Lessons

- Meeting face to face highlights risks and encourages confidence when it becomes clear that trusts are on the right track and especially when there’s an awareness of neighbouring trusts progressing along the same path.
- Be mindful of possible delays and additional costs when asking LSPs to carry out additional work that is not contractually bound.
MAINTAINING CONTINUITY AND TRANSFER

Recommendations for future projects

- Don't plan to deliver critical tasks right up to the end contract date. Build in time tolerance if possible.
- Consider dual running of RIS and PACS to avoid 'big bang' scenarios.
- Ensure all commercial documentation is signed-off at each LSP reporting milestone by both parties (supplier and NHS trust).
- Consider all re-procurement framework options including OJEU. If time is tight, a tactical option may be to use the NHS Supply Chain short term, allowing time to consider long-term strategic re-procurement options.

Lessons

- Ask your supplier to provide you with an extensive test report listing all localised data and exceptions so that trust representatives can sign-off commercial documentation.
- NHS Supply Chain provide a fast-track re-procurement framework offering the opportunity to draw-out the existing PACS system licences together with a contract that has similar levels of service to that of the LSP contract. This provides a mechanism for trusts to buy more time; to maximise the return on investment for a further two to three years and provide comparative value for money.
PROJECT MANAGEMENT

Recommendations for future projects

- Maintain a regular weekly teleconference with the supplier as a check point meeting. Build and maintain working relationships to assist communications when there are issues to address.
- Establish an ‘informal’ communications route to discuss matters off the record should circumstances arise.
- Maintain one version of the project plan with one responsible owner (one source of the truth).

Lessons

- Issues that are escalated to be actioned can lead to delays, so build contingency into your timelines.
- Ensure that planning and tracking documentation is comprehensive and contains the essential elements to be understood by the recipients.
- The nature and impact of individual risks will mean that they are of varying interest and relevance to different groups. Maintain separate logs and decide the criteria for board escalations.
CONTACTS AND FURTHER INFORMATION

Find out more about how the national PACS team can help you plan your local PACS exits by visiting our websites, Twitter feed, blogs and bulletins.

- http://systems.hscic.gov.uk/pacs
- http://www.hscic.gov.uk/pacs (N3 connection needed)
- https://twitter.com/NHSPACS
- PACS blog
- PACS bulletin
- pacs.query@hscic.gov.uk