

iSOFT written response to questions submitted to the October 2011 Primary Care user group conference

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1. When/How will Synergy v2 be rolled out?

Synergy 2 is available for customers in Wales and Northern Ireland as they are not users of the CfH compliance modules used in England

Synergy 2 achieved CfH approval for deployment on the 5 October. Synergy 2 incorporates the updated PDS2 standard and as such it is essential that customers using the CfH compliance modules and who are therefore users of the current PDS1 implementation receive awareness of the implications of PDS2 before going live. Our Professional Services team is delivering this training. Where customers are using the Summary Care Record then CfH require that iSOFT (a CSC company) run an extended First of Type activity before Synergy 2 can be placed on full release for SCR users. This work is underway and announcements will be made once the timeline for completion is understood.

For English customers who are not using any of the CfH compliance modules then deployment of Synergy 2 will begin this month.

For information on how to get Synergy 2 please contact Paul Gilbert-Jones –  
pgilbert2@csc.com

2. Why was the release of Synergy v2 held up for more than two years? Have heads rolled over this? What is iSOFT doing to ensure that future releases aren't delayed in a similar way?

At the time of scoping Synergy 2, iSOFT took the decision to use the development to deliver three CfH compliance updates – PDS2, GP Core and GP2GP. Issues with the PDS2 specification, which required rework during the build period, and the complexity of attempting to do multiple modules in the same build caused fundamental problems to the way Synergy worked and the re-work process was both extensive and time consuming.

As a direct consequence of the above and the root cause activity undertaken iSOFT has made significant changes to the way it undertakes the process of development. These changes cover all aspects of the process from the overall management, the location of the human resources and the activities of scoping, designing, building and testing.

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3. Why can't iSOFT take the lead amongst clinical system providers and support Office 2007 or 2010 (and Windows 7) as many of us have already been using it for some years. How many more years of informal beta testing are needed?

Office 2007 is fully supported in Synergy 2.

Office 2010 and Windows 7 are going through formal accreditation processes in iSOFT (based on Synergy 2. If this process identifies any changes that may be required in the Synergy product, these will be scoped for Synergy v3.

4. CSC already has a relationship with the TPP which produces SystemOne. Does this mean that iSOFT's primary care systems can expect to be phased out?

CSC has historically been a systems integrator bringing together products from third party suppliers in to a solution and service delivered to the customer. CSC has purchased iSOFT to place product at the heart of CSC's healthcare division and is now working through the product portfolio / product strategy with the expectation that announcements will be made late 2011 / early 2012.

CSC has stated that it sees the delivery of a primary care solution to be essential for its short, medium and long term strategy to develop the company healthcare vertical in to a major force in healthcare.

5. When will we see true interoperability with other clinical systems such as EMIS, Vision and SystemOne?

iSOFT are working with EMIS and INPS in both the Open HR and MIG activities. To date there have been no live transmissions between any of the parties involved in the Open HR activity.

iSOFT supports the CfH interoperability activity and sees the development by CfH of the interoperability toolkit as being the best route for ensuring there is true interoperability between systems

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6. Integrated ICE: why can't it be made to work with different labs? (This is an issue for practices close to county boundaries, or who relate to two or more hospitals.)

A workshop involving customers to review this has been undertaken and a solution has been documented which will change Synergy to allow multiple ICE ID's to be recorded. The plan is to extend the address book to record for each lab a unique ICE ID and a unique URL. One of the labs in the address book will also be recorded as the default, so picking lists of lab will show the most commonly used lab.

The scope is currently under review to determine where it best fits within the roadmap. iSOFT recognizes this issue is causing problems for some customers, so is treating this as a priority.

7. Why is there no integrated stock-keeping for dispensing in Synergy? If iSOFT doesn't offer this then at best they may hope to retain current dispensing sites but will never gain any additional dispensing customers.

This is recognized as an area that needs to be reviewed and addressed. iSOFT has experience of dispensing and stock control systems and it may be possible to leverage this knowledge to develop a solution for Synergy. Alternatively we will identify and partner with an appropriate provider of the required functionality. As with other third party elements within iSOFT solutions this will provide a fully integrated and functionally superior solution. We are examining all options.

iSOFT will work with our clinical consultants and the user group to determine the priority of this activity

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8. The government seems to be wanting to abandon large parts of NPfIT. What difference will this make to iSOFT, and to iSOFT practices?

In England, primary care is managed through a program known as GPSoC (GP Systems of Choice). In Wales and Northern Ireland it is managed through separate organisations.

The GPSoC contract was extended earlier this year to March 2013 at which point it ceases and the funding of GP practices will be taken up by the replacement organisations proposed within the government's plans for the development of healthcare.

In Wales the contract has been extended to 2015 and an extension is expected from Northern Ireland.

As indicated in an earlier answer, CSC has purchased iSOFT to place product at the heart of its Healthcare division and sees the delivery of a primary care solution as essential to its strategy for Healthcare.

9. Bearing in mind the steady reduction in iSOFT sites, what does the company think is the critical mass beyond which it will be no longer viable to maintain a primary care system in the UK?

This is not an issue of numbers, CSC has purchased iSOFT in order to place product at the heart of its Healthcare division and sees the delivery of a primary care solution as essential to its strategy for healthcare and the expansion of its primary care base.

10. All the leading clinical systems suppliers have maintained their development team in the UK, with all the obvious advantages of domain expertise and contextual knowledge in the NHS. Would iSOFT/CSC ever consider bringing their own developers back to the UK to help regain lost ground in this respect?

iSOFT already has part of its primary care development activity run from within the UK and activities have enhanced this capability in the last year. The plan will be to augment with local staff as required in order to improve on the development and delivery of product.

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11. Why has no progress been made in developing the hosted solution so it can be part of the GPSoc Framework?

Following the deployment of the initial pilot customer iSOFT was able to demonstrate that hosting of Synergy was viable and delivered excellent performance and availability to the pilot customers.

To get to this point it was not possible to connect the pilot customers to the SPINE and they have therefore been unable to use the CfH compliance modules.

With the assistance of the User Group iSOFT has engaged with CfH to get their approval for the hosted solutions to be connected to the SPINE and ultimately for listing of hosted Synergy as a service on the GPSoc framework. This involves iSOFT submitting and CfH reviewing various documents which form part of the CfH Common Assurance Process (CAP).

A requirement placed on iSOFT was that approval would be based on the use of Synergy 2.

With iSOFT receiving CfH approval for Synergy 2 this allows iSOFT to move forward and the next steps are the immediate upgrading of the pilot customers to Synergy 2 which will allow iSOFT to finalise the approval for connection to the SPINE, and then after a period of validation that hosted Synergy will work with the SPINE for CfH to provide approval for listing on the framework.

12. Given the recent *very* long awaited upgrade to Premiere V3.0 which promised

- an increase in system speed with the move to the Firebird database
- form based ISIS
- OOH messaging
- access to online test requesting

and your failure to deliver the first three of the above in the upgrade, what would you say to Premiere customers to stop them leaving iSOFT?

Following the release of version 3 of Premiere iSOFT has seen improvements in performance so if there are customers who believe they are not benefiting in this way please log an issue with the service desk who will investigate.

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A maintenance release for Premiere is in scope and will be released during 2012.

Where Premiere customer wish now to take advantage of the functionality available in Synergy, iSOFT can perform the transfer activity through a well established and tested migration.

An update to Synergy is due during 2012 which will bring into Synergy additional elements of the Premiere look and feel.