

NHS-HE Forum

Notes and Actions from the eighth meeting on 12th May, 2005

1 Attendees and Apologies

There were 50 attendees as listed at:

<http://www.nhs-he.org.uk/Attendees%20NHS-HE%20Forum%20120505%20for%20web.xls>

2 Welcome and Background to the NHS-HE Forum

Attendees introduced themselves and indicated their particular interests. Professor Roland Rosner then summarised the evolution of the NHS-HE Forum which had been established in 2001 to discuss both network connectivity and access to content such as e-journals. At the end of 2003, it was decided that, if the Forum was to progress beyond being just a “talking shop”, a Co-ordinator would be required to support its work. Bids to both the JISC and the NHS for funds to create such a post were eventually successful and Malcolm Teague was appointed to the post from Autumn 2004.

This was the first meeting since the Co-ordinator’s appointment. The Forum’s new aim is to achieve:

- Higher profile
- Accountability to funding bodies
- Formal management of a defined programme
- Dissemination
- Expansion of Communities
- Reinforcement of NHS-HE partnership

See presentation <http://www.nhs-he.org.uk/NHS-HEForum12-05-05RR.pdf>

3 Learning so far..... NHS-HE Co-ordinator

Malcolm Teague summarised his findings and activities since taking up the post of Coordinator. The objective of what is now known as the NHS-HE Connectivity project is: “To achieve good inter-operability between NHS and Higher Education (HE) networks that enables secure anytime, anywhere access by medical, nursing and allied profession students, clinical teachers and researchers”

A number of connectivity solutions, case studies and local initiatives are already in place or under implementation. The NHS Connecting for Health Programme is a major opportunity to make advances on NHS-HE connectivity . A solution is also needed for IP video-conferencing between the NHS and HE sites.

See presentation <http://www.nhs-he.org.uk/NHSHEForum120505MT.pdf>

In the discussion it was suggested that the social care sector also needs to be considered given the growing partnership between health and social care services.

4 OPEN SESSION

4.1 David Harrison, Cardiff University

Information about the All Wales implementation at <http://www.nhs-he.org.uk/case-studies.html> is to be updated soon. There are also documents that can’t be put on the website (e.g. the security model) but anyone interested can contact him directly at HarrisonDI@cardiff.ac.uk .

There is a new initiative to set up a Videoconference gateway (for both desktop and studio-based VC) via the Lifelong Learning Network for Wales and the parallel NHS network (run by Health Solutions Wales). A North Wales Clinical School is being established as a partnership involving three higher education institutions, Social Services and Trusts. A single network infrastructure is proposed.

4.2 Tony McDonald, University of Newcastle

There is a Centre for Excellence in Teaching and Learning (CETL) involving Universities that teach health-related subjects in the North East and their associated NHS organisations. The use of Shibboleth is part of this project.

4.3 Tim Robinson, Manchester University

The North West region's NHS-HE meeting in May will be the 60th - they have been discussing connectivity since 1992. The number of students is huge, with many on placements in the region, so the demand for links across the boundary is significant. So far, each Trust has worked in isolation.. For example, NHS Trusts within 5 or 6 miles of the University of Manchester campus do not appear to be collaborating. HE-NHS communication is just one example of NHS-Internet connectivity. It shouldn't be necessary for an HEI to have multiple separate NHS connections.

4.4 Ian Wilcox, Hants CC (Hampshire & Isle of Wight partnership)

The Hampshire and Isle of Wight council partnership is aiming to provide joined up services – both at the connectivity and application levels, initial focusing on connectivity (infrastructure). They intend to redesign the network to an MPLS standard that will allow the extension of VLANS into other organisations, potentially right to the desktop. The Council network could become part of the delivery network for N3 – an approach which has the backing of N3 (BT) Board Members. The networks would still be distinct however, with further joining up at the applications level in the future.

The current approach for application sharing is the “shared secure environment”. This is a partnership extranet such that a user who is trusted to log in to the system of their own organisation is also trusted to log in to the extranet. This allows for example the sharing of a joint child protection register between social workers and NHS workers and the same holds for a social housing register. They would like to develop this through a VPN approach in future.

4.5 Jane Williams (University of Bristol) and NHS Academies in Avon, Glos & Wilts

There is to be a 50% increase in medical students, with the teaching in years 3,4 and 5 based totally within the NHS. Clinical Academies have been built on each major NHS site in Avon, Gloucestershire & Wiltshire in association with the NHS Trusts and the Universities of Bristol and the West of England. With some study units being taught 28 times, there are issues of equivalence of learning opportunity. They are trying to put a network connection in place for each site using CITRIX along the lines advocated in Andrew Cormack's paper. There is an over-arching network architecture, but work is required with each NHS Trust to deliver a local solution because each is organised differently. Flexibility is needed so that the over-arching solution can work across different NHS Trusts. A case study is being developed.

4.6 Mark Packer, Brighton & Sussex Medical School

Mark worked previously at Kings, where there was a long history of NHS and HE working together.

In Brighton, the local Trust has never worked directly with a medical school before. Students came from London in year 5 but didn't have the connectivity they had been used to in earlier years. The Trust is keen to connect to a medical school, but it is difficult to get the required level of commitment. The existence of the NHS-HE Forum is important in indicating top senior management why a high level of engagement is required, in demonstrating that it can be done and that it does meet security requirements. The documentation of standardised solution models will help to explain to colleagues what equipment is required for what functionality and to indicate the likely costs and delivery times.

4.7 Paula Procter, University of Sheffield

This was a plea to look at a multi-disciplinary approach (involving nurses, professions allied to medicine and medical students) as this improves the case for putting solutions in place.

5 An N3 to JANET Gateway

Dr Mark Ferrar, Director of Infrastructure at NHS Connecting for Health, gave an update on the N3 to JANET Gateway initiative.

Status

- No N3 to JANET connection exists today
- There are lots of connections at the local level
- NHS must request such a Gateway from BT who are the N3 National Service Provider (NSP)
- Work is currently stalled on technical design and security issues
- We need to understand local solutions and urgent needs

There have been significant organisational changes following the closure of the NHS Information Authority at the end of March. IT-related jobs were being moved to NHS Connecting for Health in Leeds and information management jobs to the Health and Social Care Information Centre (HSC-IC) which is also based in Leeds. Staff are having to make choices about relocating and many have left.

Technical Design and Security of Connection

- The technical design of a gateway was drafted prior to the end of March (with no involvement from the NHS-HE Forum other than asking about potential bandwidth requirements)
- Staff changes stalled completion
- New resources must pick this up and complete design
- The same is true for the security of connections which is the responsibility of the Information Governance team.

Challenges

- Bandwidth (site specifies x users doing y activities, size of the site - BT then decides what bandwidth is needed)
- Routing/network traversal
- Management / user & account administration
- Helpdesk / support model (e.g. knowing who to call)

They are hoping to identify a minimum number of standard gateway requirements. What are the urgent ones?

Application Access & Control

- Access to patient-identifiable data will require use of a Smart Card and strong 2-factor authentication (involving a chip and PIN card reader). RFI dtag is being considered as a possible alternative to the smart cards.
- VPN access to N3 is secured by RSA token (for NHS staff accessing from home)
- IP addressing within NHS network
 - At present there is heavy use of Network Address Translation (NAT) and Class B Private addressing: this results in traversal challenge (“we like to know where people are so that we can validate them...”)
 - IP addressing is a big issue and the debate is to be reopened.

Browser-based applications

- Smart card and Authentication infrastructure

- Legitimate Relationship Service (LRS), Role Based Access Control (RBAC), Patient consent
- Secondary User Service (SUS) - anonymised data (takes entire content of the spine and removes identifiers – allows analyses for research, monitoring and planning e.g. how many cancer sufferers in each region etc.)

[For more about Role Based Access Control, see

<http://www.connectingforhealth.nhs.uk/programmes/sus/docs/RBAC%20User%20Guide.pdf>

For more about the Secondary User Service, see <http://www.npfit.nhs.uk/programmes/sus>

6 National Library for Health (NLH)

Ben Toth, Head of Knowledge Services at NHS Connecting for Health, gave an update on the development of the National Library for Health in England.

Issues/opportunities

- Athens/Shibboleth/Single Sign On(SSO)
- Open access
- Need for shared procurement but
- Variation in value of resources (a particular journal may have more value to the research community in HE than to a practising clinician - or vice versa depending on the type of journal)

See presentation: <http://www.nhs-he.org.uk/Toth.pdf>

7 Progress Report on Access to Content

Dr Paul Ayris (Chair of the Content Group) gave an update. (See presentation: <http://www.nhs-he.org.uk/Ayris.ppt>) He is keen to find out about other cross-sectional groups such as the M25/London Health Libraries group.

Phil Leahy of Athens reported that a project has just started to enable users to link their Athens accounts, allowing them to reach all their authorised resources with just one log in. This is a pragmatic approach until joint procurement solutions are in place and should be available by end of 2005, subject to suppliers amending their systems. Paul Ayris thought that licence contracts would need to be checked although essentially the proposal only involved joining together two or more previously approved authorisations.

Action: Paul Ayris to check that contracts do not inhibit the proposed use of Athens.

Rob Ward said that If research was published in Open Access then many of the issues would disappear. Should we be endorsing this? In Holland all publicly funded research must now be published with Open Access, although it can also be published in journals. There is strong support for Open Access in both the HE and NHS communities but these tend not to include the authors of articles. The kudos of publishing in quality journals is critical for the RAE (Research Assessment Exercise) and this hurdle must be overcome. Strong support for Open Access was evident among Forum participants.

Action: Paul Ayris to draft a statement on the Forum's behalf in support of Open Access publishing.

Ann Borda of JISC reported that she has had a lot of interest in Shibboleth from publishers.

8 Arrangements for Approving Connections with N3

John Hemsley, Non-NHS Customer Business Leader, BT gave an update on the N3 implementation and the process and scope of non-NHS connections.

N3 Implementation to date:

- 58 POPs in England (plus connections to Communities of Interest (COINs) in e.g. Scotland, Essex and Cornwall)
- 4.5Gb MPLS core

- 8,600 sites already connected (April 05) – with a target of 18,000 over 3 years (= 500/month)
- 71 orders from Non NHS Customers (NNC), 34 of them are connected
- Internet is not an access route for NNC (Non-NHS Customers such as NHS Direct etc.)
- Circuits are DSL or leased, depending on need and IP range requirements

N3 catalogue of services – data services

Circuits range from 256k for a GP practice to 1Gb for a major hospital. There are two lines from each site to the N3 core one of which is a back-up.

"No connection will be allowed anywhere outside the NHS without security clearance by the NHS security team." Information on applying for an N3 connection is at: <http://www.nhs-he.org.uk/nhs.html> (see "In England" section).

BT are the systems integrator for N3 not the suppliers of all the services. There will be about 300,000 N3 users on 18,000 sites plus pharmacies, dental practices and social services connect. Pharmacies have to be connected if the Electronic Transfer of Prescriptions (ETP) is to be successfully rolled out nationally. This will entail working with large commercial organisations such as Tesco and Boots.

David Ingram pointed out the direct and over-lapping relationship between clinical education and the NHS - UCL pays the NHS substantial sums to provide services for medical students on out-placements in NHS hospitals or GP practices.

Roland Rosner expressed the hope that BT would take forward the development of an N3-JANET gateway as a strategic approach, rather than promoting a large number of *ad hoc* bilateral links between Universities and NHS Trusts.

9 Discussion of Priorities and Issues

- a. Work on national NHS/HE gateway(s) is crucial. Mark Ferrar agreed to set up a sub-group with support from Malcolm Teague.
- b. We need to understand more about Shibboleth. Ann Borda is to be asked to give a presentation at the next NHS-HE Forum on this. (In the meantime, for more information see http://www.jisc.ac.uk/index.cfm?name=pub_shibboleth)
- c. Security models are changing – is there a risk that the Andrew Cormack Citrix-based model will no longer be suitable? This needs to be checked as part of the work on the Gateway.
- d. Is there a need to carry clinical data and what are the benefits compared with the risks? This issue is being looked at by the UK Clinical Research Collaboration and we need to keep a watching brief on that work.
- e. How do we engage the NHS on a regional basis and at a higher level? The route is through Medical School Deans etc. The coordinator of London University Medical schools has written to the local NHS Connecting for Health lead setting out issues concerning the interface for clinical education and research. Perhaps this should be replicated in other regions.

Action: MT to match HE MANs with Local Service Provider regions in the NHS and consider supplying a template for such letters.

10 Future arrangements for the Forum

It was agreed that the Forum should continue as an "umbrella group", with both connectivity and content issues being covered. This may spawn other special interest and possibly regional groups. It would continue meeting every 6 months

Email discussion mechanisms should be investigated

11 Next meeting: later agreed as 17th November 2005

12 Action List

	ACTION	WHO
8.01	Consider how to include Social Care	RAR, MT
8.02	Set up N3 to JANET Gateway Working Group	MF, MT
8.03	Inform Paul Ayris of any existing "Access to Content" groups that are working across NHS and HE	All
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
8.06	Request presentation on Shibboleth for the next meeting	MT
8.07	Link in to the work of the Clinical Research Collaboration	MT
8.08	Map HE regional Network Operator (MAN) areas with the NHS Local Service Provider (LSP) areas.	MT
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.	MT
8.10	Investigate mechanisms for Forum email discussion	MT

Malcolm Teague
6 September 2005