

The Rt Hon Jeremy Hunt MP
Secretary of State for Health
Department of Health
Richmond House
79 Whitehall
London
SW1A 2NS

4 March 2015

Dear Mr Hunt,

Thank you for your reply to our letter of 7 February.

Whilst this clarifies a number of the issues behind the decision it also makes it clear to us that this decision is unwise and conflicts with the aims of the National Information Board Personalised Health and Care 2020: A Framework for Action, as well as with the aim of making the NHS more efficient.

Your response makes clear that Crown Commercial Service has negotiated an extremely competitive price for SMS services, yet also indicates that “costs will be reduced through devolved control, local funding and local accountability”. As it is clear that local procurement will not be at a lower price the only way in which you can be expecting a reduction in costs is through a reduction in usage, in other words a withdrawal of services from our patients.

On Page 52 of the Framework for Action under the heading “Ensuring best value for taxpayers” the National Information Board correctly states “National infrastructure should be limited and focused on those services and functions that are best ‘done once’”. SMS is surely such a service: there are no local providers with whom to negotiate good deals, the systems with which the SMS service must interface are national, and the CCS has negotiated the central procurement. Where is the logic in multiple local bureaucracies being set up in all the local organisations to re-procure from this central deal?

In your response of 23 January to our initial letter you state that SMS technology is no longer new, and this is indeed true, however the uses of SMS within healthcare and in communication with patients are far from mature. Whilst many organisations have been using the service for such basic functions as appointment reminders, others are exploring and innovating in the use of SMS to improve wider patient communication for tasks such as notification of results and improving medication compliance. These areas are still in their infancy, but if the budgets are devolved, and with the expectation of reductions in expenditure, they will inevitably be snuffed out, and with them a whole raft of potentially beneficial innovation.

We would like once again to urge you to reconsider this decision. We are more than happy to meet with you to discuss these issues further if you feel that would be helpful

Yours sincerely

Dr Geoff Schrecker

Chair, EMIS National User Group

Also on behalf of:



Ms Kathie Applebee

Chair, National Vision User Group



Dr Avish Punater

Chair, Microtest User Group



Hazel Chappell

SystemOne National User Group Chair