Local Digital Roadmap (LDR) overview – Part 2

The Berkshire West LDR Footprint

- Introduction
- STP and Digital Transformation Vision
- Universal Capabilities
- Capability Baseline & Trajectories
- Information Sharing / Interoperability
- Gaps & Emerging Priorities
- Governance for LDR Delivery

13

Agenda Item 9.

Main organisations involved

CCGs

- NHS Wokingham
- NHS Newbury and District
- NHS North and West Reading
- NHS South Reading

Local Authorities

- Reading Borough Council
- West Berkshire Council
- Wokingham Borough Council

NHS Providers

- Berkshire Healthcare NHS Foundation Trust
- Royal Berkshire NHS Foundation Trust
- South Central Ambulance Service NHS Foundation Trust *

Others

- 53 General Practices (mainly via CCG / SCWCSU) *
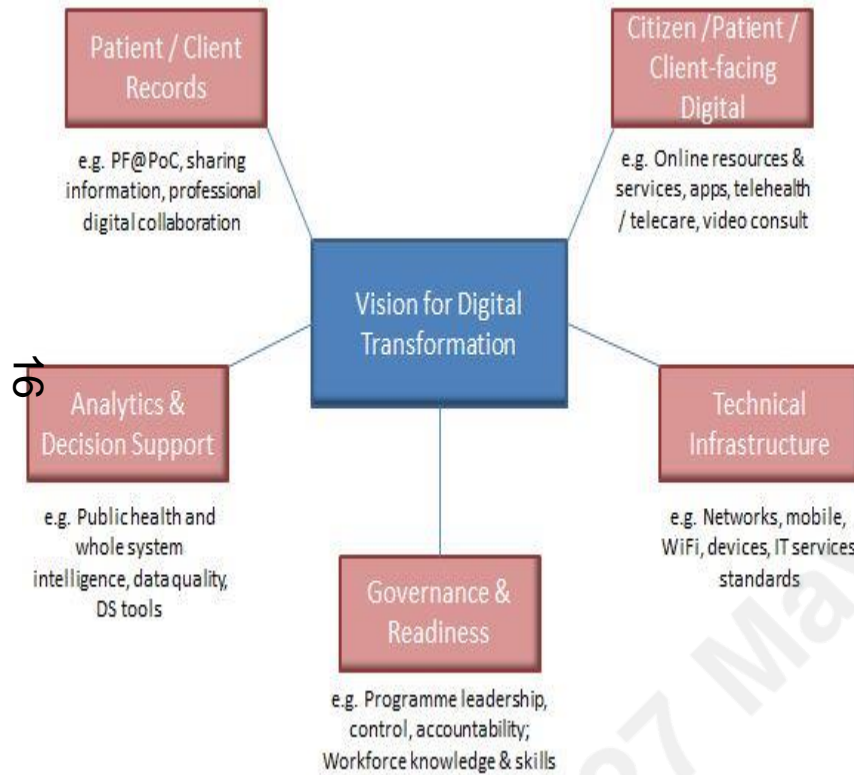- NHS South, Central and West Commissioning Support Unit

* No or incomplete information provided by this organisation

14

Digital transformation enables STP goals

Illustrative examples based on Berkshire West, Oxfordshire, Aylesbury Vale and Chiltern STP mid-April submission

STP Theme	STP Goal	Specific Objective	Digital Transformation Goals
Health and Wellbeing	Reduce inequalities	Target all services at those most in need and differentiate the service offered accordingly	Public Health departments, working with NHS England and PHE, to develop consistent datasets helping to define improvements in outcomes/ROI
	Reduce disease and deaths across the board, but particularly CVD and cancers	Tackle lifestyle factors especially inactivity, obesity, alcohol, smoking and mental wellbeing	Patient-facing digital tools to provide advice and support
Care and Quality	Tackle inefficiencies in patient experience of care	Reduce overlap and inefficiencies in access to diagnostics and supporting services along cancer pathways and specialist referral routes	Enable sharing of information across services and enhance mobile access to advice and support
	Urgent and emergency care demand - reduce variation and maintain high quality services	Manage the ebbs and flows of urgent care demand across all providers	Develop predictive urgent care model across the entire population
	Address general practice workload and workforce pressures	Enable new ways of supporting people with frailty and/or multiple long-term conditions	Increase usage and consistency of digitally-enabled self-care
Finance and Efficiency	Reduce variation in clinical decision-making to drive efficiencies	Standardise services in terms of clinical thresholds, consistency in access to specialised services, consistent approach to certain procedures	Universal adoption of standardised clinical decision-support systems and standardised pathway / referral protocols

15

Vision for Digital Transformation

Patient / Client Records
e.g. PF@PoC, sharing information, professional digital collaboration

Citizen /Patient / Client-facing Digital
e.g. Online resources & services, apps, telehealth / telecare, video consult

Vision for Digital Transformation

Analytics & Decision Support
e.g. Public health and whole system intelligence, data quality, DS tools

Technical Infrastructure
e.g. Networks, mobile, WiFi, devices, IT services standards

Governance & Readiness
e.g. Programme leadership, control, accountability; Workforce knowledge & skills

Widespread exploitation of information and IT is essential to achieve STP goals through:

- Enabling transformation of care pathways and services
- Improving whole-system care service efficiency, effectiveness and safety – right information, right place, right time
- Supporting decision-making
- Empowering patients and the public to take greater responsibility for their health and healthcare
- Ensuring confidential information is held securely and shared on a need to know basis.

*Whole system intelligence and digital transformation are key enablers for Berkshire West's vision for an **Accountable Care System***

Universal capabilities (see footprint summary table)

1. Professionals across care settings can access GP-held information on GP-prescribed medications, patient allergies and adverse reactions

2. Clinicians in urgent and emergency care settings can access key GP-held information for those patients previously identified by GPs as most likely to present (in U&EC)

3. Patients can access their GP record

4. GPs can refer electronically to secondary care

5. GPs receive timely electronic discharge summaries from secondary care

6. Social care receive timely electronic Assessment, Discharge and Withdrawal Notices from acute care

7. Clinicians in unscheduled care settings can access child protection information with social care professionals notified accordingly

8. Professionals across care settings made aware of end-of-life preference information

9. GPs and community pharmacists can utilise electronic prescriptions

10. Patients can book appointments and order repeat prescriptions from their GP practice

Universal capabilities – issues

- Many relevant digital enablers are in place (e.g. SCR, MIG, patient access from GP systems to summary and to detailed record, booking, prescriptions, EPS)

- However, overall take-up and usage levels are generally low, hence much more communication , awareness, education required amongst workforce and citizens (e.g. only 14% patients registered for online GP booking, etc)

- ERS almost 70% utilisation amongst practices; e-discharges from acute c.60% within 24 hrs; EPS currently 38% utilisation

- Some local alternatives to national solutions in use, e.g. MIG *vs* (not yet deployed) enhanced SCR, local EDM solution *vs* ERS

- No access yet by providers / GPs to the Child Protection Information Sharing service;

- Social care do receive timely electronic assessment, discharge and withdrawal notices from acute, some via secure email, not managed / integrated electronically
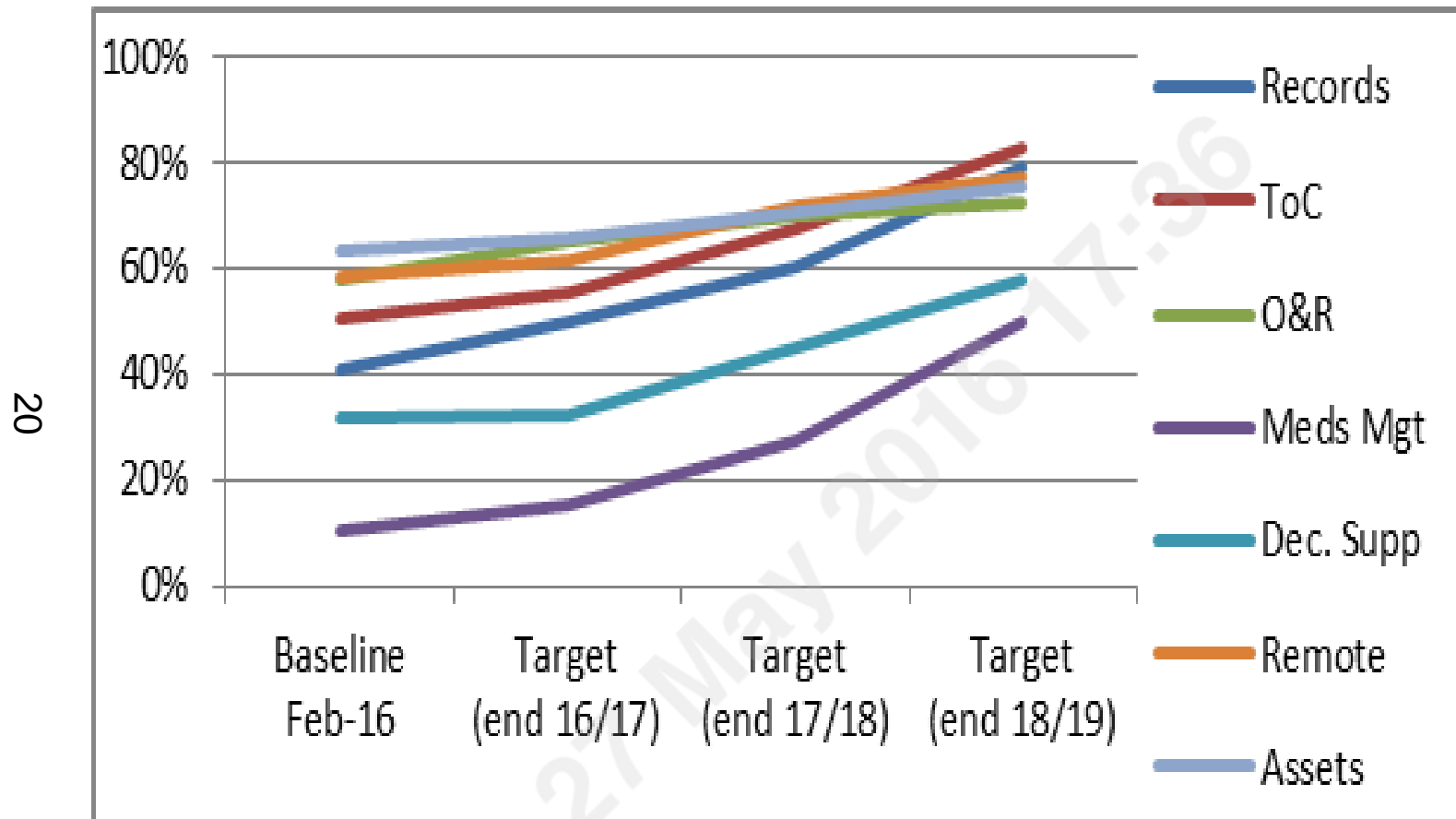
Digital maturity self-assessment: current baseline

Issue	National	BHFT	RBH	SCAS
Strategic Alignment	76%	100%	60%	56%
Leadership	77%	90%	80%	85%
Resourcing	66%	95%	45%	75%
Governance	74%	100%	65%	75%
Information Governance	73%	96%	50%	75%
Records, Assessments & Plans	44%	56%	26%	57%
Transfers Of Care	48%	59%	42%	61%
Orders & Results Management	55%	49%	66%	14%
Medicines Management & Optimisation	30%	4%	17%	29%
Decision Support	36%	30%	33%	22%
Remote & Assistive Care	32%	92%	25%	50%
Asset & Resource Optimisation	42%	81%	45%	56%
Standards	41%	46%	44%	75%
Enabling Infrastructure	68%	80%	48%	75%

19

PF@PoC capability trajectories

% scores based on average of RBH and BHFT. SCAS info not yet available.

PF@PoC capability deployment

Contains no information for SCAS

Capability	2016/17			2017/18			2018/19		
Records, Assessments & Plans	Connected Care - Sharing between Clinicians	MIG / SCR - Extend access to GP Held Information. Increased utilisation in ED	RiO BAU	Connected Care - Majority of secondary care clinicians's can access GP info	No paper records required in OP		Secondary Care - clinical documents available via Portal (e.g. Discharge Summaries)	Clinical Docs in EPR, Automated Clinical Observations	
	PAERS - take up & utilisation improved (95% enabled, 5% registered)	Social Care in integrated teams access RiO for ADT		PAERS - take up & utilisation improved (100% enabled, 8% registered)					PAERS - take up & utilisation improved
Transfers of Care			eDS – 75% received within 24 hours (ED and IP). Content aligned with standards (40%)		Internal Clinician Referrals		eDS – 90% received within 24 hours via Conn. Care portal. Content aligned with standards (50%)	Paperless Care Summaries	
	? CP-IS Implementation		Utilisation of eReferrals improved (?%)	? CP-IS Implementation completed by LA's ? Monitor utilisation			Utilisation of eReferrals improved (?%)	? Connected care - Social care receive electronic Assessment, Discharge & Withdrawal Notices	Utilisation of eReferrals improved (?%)
Orders & Results Management		Diagnostics via RBH GP Gateway	Pathology Orders, Cardiology Orders/Results						
Medicines Management & Optimisation	Improved prescribing management information through the use of Eclipse	Confirm approach/plans			e-PMA deployment? (Subject to business case)			ePMA	
	Increased take up & utilisation of EPS - offered by 85% of practices, av. utilisation 50%			Increased take up & utilisation of EPS - offered by 92% of practices, av. utilisation 65%					
Decision Support	Referral decision support & monitoring of referral patterns in place (DXS)				Details of patients with EoL preferences available on Connected Care Portal (100%)			Care Pathways & Decision Support	
		Access to e-pink slips for children by HVs - options	Access to GP Care plans (EOL and special patient notes) ??						
Remote & Assistive Technology	Video Consultations [??]		Heart failure team use telemonitoring solution to monitor trends					Virtual Clinics	
	Increased utilisation of online services - offered by all practices, 18% of patients registered			Increased utilisation of online services - 25% of patients registered, ? 6% actively using					
Asset & Resource Optimisation	Single Domain/Wi-Fi/MDM in place, supporting federated working			Extended Hours [??]		RFID Tracking		Automated Clinical Observations	
				Staff Rostering					

Key

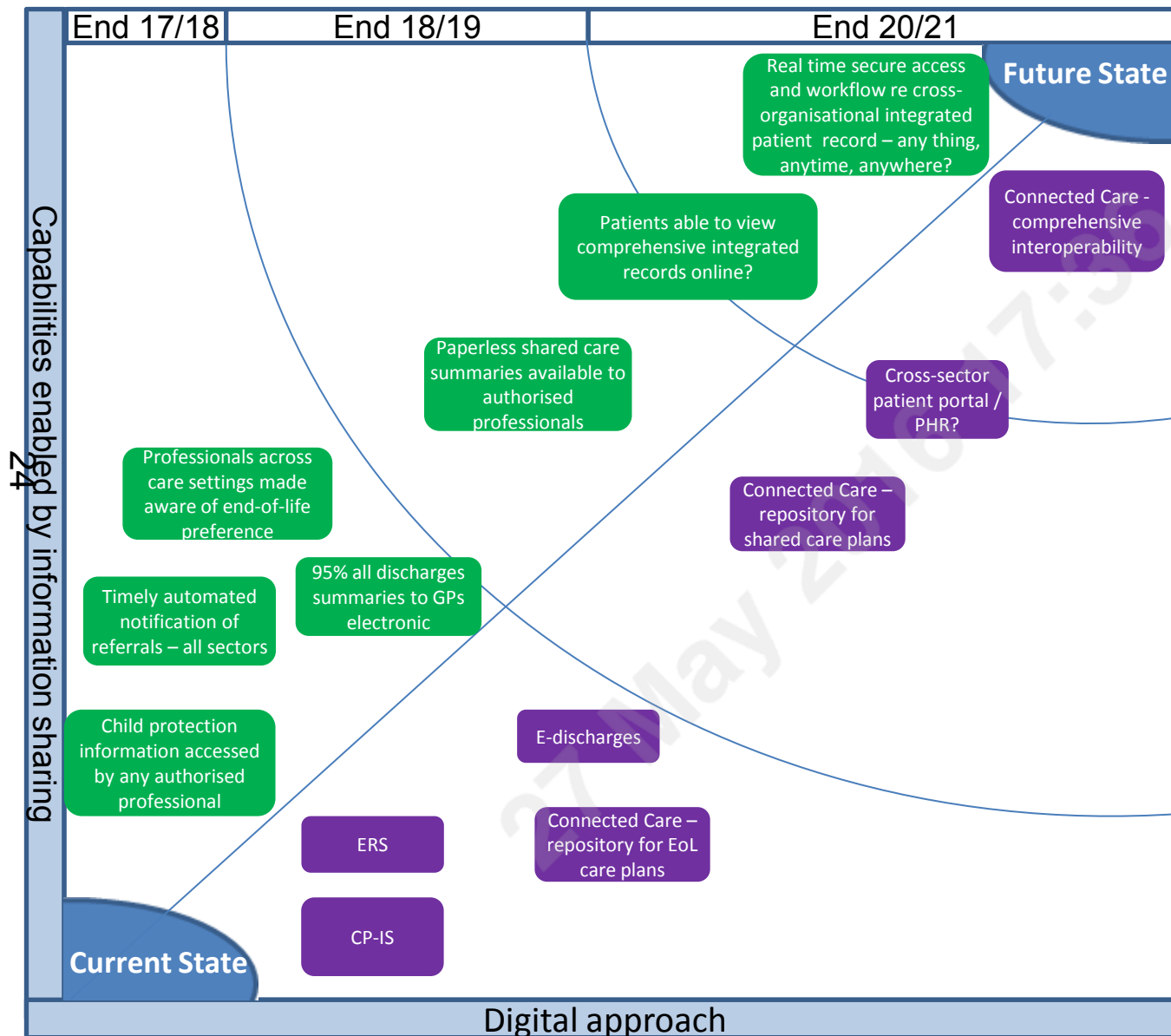| |
|---|
| Primary Care |
| RBH |
| BHFT |
| LA |
| Multi-Org |
| SCAS |

PF@PoC capabilities - issues

- DMA baseline shows each trust is generally well-placed re governance / leadership /readiness, although possible concerns at RBH re resourcing and IG

- For PF@PoC capabilities, a mixed picture – BHFT is mostly close to or above national averages, whereas the baseline for RBH indicates progress has been limited in several areas

- The capability trajectories (RBH and BHFT combined) indicate steady progress planned over next 3 years, but only 1 of the capabilities is expected to exceed 80% by end 2018/19, and two are expected to be below 60% (*cf* paperless target by 2018)

- The deployment schedule shows *some* of the milestones behind these trajectories

- Envisaged rate limiting factors include:
  - Pace of change in clinical areas
  - Varying levels of clinical engagement
  - Capacity vs scale of ambition
  - Poor network access / mobile connectivity in some areas
  - Main social care systems not easy to integrate
  - Culture of paper dependency
  - Costs vs likely capital and revenue funding availability

Patient / client information sharing & interoperability

- System-wide Connected Care Programme established in 2015. Two key objectives:
  - Interoperability and information exchange between health and social care organisations
  - Person held record for health and social care for the citizens of Berkshire

- Programme Board has representation from all 17 main partner organisations, both health and social care, accountable to the Berkshire West 10 Programme Delivery Group

- Approach - increasing levels of functionality, increasing range of data through controlled, phased process
  - Phase 1 – use MIG to allow the sharing of key data items from GP systems - DONE
  - Phase 2 – use portal for "proof of concept" for multiple organisations sharing sub-sets of data; Develop & approve business case for full portal solution - DONE
  - Phase 3 – Procurement of portal solution - DONE; 1st tranche implementation - UNDERWAY

- Several other initiatives support sharing of patient information between organisations, e.g. e-diagnostics, e-discharges, shared EoL plans, use of national systems ERS, SCR, GP2GP, EPS

- Key enablers – Governance, IG, Comms & Engagement, Infrastructure

23

Information sharing approach – first thoughts

End 17/18	End 18/19	End 20/21

Capabilities enabled by information sharing

24

Future State

Real time secure access and workflow re cross-organisational integrated patient record – any thing, anytime, anywhere?

Connected Care - comprehensive interoperability

Patients able to view comprehensive integrated records online?

Paperless shared care summaries available to authorised professionals

Cross-sector patient portal / PHR?

Professionals across care settings made aware of end-of-life preference

Connected Care – repository for shared care plans

Timely automated notification of referrals – all sectors

95% all discharges summaries to GPs electronic

Child protection information accessed by any authorised professional

E-discharges

ERS

Connected Care – repository for EoL care plans

CP-IS

Current State

Digital approach

Overall - important current gaps identified

Patient / Client Records (includes Universal Capabilities, PF@POC, Information Sharing / Interoperability, professional digital collaboration)	• Several Universal Capabilities requirements to be addressed (see above) • Limited digital support, currently, for many PF@PoC capabilities, e.g. medicines management • Comprehensive interoperability solution not yet available (Connected Care)
Citizen / Patient / Client-facing Digital	• Use of remote & assistive care technologies patchy and small scale • Diversity of apps deployed in different sectors, but no overarching strategy/plan • Limited use by patients of online services such as appointment booking • Very limited access by patients to their detailed digital records
Analytics & Decision Support	• Not routinely using primary care data for whole system intelligence • ACG risk stratification tool available, not universally used (?) • DXS pathway support tool available, not universally used (?) • Limited digital clinical decision support in trusts (see DMA scores)
Infrastructure	• Mobile IT access limited for some – e.g. no firm plans to provide mobile working to practitioners in social care (Wokingham BC); Poor mobile signal in some patches • WiFi not yet available in every general practice (but final rollout underway) • Little sharing of technical resources / expertise across organisations • No council currently has N3 connection
Readiness, Governance	• LDR Implementation Programme not yet defined (to be based on this LDR) • General digital skills of workforce need development

25

Priorities to be delivered in 2016/17

NB Priorities need further review

← *Mainly within organisation / sector*   *Mainly whole system* →

Patient / Client Records (includes Universal Capabilities, PF@POC, Information Sharing / Interoperability, professional digital collaboration)

Trusts plan / undertake further deployment of PF@PoC capabilities, e.g. e-prescribing

UC information sharing priorities (e.g. SCR, EPS, ERS, EoL, CP-IC) - further take-up and usage

Connected Care - progress deployment of initial tranches

Citizen/ Patient / Client-facing Digital

Patient awareness / encouragement re online access

Citizen/ patient / client use of digital tools and online services for self-management: Rationalise, consolidate, plan and initiate new workstream(s), possibly with neighbouring footprints, to a) focus on STP priorities / admission avoidance and early discharge / evaluation & business cases, b) deliver substantial uptake

Analytics & Decision Support

Improve data quality & standards

Improve usage of ACG tool for case management / risk stratification

Plan systematic use of GP data as part of whole system intelligence

Increase use of DXS tool (standardised protocols and pathway decision support at point of referral) to reduce unwanted variation

Further analytical tools to identify / track unwanted variation

Technical Infrastructure

Increase availability & usage of mobile devices / services

Consider benefits of further sharing aspects of IT services?

Governance & Readiness

Each organisation review its IM&T plans in light of LDR

Develop LDR Implementation Programme – new and pre-existing project PIDs / plans, roles, resources; Review LDR Programme governance and accountabilities and opportunities for working across footprints

Workforce awareness / training re use of IT, national and local systems (EPS, SCR, MIG, etc)

Priorities to be delivered beyond March 2017

NB Several developments subject to further feasibility / business cases

Mainly within organisation / sector

Mainly whole system

Patient / Client Records (includes Universal Capabilities, PF@POC, Information Sharing / Interoperability, professional digital collaboration)

- Deploy further EPR PF@PoC capabilities in trusts
- Connected Care – continue deployment, milestones linked to STP etc priorities
- Digitisation of historical paper records

Citizen/ Patient / Client-facing Digital

- Universal free WiFi access for patients
- Further uptake, at scale, for citizen/ patient / client use of digital tools and online services for self-management
- Rationalise existing sector / condition-based patient portals
- Deploy comprehensive patient portal / PHR

Analytics & Decision Support

- Continuing improvement to data quality & standards
- Whole system analytics, intelligence, modelling – further development / use , esp to support Accountable Care System
- Closer integration of DXS (pathways, forms, protocols) with clinical & e-referral systems and workflow

Technical Infrastructure

- Update & maintain core IT infrastructure
- Single sign-on from local systems to footprint-wide and national systems
- Agreements / protocols for common use of IT infrastructure (e.g. WiFi) irrespective of organisation

Governance & Readiness

- Ongoing workforce awareness / training re use of IT and national and local systems

Governance of LDR delivery

Key elements of model
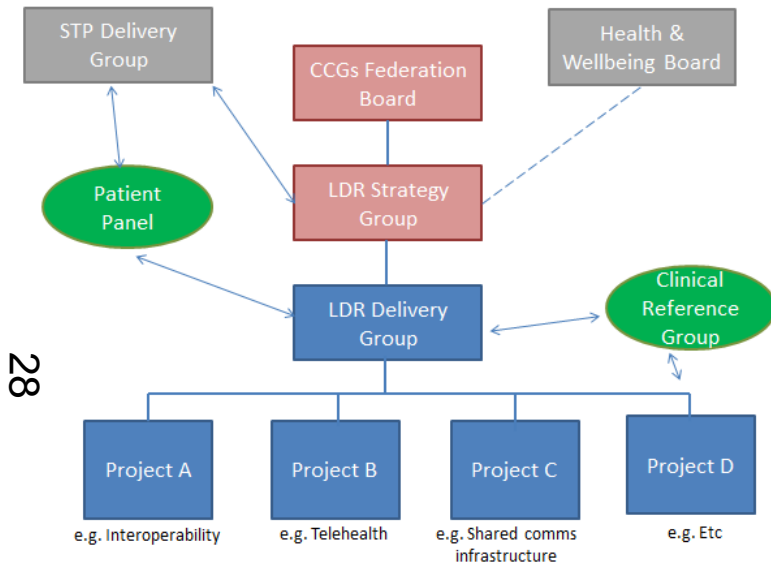
Current arrangements

Berkshire West Innovation, Technology and Information Systems Programme Board provides strategic oversight of the LDR. It has representation from CCGs, Councils, general practice, each provider trust and SCWCSU. The accountability and links for the group are shown below. The Patient Reference Group setup to provide support to the Connected Care programme will take an overview of the Digital Roadmap as a whole.

28