Rotherham CCG IT Strategy 2015 - 2016

Version 1.1

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Approvals

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Rotherham CCG IT Strategy 2015/2016

Contents:

1. Introduction and Context

This strategy has been developed to ensure that Rotherham CCG has the IT capabilities to fully support the delivery of its Commissioning Plan for 2015/16 and also reflects the emerging requirements of the new national information framework.

It is written in the ongoing context of the change in financial outlook for the NHS and the need for enabling programmes including Information Technology to drive the QIPP agenda to deliver increased Quality, Innovation, Productivity and Prevention.

The strategic developments set out in this document have been identified, developed and agreed through a series meetings and exercises with partners across the Rotherham Health and Social Care community. Consequently this strategy impacts across primary, secondary and community care as well as commissioning and will require the engagement and support of all partners to be fully realised.

The main clinical systems that are currently in use in the Rotherham Health and Social Care community are:

- General Practices - use a mix of systems supplied by TPP (SystmOne GP) and EMIS (Web)
- Rotherham Foundation Trust – Meditech and SystmOne Community
- RDaSH – use a mix of Maracis and SystmOne Community
- Rotherham Hospice – SystmOne Palliative
- RMBC Childrens and Young Peoples Services and Neighbourhoods and Adult Services – SWIFT
- Care UK – currently use Adastra

1.1 Review of Rotherham IT Strategy 2013/14

Rotherham CCG approved an IT Strategy for 2013/14 in September 2013. The strategy identified eighteen priorities for delivery over the period September 2013 to March 2015 and the implementation of this has been overseen by the Rotherham IT Strategy Group.

Key deliverables from the 2013/14 IT strategy that have been or will be met by March 2015 are:

- Development of a local clinical portal, available to all GPs, which shares data from TRFT and primary care to support the care of patients identified at high risk of hospital admission
- Deployment of a remote working system to all Rotherham GPs and Registrars
- Rollout of electronic discharge messages from TRFT to all General Practices
- Implementation of the SystmOne Enhanced Data Sharing Model
- Implementation of the EMIS Web viewer in TRFT, providing them with record viewing for all Rotherham EMIS Web practices
- Rollout of the GP2GP record transfer process in all Rotherham General Practices
- Implementation of the first stages of Patient Online programme in all practices, giving patients access to online appointment booking, repeat prescribing and a view of the their summary record
- Guidance on the use of call and recall systems for all Rotherham practices

This document provides a refresh of the 2013/14 strategy, identifying those priorities that need to be carried forward into 2015/16 and a set of new priorities for the next year.

1.2 NHS Information Strategy

The new NHS Information framework titled "Personalised Health and Care 2020: Using data and Technology to transform Outcomes for Patients and Citizens" was published on the 13th November 2014. The framework sets out a ten-year programme for transforming information for health and care so that services can achieve higher quality care and improve outcomes for patients and service users. It makes a commitment to delivering improved digital access for people to healthcare services, their clinical records and other healthcare information and to improving the sharing of information between health and care professionals.

The framework proposes a locally driven approach to decisions on systems, programmes, interfaces and applications, which will be supported by a set of nationally defined standards and definitions and clear expectations regarding interoperability. It identifies that generally the IT systems currently used in health and care lack the capacity to share information and that this lack of interoperability is a major and fundamental problem that has not been addressed successfully by previous national strategies. The framework's key commitments, relevant to this strategy, are:

- Citizens will be able to view GP records by 2015
- The SNOMED CT clinical coding system is to be adopted by all primary Care systems by December 2016
- Citizens will be able to access and write into all their health and care records by 2018
- By 2018 clinicians in primary, urgent and emergency care will be operating without paper records
- All patient care records will be digital, interoperable and accessible in real time by 2020
- Citizens will be offered a single point of access, through NHS Choices, to common digital transactions like booking appointments
- Patients will increasingly be offered mobile care records that they control the access to. A proof of concept focusing on End of Life Care and Maternity records will be carried out to test this

Further guidance on implementation of the framework will be published in June 2015. Following this NHS England will work with national and local commissioners to develop roadmaps for the introduction of interoperable digital care records and services by providers, which will be published in April 2016.

This strategy sets out how locally in Rotherham we will take forward the aims of the new framework. As the additional guidance, standards and definitions are introduced we will need to review how they impact upon our plan and take action to amend them as necessary.

2. IT Delivery

The current responsibilities and configuration for the delivery of IT services to the CCG and Rotherham's General Practices are as follows. NHS England is responsible for primary care information services. It delegates the responsibility for operational management of GP IT services to CCGs. In NHS Rotherham CCG Dr Richard Cullen the GP IT lead, supported by the Deputy Chief Operating Officer, is the responsible officer for IT services to the CCG and its GPs.

During 2014 the CGG have appointed a Head of IT, jointly with Doncaster CCG, to lead on the development and delivery of local IT strategy and manage the contract for delivery of IT services to the CGG and GPs. IT programme and project management, data quality and GP system support services are procured from NHS Yorkshire and Humber Commissioning Support (YHCU). IT services for the CCG and GPs are procured from The Rotherham NHS Foundation Trust (TRFT).

In April 2014 the IT programme and project management, data quality and GP system support services currently provided by YHCU will be taken back in house and provided by a joint team working directly for Rotherham and Doncaster CCGs.

The review of IT service provision is on-going. General Practices have been surveyed to identify any issues with their current service provision and improvements they would like considering for the future service. The feedback from this survey was supportive of continuing the provision of IT services by TRFT and we will therefore seek to negotiate a new SLA with them for the continued provision of IT services to the CCG and General Practices. It is intended that a new Service Level Agreement for the IT service provision for 2015 – 2017 will be in place by 31st March 2015.

3. Rotherham CCG IT Strategy

This strategy has been developed by consultation across the Rotherham Local Health Community. An exercise was carried out in October 2014 to identify of an initial set of strategic priorities and these have been prioritised through a survey of GP representatives held in November 2013. The final set of key strategic priorities is listed in the table below:

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This strategy is aligned to the Commissioning Plan and sets the strategic direction for IT developments over the next year. A high level programme plan for delivery of this strategy is provided in section four of this document.

Rotherham CCG will ensure when delivering this strategy that information and new technology is equally accessible across vulnerable groups. At the point of implementation of each project a full Equality Impact Assessment will be carried out and this will be subject to regular monitoring. Rotherham CCG's partners will also be required to share evidence that they have carried out Equality Impact Assessments on their developments

3.1 Electronic Clinical Letters

Aims

The enhancement of access for General Practices to clinical information generated in the acute and mental health setting is widely viewed in the Rotherham health community as one of the priority areas for the development of local system interoperability. The information sets which are held to be most important for improved access are discharge summaries and clinical letters.

This initiative would introduce the electronic transfer of clinical letters from TRFT to General Practices. It would cover letters from all services provided by TRFT with the exception of A&E and expands on the work that is already on-going to implement electronic discharge letters.

Progress so far

Electronic discharge summaries have been successfully piloted and continue to be rolled-out from the hospital to GP practices across Rotherham.

Next Steps

- TRFT will be replacing their current NOMAD system by the end of March to Meditech.
- Pilot with identified practices to review the electronic letters to determine they are fit for purpose before rolling-out to further practices.
- Roll-out electronic clinical letters to all Rotherham general practices.

Funding

There are no anticipated funding requirements to implement this initiative.

Lead Officers

Wendy Lawrence   Programme Manager

Timescale

Q4 2014/15   -   TRFT implement system change
Q1 2015/16   -   Pilot clinical letters with identified practices
Q2-4 2015/16   -   Roll-out to remaining Rotherham practices

3.2   Data Sharing

This section describes how we will share information across services to support key clinical areas and new systems that we will continue to introduce to support information sharing across the health community. To fully achieve the benefits of sharing this information it is imperative that robust governance arrangements are in place and these will be developed alongside the information systems.

3.2.1 End of Life Care (EoLC)

Aims

In accordance with national requirements, we will introduce the ability for all relevant clinicians to view the clinical information for patients on the End of Life Care register. This will provide all clinicians involved in the patient's care with the most up-to-date clinical information in order to make informed decisions, reduce risk associated with treatment and prescribing, and uphold the patient's preferences in their care.

This initiative will support the sharing of information between clinicians across systems involved in provision of the patient's end of life care.

Progress so far

Following the local EoLC summit it was agreed to develop an EoLC register based on the model developed in Leeds.

Clinical templates have been developed and deployed in both EMIS Web and TPP SystmOne using a set of standard templates for General Practice, Community Services and Hospice Services to enable consistent collection of information.

Next Steps

- Review and implement EMIS Web viewer in both the hospital and hospice to allow access to GP patient information for community nursing teams and the hospice staff
- Obtain sharing agreements from EMIS Web practices to share their data with the hospice
- Provide TPP SystmOne access for EMIS Web practices with access to EoLC community and hospice information
- Review data sharing for end of life patients across organisations using SystmOne.

Funding

It is expected that there will be a cost associated with the EMIS Web viewer for the hospice and additional licences to support the implementation for community staff. These costs will be identified when the number of licences in each care setting has been determined.

Lead Officers

Wendy Lawrence   Programme Manager

Timescale

Q4 2014/15   -   Complete deployment plan and implement viewers in the identified organisations

3.2.2 Case Management

Aims

The Care Co-Ordination Centre (CCC) supports the case management of patients who are at high risk of hospital admission that have been identified using Rotherham's risk stratification tool. Under the case management pilot GPs complete care plans for these patients and co-ordinating holistic packages of support.

The CCC need to be able to access identified patients care plans to provide the necessary advice and support for GPs. The service have identified that the current processes do not support access to all patients care plans, particularly practices using SystmOne.

The aim of this initiative is to work with the service and GP practices to review the processes to improve the ability to view patients care plans.

Progress so far

The care co-ordination centre has access to the EMIS Web viewer to enable them to view care plans for practices using EMIS Web. The service has found that generally GP practices on SystmOne have not given consent from the patient to share their record, which means they are unable to review the care plans.

Next Steps

- Review potential improvements to the process for the care co-ordination team with TRFT and SystmOne GP practices.
- Agree GP pilot(s) and complete practice guidance
- Rollout process to all SystmOne practices

Funding

There are no anticipated funding requirements to implement this initiative.

Lead Officers

Wendy Lawrence   Programme Manager

Timescale

Q4 2014/15	-	Review potential processes with TRFT and SystmOne GPs
Q1 2015/16	-	Pilot and complete practice guidance
Q2-3 2015/16	-	Support rollout to SystmOne practices

3.2.3 Clinical Portal

Aims

Rotherham CCG and TRFT are working together to develop a clinical portal that will integrate information from health and care services across the local health community. As the system is developed it will give professionals access to all the data and information they need to deliver safe, high quality care. We also aim to develop patient access to the portal allowing them a common view of their health information for Rotherham health and care services.

Progress So Far

Work on the clinical portal has been on-going since June 2015. A single view of a patient's secondary care information has been developed and this has been linked with risk stratification data to provide a system for GPs to view the hospital activity of their patients who are at a high risk of hospital admission.

The Detailed Care Record Service of the Medical Interoperability Gateway (MIG) has been procured to enable primary care data to be viewed in the clinical portal and the interface to this gateway is currently under development.

A programme plan has been commissioned from TRFT to identify how the functionality of the portal can be developed over the next two years. In addition a feasibility study to identify if the patient portal functionality can be introduced has also been commissioned from TRFT.

Next Steps

Once the interface to the MIG has been completed the system to allow GPs to view information on high risk patients will be rolled out to all GPs. The MIG data will then be linked into the secondary

care clinical viewer allowing clinicians form both primary and secondary care to see a combined view of a patient's data.

Following on from this it is intended that the clinical portal will be further developed to provide health and care professionals with a view of the information of children on the child protection register.

Funding

The required funding for the clinical portal will be identified in the programme plan commissioned from TRFT.

Lead Officers

Andrew Clayton   Head of IT

Timescale

Q4 2014/15	-	Complete MIG integration and rollout out risk tool to all GPs
	-	Agree programme plan and funding for future clinical portal developments in 2015/16
	-	Review feasibility study for development of the patient portal
Q1 2015/16	-	Commence on agreed developments

3.2.4 Medical Interoperability Gateway (MIG)

Aims

The aim of this initiative is to improve the integration of information across IT systems, using Healthcare Gateway's Detailed Care Record (DCR) service, to allow clinicians outside of primary care to obtain real-time patient information directly from the core GP record.

The DCR service currently provides eight defined views of a patient's GP record, which can be accessed and viewed over the Medical Interoperability Gateway in other clinical systems. The DCR service is being developed to provide structured data and when this is available we will determine where this will support improvements to patient care pathways.

Progress So Far

The DCR has been purchased by Rotherham CCG and is currently being accredited to use with the clinical portal as detailed in section 3.2.3.

Next Steps

- Link the MIG to the hospital portal
- Review where integration with the MIG DCR will support patient care with other organisations such as Out of Hours, the Ambulance Service and mental health.
- Once structured data is available, assess where this can be developed to support patient care.

Funding

Any additional links with organisations requires a one-off deployment charge of £2,600 plus VAT.

Lead Officers

Wendy Lawrence   Programme Manager

Timescale

Q4 2014/15	-	TRFT to develop the interface with the MIG and obtain sharing agreements form all Rotherham General Practices
	-	Review the extent of deployment for DCR version 1 across Rotherham
Q1-4 2015/16	-	Continue to review and deploy structured data via the MIG once it is available

3.3   Data Quality

The 3 initiatives below address areas where clinicians have identified that improvements to data quality are particularly important.

3.3.1 Paperlight Status and Clinical Data Quality Accreditation

Aims

The principles and standards of working in a safe and effective paperlight manner underpin the Department of Health's Information strategy which states "Better quality information and sharing information is critical to modernising the NHS and care services".

Progress So Far

There are currently 11 practices that do not hold an approved Paperlight status and 25 practices whose 3 year approval status has now lapsed. The quality of clinical data recorded within GP practices across Rotherham is of varying standards. The introduction of a revised paperlight approval process, together with the development of a Clinical Data Quality Improvement Programme, will provide the CCG with assurance in the quality of data shared by Rotherham GP practices.

Next Steps

The Paperlight approval and Clinical Data Quality process is to be developed. These processes need to then be agreed by the SCE/GPRC.

Funding

It is possible that some practices may need equipment such as scanners to enable them to work paperlight. These costs will be identified following approval.

Lead Officer

Gail Stones   Data Quality Manager

Timescales

Q1 2015/16	-	Agree the Paperlight approval process and the Clinical Data Quality Improvement Programme standards with the SCE/GPRC.
Q1-4 2015/16	-	Support to practices in implementing processes to meet those standards.

3.3.2 Digitisation of Referral Forms

Aims

The use of electronic referral forms in GP practices plays an important role in improving document and records management. One of the great advantages for the GP is the ability to complete the electronic referral form from within their practice management system, and that many fields are auto-populated, therefore cutting down on the time taken to process a referral.

In the past the development of the referral forms in Rotherham has been the responsibility of the practice. This has resulted in a disparity in the usage and quality of electronic referral forms. Improvements could be made by centralizing the development of electronic referral forms. Supporting GP practices by making a suit of standardised referral forms available for SystmOne and EMIS Web GP system users could improve and expand the use of electronic referrals

Progress So Far

A number of EMIS Web and SystmOne electronic referral forms have been developed for practices located in Doncaster and Sheffield, but have yet to be introduced to the Rotherham practice.

Next Steps

The referral forms currently used in Doncaster and Sheffield Practices will be assessed and adapted for use in Rotherham Practices. With the agreement of the members of the Rotherham IT Strategy Group, these will be shared with Rotherham practices via the Rotherham CCG web site.

Funding

No direct funding will be required to deliver this initiative.

Lead Officer

Gail Stones   Data Quality Manager

Timescales

  Q4 2014/15   -   An initial suite of referral form will be released
  Q1-4 2015/16   -   Continued development of required referral forms.

3.3.3 Review of Clinical Templates

Aims

A well designed and developed data entry template can be used to speed data entry, and ensure that all appropriate patient information is recorded consistently throughout the practice.

There are a wide range of templates in use in Rotherham however, these are of varying standard. Producing standardised templates, that are approved by a clinician, and regularly reviewed, could improve patient management, and care.

Progress So Far

Work has commenced in reviewing templates previously developed by the former Rotherham PCT Data Quality Team.

Next Steps

Implement a template request and approval process to be agreed by the GP membership.

Following agreement of the approval process approved templates will be released to GP Practices. Work will commence on developing other required templates.

Funding

No direct funding will be required to deliver this initiative.

Lead Officer

Gail Stones   Data Quality Manager

Timescales

  Q4 2014/15   -   Agree the Template request and approval process
                    -    Release of approved templates
  Q1-4 2015/16   -   Continued template review and development.

3.4 Bi-directional Messaging for Advice and Guidance/Virtual Clinic Support Between Primary and Secondary Care Clinicians

Aims

This initiative would pilot and implement the new e-referral enhanced Advice and Guidance functionality which will allow backwards and forwards dialogue between clinicians across care

settings, with the ability to add attachments and other supporting information. The system will support general requests for advice and virtual clinics. It will be possible to convert the advice into a referral and retain the clinical conversation.

Progress So Far

The e-Referral programme implementation has been delayed to the spring of 2015. We are awaiting notification of when implementation in Rotherham can commence. We have also expressed an interest in piloting the advice and guidance function in Rotherham.

Next Steps

- Work with GP members, TRFT and the national e-Referral Team to understand the new functionality
- Develop an implementation plan based on the services to be offered
- Implement advice and guidance functionality for identified services for Rotherham.

Funding

There are no anticipated funding requirements to implement this initiative.

Lead Officers

Wendy Lawrence   Programme Manager

Timescale

Q1 2015/16	-	Review e-referral functionality
Q2 2015/16	-	Pilot advice and guidance functionality.
Q3-4 2015/16	-	Rollout advice and guidance services across Rotherham

3.5 Bi-directional Tasking and Messaging Between GP and Community Systems

Aims

The aim of this initiative is to implement electronic messaging between Community Services clinicians using SystmOne Community and practice based clinicians using either EMIS Web or SystmOne GP, to support the sending of queries, tasks and other messages.

In support of this initiative we will review the native system messaging capabilities of SystmOne/EMIS Web and third party messaging solutions to determine the most effective way of providing a robust mechanism for person-to-person communications between system users.

Progress So Far

Initial discussions with GP systems suppliers regarding their capability for messaging across systems have not identified any native support within the EMIS or SystmOne for supporting cross system messaging.

Next Steps

We will carry out a survey of the market for third party solutions that can support messaging across GP and Community systems, which will lead to the development of an options paper for review by the IT Strategy Group. In parallel with this we will work with primary and community clinicians to develop and agree a requirements specification for the messaging solution that can be used to support the procurement

Funding

It is expected that funding will be required to implement this initiative if a third party messaging solution is required. Once the costs for the preferred solution are available a business case will be made to the CCG for funding.

Lead Officers

Andrew Clayton   Head of IT

Timescale

Q4 2014/15	-	Develop the requirements specification for messaging between primary and community clinicians
	-	Review the market for third party messaging solutions
Q1 2015/16	-	Options paper to be sent to the IT Strategy Group for consideration of a possible solution
	-	Business case developed for any chosen solution
Q2–Q4 2015/16	-	Implementation of solution

3.6 Review the Electronic Transfer of Clinical Letters from Out of Hours/Walk in Centre to General Practice

Aims

This initiative will engage GPs in the review of electronic messages sent from the Out Of Hours and Walk-In-Centre systems to see where improvements to the message can be made, within the capabilities of the sending systems.

Progress so far

Work on this initiative has not yet commenced.

Next Steps

- Engage with Care UK to review the electronic letter format and work with GPs to improve readability within in GP practice systems.
- Implement format changes

Funding

There are no anticipated funding requirements to implement this initiative.

Lead Officer

Wendy Lawrence   Programme Manager

Timescale

Q4 2014/15   -   Review electronic letters
Q1 2015/16   -   Implement agreed changes to format

3.7 GP Clinical System Optimisation

The work to determine the priorities for the delivery in the next year has identified that there is a requirement to provide further training to primary care clinicians in their clinical systems to ensure that they are able to use them to their full potential. The initiatives to support practices in the implementation of patient online access to their records and SMS messaging are continued forward from the previous strategy.

3.7.1   GP IT Training Needs Assessment

Aims

This initiative will see a training needs assessment, developed with GP engagement, carried out across all Rotherham practices and the subsequent development of a portfolio of IT training opportunities to meet the identified training needs.

Progress so far

Work on this initiative has not yet commenced.

Next Steps

The IT training for Rotherham GPs is provided under the IT SLA by the TRFT IT Education, Training and Development (ETD) team. We will commission this team to lead on the development of a Training Needs Assessment, working with GP colleagues, and then to carry out the assessment across all practices.

From the outcomes of the assessment a costed training plan will be prepared and presented to the IT Strategy Group for their consideration.

Funding

It is expected that funding will be required to purchase training from GP system suppliers to fulfil delivery of the Training Programme. Costs for the delivery of the training programme will be in the training plan presented to the IT Strategy Group.

Lead Officers

Andrew Clayton   Head of IT

Timescale

The timescales for delivery of this initiative will need to be agreed with the IT ETD department and will be dependent on their commitments for the delivery of other training programmes next year.

Q4 2014/15	-	Discuss and agree the scope and process for carrying out the training need assessment with the IT ETD Team
	-	Agree the time frame for conducting the training needs analysis
Q1–Q4 2015/16	-	Carry out the training needs assessment
	-	Prepare a training programme based on the findings of the assessment
	-	Deliver the training programme to all practices

3.7.2 Patient Online Access

Aims

In 2015/16, practices will be required to offer online access to all detailed information, where requested by a patient, i.e. information that is held in a coded form within the patient's medical record. This initiative will support the review of local practice processes required to support patient access to detailed care records in accordance with the clinical system capabilities

Progress so far

All practices are contractually required to have patient online access available for repeat prescribing, online booking of appointments and access to the patients' summary record (medication and allergies as a minimum) by 31st March 2015. A programme of work to support practices in the implementation of these services is on-going and all practices are expected to achieve the target.

Next Steps

- Review guidance from NHS England when it is made available to understand the impact to general practices
- Develop a plan with the data quality team and general practices to determine support requirements
- Support implementation of access to the patients' detailed record.

Funding

There are no anticipated funding requirements to implement this initiative.

Lead Officers

Wendy Lawrence   Programme Manager

Timescale

Q1 2015/16	-	Review NHS England guidance
Q2-4 2015/16	-	Develop and support implementation of access to detailed care records

3.7.3 SMS Messaging to Patients from GPs

Aims

The IT strategy for 2014/15 identified an objective of supporting all General Practices to use SMS messages, sent via the NHSmail SMS service, to notify patients of appointment reminders and test results. However, in April 2014 NHS England announced that SMS texting would not be included in the new NHSmail service from April 2015 and therefore this initiative has not been taken forward during this year. NHS England have advised CCGs and GPs that they will look to centrally provide alternative solutions for use in primary care and we are awaiting further guidance on this proposed solution.

There are many practices in Rotherham that already use the existing SMS functionality and they will need to be supported to move to the alternative solution when it is made available.

This initiative will review the guidance and options provided by NHS England for the new SMS service to understand the impacts on GP practices for communicating with patients using SMS texting services and support them in the use of the new service.

Progress so far

NHS England is reviewing options to provide an SMS texting service to replace NHS mail.

Next Steps

- Await guidance from NHS England
- Review guidance and advise GP practices already using the service
- Carry out a programme to implement SMS services in those practices not currently using them

Funding

It is expected that a replacement SMS texting service would need to be funded if NHS England are unable to provide an alternative replacement using central funds.

Lead Officers

Wendy Lawrence   Programme Manager

Timescale

Q4 2014/15	-	NHS England to provide guidance to CCGs regarding the replacement of SMS texting
Q1 2015/16	-	Support practices to implement revised SMS service arrangements as required

3.8 GP IT Infrastructure

3.8.1 Implement Wi-Fi in General Practices and Care Homes

Aims

This initiative will implement secure Wi-Fi networks in all General Practice premises in Rotherham and in all Care Homes in Rotherham, for use by clinicians. This initiative complements the GP remote working scheme that has been implemented in 2013/14 and will allow GPs to use their laptops more effectively when using them in the practice premises and in care homes.

Progress so far

A Wi-Fi survey has been carried out in all practice premises to determine the solution required in each premises and the equipment and installation services have been ordered. A pilot to test the configuration of the solution is currently in progress.

A survey has been carried out with all care homes to assess if they current have Internet connectivity and Wi-Fi networks and to identify if they will allow clinicians working from their premises to use their networks.

Next Steps

- Implement the Wi-Fi networks in General Practices
- Carry out a site visit to assess the equipment requirements for Wi-Fi solution in Care Homes
- Order Care Home equipment and install it

Funding

The funding for the GP and Care home Wi-Fi has already been secured.

Lead Officer

Andrew Clayton   Head of IT

Timescale

Q4 2014/15	- Implement the Wi-Fi networks in all General Practice premises - Carry out site visits to all Care Homes and identify Wi-Fi equipment requirements - Order Care Home Wi-Fi equipment
Q1–Q2 2015/16	- Implement the Wi-Fi solution in Care Homes

3.8.2 Connect GP Practices to the CCG Network

Aims

This initiative aims to deploy Wide Area Network (WAN) connections to all 36 general practices in Rotherham, using services provided under the Public Sector Network (PSN) framework contract. Connections will be deployed to all main practice locations and to branch surgeries where required.

The objective of this scheme is to enable the delivery of centralised high quality, secure and resilient IT services to all of the general practices in Rotherham and provide a base infrastructure for the development of further innovation and interoperability across the local health community. An old, recurrently expensive WAN network is currently in place connecting approximately two thirds of the Rotherham practices. It is expected that by deploying a new network under the PSN framework contract, that network services can be extended to all practices without significantly increasing the total network annual revenue cost.

Progress so far

A meeting has been arranged with the PSN supplier to discuss the costs for the new network.

Next Steps

- Cost the new network and determine the capital costs of installation and the annual recurrent running costs of the data lines
- Order the network solution
- Deploy the new data lines to all General Practice sites

Funding

A budget has been secured to cover the installation costs of the network. Revenue costs of the network are within existing GP IT budgets.

Lead Officers

Andrew Clayton   Head of IT

Timescale

Q4 2014/15	-	Agree the design and cost of the network with the PSN supplier
	-	Place the order for the new data lines
Q1–Q4 2015/16	-	Implement the new network in all General Practices

3.9 Electronic Prescription Service

Aims

This initiative will improve the offer of electronic transmission of prescriptions across Rotherham to practices who express an interest in using this functionality. Nationally NHS Employers and the GPC have agreed to promote that 60% of practices nationally will be transmitting prescriptions electronically using EPS Release 2 by 31 March 2016.

The benefits of EPS to General Practice include having greater control of the prescription with the ability to cancel prescriptions at any time until they have been dispensed, allowing changes to be made and resent electronically. Practices are able to trace whether the prescription has been

dispensed which reduces the risk of duplicate prescriptions being generated. Practices can also save time as there is no need to sort and file prescriptions for patients, which should also reduce the foot fall in reception as patients can go straight to the pharmacy.

Progress So Far

The expected level of EPS deployment in Rotherham at the end of March 2015 will be 33% of practices, this equates to 12 practices.

Next Steps

- Engage with practices to gain interest in implementing EPS Release 2 in 2015/16
- Implement EPS Release 2 with support from the medicines management team in Rotherham.

Funding

There are no anticipated funding requirements to implement this initiative.

Lead Officers

Wendy Lawrence   Programme Manager

Timescale

Q4 2014/15   -   Obtain interest from practices

Q1-4 2015/16   -   Implement EPS Release 2 to identified practices.

3.10 RAIDR

Aims

RAIDR (Reporting Analysis and Intelligence Delivering Results) is an information portal, allowing access to a number of dashboards. The dashboards allow practices and commissioners to access their primary and secondary care data in one place.

RAIDR will replace the functionality currently provided by MIDAS but will go considerably further in terms of making other data sources and additional functionality available.

The dashboards on RAIDR support a range of key patient management and commissioning functions including:

- Reviewing practice data quality
- Analysing cohorts of practice patients
- Practice benchmarking
- Review of contract and finance data at practice and patient level
- Management of urgent care patients and admissions avoidance

It is hoped that RAIDR will support the strategic direction of the CCG by helping to address key challenges such as rising activity levels.

RAIDR also includes a risk stratification tool to support risk based patient management and opens up the possibility of further risk based primary care work streams underpinned by RAIDRs information.

Progress so far

The implementation planning for RAIDR has commenced and the system will be rolled out on over the course of the remainder of this financial year and into the next financial year. This will be incremental with more functionality and dashboards being made available over time.

There is also work on going to develop RAIDR and further dashboards such as a dashboard focused around Dementia are in development.

Next Steps

- The pilot practices have been identified and will be adopting the system as soon as the primary care data extraction has been achieved
- The system will be rolled out to all Rotherham practices by 31st March 2015
- The risk stratification capabilities of the system will be reviewed over the period January 2015 – March 2015

Funding

Funding for the RAIDR system forms part of the contract with YHCS

Lead Officers

Robin Carlisle   Deputy Chief Officer

Timescale

Q4 2014/15	-	Agree method and governance arrangements for GP data extraction
	-	Rollout RAIDR to all Rotherham practices
	-	Review the risk stratification capabilities of the RAIDR system
Q1–Q4 2015/16	-	Implement further functionality of the RAIDR system as it is developed

3.11 Emergency Care System

Aims

This initiative will design and procure the new system for the Emergency Centre.

A new model for unscheduled care has been proposed for Rotherham which will bring all of the existing services together in a single Emergency Centre, located at TRFT. A capital development is required to house a new purpose-developed facility, coupled with work planned by TRFT to improve the emergency department, to provide a seamless, integrated emergency and urgent care service. In turn, this will bring together vital partners, including Mental Health, Social Care Services, and other agencies, integrating Rotherham's health and social care system. The new

centre will act as a hub around which a new, "joined-up" healthcare system can be developed for the whole of the Rotherham health care economy.

The Emergency Centre will provide a single urgent and emergency care system for the people of Rotherham. It will be supported by a diverse clinical team to provide responsive, quality care, ensuring the patient receives the right care, first time. 24/7 365 days a year.

The implementation of a single integrated IT solution to support the seamless flow of patients and their information through the Emergency Centre will be key to the successful delivery of the new model. The Emergency Centre system will need to communicate with other systems that support the delivery of acute, primary and community services. Delivery of a system with such a broad scope will require engagement across the health community.

The system will need:

- The ability to queue patients attending the service marked with their assigned priority and destination (Emergency Department or Next Available Clinician)
- Integration with rapid access community based services
- Integration with case management and primary care
- Integration with acute services
- Integration with the Adastra and Adastra 111 system
- The ability to show previous and current patient medication
- The ability to flag safeguarding issues
- The ability to book appointments from Out of Hours Services
- The ability to easily move patients between streams and priorities
- Be easy to use and intuitive to use

Progress so far

A task and finish group with representatives from the CCG, TRFT, RDaSH and Care UK has been established to lead on the design, procurement and implementation of the Emergency Centre IT system. This group has developed a high level specification and reviewed the potential offers from existing system suppliers.

Development of a detailed specification for the Emergency Centre system has commenced.

Next Steps

The detailed specification needs to be completed as soon as possible to support the initial contact with suppliers

A decision has been made to procure a new system using the Competitive Dialogue process. The IT task and finish group will engage in the competitive dialogue exercise during 2015 to select a supplier for the new system.

Funding

A budget of £750,000 has been allocated for the Emergency Centre system procurement.

Lead Officers

Andrew Clayton   Head of IT

Timescale

A detailed project plan for the procurement exercise has been developed. They key activities are summarised below:

Q4 2014/15	-	Agree TRFT lead for the Emergency Centre IT system procurement
	-	Prepare the Pre-Qualification Questionnaire documentation and issue it to suppliers
Q1-Q2 2015/16	-	Conduct dialogue stages with suppliers
	-	Issue final tender
Q3 2015/16	-	Evaluate tenders
	-	Award Contract
Q4 2015/16	-	Commence system implementation activities

4. High Level Programme Plan

Description	Project Lead	2014/15 Q4	2015/16 Q1	2015/16 Q2	2015/16 Q3	2015/16 Q4
Electronic Clinical Letters	Wendy Lawrence	■	■	■	■	■
EoLC (End of Life Care) Register	Wendy Lawrence	■				
Case Management	Wendy Lawrence	■	■	■	■	
Clinical Portal	Andrew Clayton	■	■	■	■	■
Medical Interoperability Gateway	Wendy Lawrence	■	■	■	■	■
Paper-light	Gail Stones		■	■	■	■
Digitisation of Referral Forms in GP Clinical Systems	Gail Stones	■	■	■	■	■
Review of Clinical System Templates	Gail Stones	■	■	■	■	■
Bi-directional Messaging for Advice and Guidance/Virtual Clinic Support Between Primary and Secondary Care Clinicians	Wendy Lawrence		■	■	■	■
Bi- directional Tasking and Messaging Between GP and Community Systems	Andrew Clayton	■	■	■	■	■
Review the electronic transfer of clinical letters from OOH/Walk-In-Centre to General Practices	Wendy Lawrence	■	■			
GP IT Training Needs Assessment	Andrew Clayton	■	■	■	■	■

Project	Owner					
Patient Online Access	Wendy Lawrence		▓	▓	▓	▓
SMS Messaging to Patients from GPs	Wendy Lawrence	▓	▓			
Wi-Fi in General Practices	Andrew Clayton	▓	▓	▓		
GP Practice Connection to Central Network	Andrew Clayton	▓	▓	▓	▓	▓
Electronic Prescription Service	Wendy Lawrence	▓	▓	▓	▓	▓
Implementation of the RAIDR Information System	Robin Carlisle	▓	▓	▓	▓	▓
Emergency Care IT System	Andrew Clayton	▓	▓	▓	▓	▓