

Progress with Information Technology

1. Introduction

Since the last update to the programme board significant progress has been made in particular areas, but challenges remain, particularly around developing an integrated patient care record.

2. Governance

a. IT Forum

The IT Forum is the governance body responsible for IT strategy covering both Shropshire and Telford CCGs, whose membership includes GPs, IT and finance, as well as representatives from patient groups and the CSU. It meets on a monthly basis. It oversees and monitors individual projects and workstreams.

b. Local Health Economy IT Forum

In addition, the *Local Health Economy IT Forum* was formed in June last year comprising representatives from:-

- Shrewsbury CCG (including patient representative)
- Telford and Wrekin CCG
- Midlands and Lancashire CSU
- Shrewsbury and Telford Hospital NHS Trust (SaTH)
- Royal Jones and Agnes Hunt Orthopaedic Hospital NHS Trust (RJAH)
- Shropshire Community Health NHS Trust
- South Staffordshire and Shropshire Healthcare NHS Trust (SSSFT)
- Shropshire Council
- Telford and Wrekin Council
- Shropdoc

It has now met three times. The objective of this broader group is to provide a forum to share information regarding individual IM&T strategies and projects, and to discuss initiatives and ideas to ensure there are co-ordinated, consistent and informed IM&T developments across the local health economy.

3. Progress Update

- 1. Tele-Consultations** – the pilot between care homes and Shropdoc is progressing well, and we anticipate it being operational by Mid-April. They will use skype for video consultations between the care home and Shropdoc. The pilot will evaluate the quality and usefulness of the remote consultations, and the impact on A&E attendances and admissions, which have been benchmarked. The IG implications of skype consultations are being addressed, including a privacy impact assessment, standard operating procedures and patient consent issues. In addition the tissue viability nurse service is also interested in a skype consultation service with care homes.

- II. Data Sharing** - significant progress has been made with Shropshire GP practices to encourage a culture of information sharing, where it is beneficial for the patient. Steve James made a presentation to the Shropshire practice managers group on November 28th 2014 on the implications of the revised Caldicott guidelines, stressing the obligation to share information. This was subsequently followed up with a simplified data sharing agreement for A&E and the urgent care centre and a joint letter from Steve James and Edwin Boreman. To date 88% of practices have signed the agreement, with the remainder now being followed up. We anticipate the final sign-up rate will be close to 100%.

4. National and Local Guidance

- “Safer Hospitals Safer Wards” (July 2013) reiterated the benefits case for adopting safe digital record-keeping as a precursor to achieving an ICR
- NHS England has set a target to achieve a paperless NHS with fully integrated digital care records across all care settings by 2018
- ICRs are an objective in the NHS Five Year Forward View (October 2014) and are included in Better Care Fund plans
- In addition commissioners are expected to develop a roadmap for the production of fully interoperable digital records, including specialised and primary care, for publication in April 2016
- NHS England guidance also requires structured, coded electronic discharge summaries should be available to health professionals everywhere, as required, by October 2015
- Locally, the objective of an integrated patient care record remains a key strand of the clinical design stream of the *Future Fit* model

5. IT Work Streams

I. Integrated Patient Care Record (ICR)

A central theme of *Future Fit* is improving communication and information flows across the whole system, including more collaborative working between health and social care. The £2.9m bid to the NHS England’s 2014 Tech Fund for a Staffordshire and Shropshire Integrated care Record was unsuccessful. The main feedback was that the proposed project was considered too large, with 21 health and social care organisations involved.

Whilst there are multiple drivers to develop an ICR locally, as outlined above, we also have to recognise that different organisations are at different starting places in the journey to go paperless. Whereas Medical Practices, along with some other providers, are very well placed, other organisations such as SaTH and the Community Trust appear to be suffering from a lack of investment in IT infrastructure going back over many years which results in there being constraints to sharing digital information in both directions. This needs to be addressed alongside any work on developing an ICR, although that work should be viewed as a potential enabler.

The ICR was discussed at the Local Health Economy IT Forum (9th March) and there remains substantial interest across the local health economy to progress this. Data integration could take the form of:-

- Viewing multiple information systems through a single portal
- Dynamic data look-up
- Daily data extracts from systems and consolidation
- Patient-controlled record e.g. patient knows best

The LHE IT forum, whilst providing expertise and knowledge sharing, does not currently have responsibility or authority from its constituent organisations to lead the development and implementation of an ICR programme. In order to gain organisational buy-in and progress a solution for Shropshire, Telford and Wrekin it is recommended that a formal project to scope out and cost a solution be established with a Chief Officer from one of the organisations as a project sponsor. The project could report to the Future Fit Board, to the System Resilience Group or could have a separately constituted board.

The challenges to data sharing tend to be cultural and organisational, rather than technical. Chief Officer sponsorship will ensure engagement at the highest level and executive authority to implement required changes. Without this approach there is a significant danger that little progress will be made as organisations will tend to focus on local projects and the wider data sharing opportunity will not be realised.

Suggested ToR for this project are:-

“To consider an ICR solution that meets the ambitions set out in the clinical design stream of the Future Fit model and identifies the options to improve communication and information flow across the Local Health Economy. To identify specific areas where multiple data sets can be brought together, evaluate the options as to how best to do this, recommend an approach and identify the benefits to patients, clinicians, care workers and the wider Local Health Economy. To consider where partnership / patient portals can be developed as an element of integration. The work will conform to national guidance and provide the required roadmap to support implementation”.

Reports and recommendations from the project team could go to the LHE IT forum and the Shropshire & Telford IT forum, which could both act in an advisory capacity in relation to the project.

II. Assistive Technology

We continue to monitor potential applications for Telehealth and remote patient monitoring where this may be cost effective in the future. Simple Telehealth text messaging (Flo) continues to be in use across the patch, including a new application for sedentary behaviour.

6. Conclusions

- I. Good progress is being made with changing the data sharing culture and improving co-operation between provider organisations.
- II. An evaluation of the value of remote video consultations using skype will be underway shortly, and feedback from this will be valuable for future development in this arena.
- III. Following the failure to get funding from the 2014 NHSE tech fund the key area we need to build momentum with is the integrated patient care record.

7. Recommendations

- I. A local integrated patient care record project is established under the auspices of an appropriate Board with a Chief Officer from one of the organisations as a project sponsor. This should provide a catalyst to drive forward the initiative, and ensure organisational buy-in at the most senior level. Appropriate resources should be identified to support this, including clinical, technical and finance. It is recognised that different organisations are at different stages of development and may require different levels of investment.