NHS
North Cumbria
Clinical Commissioning Group

NHS North Cumbria CCG Governing Body	Agenda Item
7 February 2018	10

Implementation of Digital Road Map Update

Purpose of the Report								
To update the Governing Body as to progress in meeting national targets on delivery of the Local Digital Roadmap as published by the CCG earlier in 2017.								
Outcome Required:	Approve		Ratify		For Discussion		For Information	**X**
Assurance Framework Reference: **1, Better Health** – There is a need to ensure that Cumbria's children & young people (including children looked after are kept safe and transition into health adulthood **2, Better Care** – Commission services that ensure the delivery of high quality and safe care patients **3, Sustainability** – Commission services that ensure the delivery of high quality and safe care for patients in a manner that is sustainable for the whole health economy **4, Leadership** - The CCG needs to develop and implement robust governance and management arrangements to operate in a safe and sound manner.								

Recommendation(s):
The Governing Body is asked to receive the report, recognise progress and assist where possible in encouraging other statutory health & social care organisations as highlighted to deliver on the whole system obligations.

Executive Summary:
Key Issues: Not all organisations within the North Cumbrian health & care economy have similar competencies, capacity and investment in Information Management & Technology (IM&T). Progress has been made since the last report but continued delivery to the published CCG IM&T strategy is not guaranteed with the re-organisation of acute and community services in the STP and the imminent departure of the current CCG Chief Clinical Information Officer (CCIO-Dr William Lumb).

Key Risks: Progress in delivering the whole system quality efficiencies will be delayed.

Financial Impact on the CCG: No direct impact on existing CCG IM&T budgets however a key feature of any well performing health & care economy is a mature integrated IM&T platform.

Strategic Objective(s) supported by this paper:	**Please select (X)**
Support quality improvement within existing services including General Practice	**X**
Commission a range of health services appropriate to Cumbria's Needs	
Develop our system leadership role and our effectiveness as a partner	**X**
Improve our organisation and support our staff to excel	

Impact assessment: (Including Health, Equality, Diversity and Human Rights)	**N/A**

Conflicts of Interest Describe any possible Conflicts of interest associated with this paper, and how they will be managed	**N/A**

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North Cumbria CCG Digital Roadmap Update January 2018

Introduction

The purpose of this paper is to present the year-to-date achievements of the CCG as at January 2018 against the universal priorities set by NHS England in 2016/17 reflected in the Local Digital Roadmap published by the then NHS Cumbria CCG early in 2017, being (typically) a mixture of local initiatives and national platforms (being adopted locally). Good/significant progress continues to be made.

Current Position

Universal Priority	Capability	Progress expected & achieved	Enabled by:
GP summary information utilised across unscheduled and emergency care (U&EC) settings	Records, assessments and plans	• Information on medications, allergies and adverse reactions accessed for every patient presenting in a U&EC setting where this information may inform clinical decisions (including for out-of-area patients) Full, making good progress with North Cumbria • Usage extended into MH Crisis Care, OOH services and Unscheduled Care Full • Mobile access to GP summary information Pending OOH system upgrade (no change)	Local patient solution - Medical Information Gateway (MIG), Out of Area Summary Care Record (SCR)
Patient access to their GP record	Records, assessments and plans	• All GP Practices enabled, although some not reaching 10% target. New Patient Facing Software has been rolled out to all GP Practices. Working with software supplier and NHS England to boost usage	Patient Access (National)
Electronic referrals from primary care to secondary care	Transfers of care	• Every referral to secondary care created during primary care consultation Variable currently approximately 50%. Local target 100% by end spring 2018 (On Track). • Every patient presented with information to support their choice of provider Yes • Every initial outpatient appointment booked for a date and time of the patient's choosing (from the slots available) NCUH working hard to ensure	eRS (National)
GPs receiving timely electronic discharge summaries from secondary care	Transfers of care	• All discharge summaries sent electronically from the provider to the GP within 24 hours NCUH in extended testing live to 2 practices-planning full	Correspondence Hub & MIG (Local)

		roll out in next 4 weeks or so. CPFT still scoping • All discharge documentation structured around AoMRC headings Compliant	
Social care receive timely electronic admission, discharge and withdrawal notices from secondary care	Transfers of care	• All admission, discharge and associated withdrawal notifications sent electronically from the secondary care provider to social care within standard timeframes. Full-being the national exemplar all other systems data structures are based on. In addition the entire Continuing HealthCare assessment process is now fully electronic.	Strata Pathways (Local)
GPs ordering diagnostic tests and accessing results digitally	Orders and results management	• Full including radiology	ICE and Advice & Guidance (Local)

Child protection information accessed in U&EC settings	Decision support	• Indicators of looked after status or children (born or unborn) on a child protection action plan checked for every child presenting in an unscheduled care setting with a potential indicator of abuse or neglect (including for out-of-area children) Pending-provider dependency expected complete mid 2018. • Social care team contacted whenever vulnerability is flagged Full from U&EC, pending from GP Practices complete end 2017-18 (On Track).	CP-IS (National) and Strata Pathways
Unscheduled care attendance information accessed by children's services	Decision support	• All suspicious patterns of attendance across unscheduled care settings identified by social care professionals for those children looked after or on a child protection plan. Utilising functionality in Strata Pathways developed for Central London we are rolling out an electronic notification of all child UC attendances with automated rules of escalation. Expected complete end 2017-18 (On Track).	Strata Pathways
End-of-life preference information utilised across care settings	Decision support	• All patients at end-of-life able to express (and change) their preferences to any professional carer, and know that this will be recorded and available promptly to other carers. Full via GP System (EMIS	GP EMIS Web (Local) and MIG

		Web) Care Plan templates. • All providers involved in end-of-life care routinely accessing end-of-life preference information Full technical enablement, awaiting full roll out complete end 2017-18 (CPFT fully live, pending NCUH (have options)).	
Electronic prescriptions across general practice and community pharmacy	Medicines management and optimisation	• All prescriptions electronic (unless special circumstances for medication) Full unless dispensing patients (no functionality) • All prescriptions electronic for patients with and without nominations - for the latter, the majority of tokens electronic rather than paper. Making steady progress, up to 75% of GP Practices enabled	ePS (National)

In addition please see below the existing NCCCG clinical strategy and deployment to date-being wider than any current national requirements (No change).

- All clinical activity within the health & care economy needs to be captured electronically by software systems than can currently or have the ability (in a reasonable timeframe) to interoperate, IN and OUT. In three years paper record keeping will need to be eliminated-achievable in all health sectors in the given timescale. Each provider concentrates on entering the highest quality clinical data onto clinical systems. We aim to control variability by providing a suite of electronic tools that make it easier for all users to do the right thing. **CORE EPR (EMIS Web (EW), Adastra, RiO, NCUH?)**

- There must be an underpinning platform of devices, connectivity (including wireless) and corporate enablement (including communication tools) that facilitate the free flow of health and care staff (and services) across the whole health and care estate. This includes technical linkages with Social Services and meaningful connectivity in care homes and other 3rd sector organisations. **COMMON PLATFORM**

- The ability to access relevant knowledge at the point of care needs to be available to all staff (NHS, Care & 3rd Sector) including onward navigation & referral. Service users must have meaningful access to their care record through a standard Patient Facing portal including the ability to initiate/contribute to and influence care given. **SHARED CARE RECORD, PATIENT FACING APP, e-NAVIGATION** & **e-REFERRALS**

    - The minimum amount of clinical information to enable efficient care must be available in real-time to any member of the health and care team (subject to appropriate Information Governance) working from the GP clinical record, being the de-facto aggregation system (OUT). This information should be available embedded within core provider clinical systems (interim standalone available). EW to EW enables full record sharing. EW to non-EW provides four defined data-sets (Detailed Care Record, End of Life, Anticipatory Care Planning & Special Patient Notes). To support the quality

and accuracy of records to be shared then pathways of electronic information flow between NHS and 3rd Sector providers to the GP record needs to be enhanced, migrating from paper through e-Document to e-Data set flows (IN). Data should only be created, transferred and consumed that adds value to the clinical record. **SHARED CARE RECORD (EW to EW & EW to non-EW) (OUT), e-DOCUMENTS (IN)**

- A unified clinical knowledge management tool (integrated with the core EPR where possible) will facilitate e-Navigation and e-Referrals either through the national (eRS) or local (Strata) systems. In addition **ALL** transfers of care between **ALL** providers (NHS and 3rd Sector) needs facilitating through a single electronic software platform, having a real-time database of competency/capacity and negotiated mandatory referral criteria, covering **ALL** providers and **ALL** care types (acute, scheduled, discharge etc.) within the whole health & care economy (Strata). Real time information as to provider performance, capacity, pending workload and individual pathway progress can be provided, giving an intelligent view of need and capacity in the system-allowing proactive design of further care pathways and capacity as required. Staff should only enter data once, where possible working in their own core EPR. **e-NAVIGATION** & **e-REFERRAL (eRS & Strata)**

There is existing programme and project activity designed to deliver the required transformational change to the quality and cost of health & care in North Cumbria, covering most of the above (with known outputs) including EMIS Web (GP & Community), network enhancements, Wireless for all, Record sharing (inc. Cumbria Adult Social Care) and e-Referral (inc. Navigation) all aiming for completion in Q4 2017-18. NWAS remain the significant outlier although we are rolling out End of Life views. In addition CPFT RiO (Children's/Mental Health) can now see the full shared record (same views as CHOC) but currently do not share any clinical views (project starting to enable) or send e-documents back to GP EW. No significant change with respect to NCUH although they are increasing significantly the number of live views of the basic shared record (approx. 1200 per month-should mature at 10,000 per month).

Recommendation

The Committee is asked to receive the report, recognise progress and assist where possible in encouraging other statutory health & social care organisations as highlighted to deliver on the whole system obligations.

Regretfully this will be my last report as I have been appointed as a Clinical Director (& Informatics) role within the Morecambe Bay Health economy and have been obliged for time pressures to resign from NCCCG employment.

Dr William Lumb CCIO NCCCG February 2019