

# Annual Clinical Assembly Conference: CCG Digital Roadmap workshop 17 March 2016

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## Workshop overview



**National Intent and Overview: where are we now**



**Digital Maturity Assessment: Meaning and Next Steps**



**Developing your Local Digital Roadmaps**

- Purpose and Capabilities
- Content and Linking to your STP



**Finance Update**



**Timeline and Key Actions**

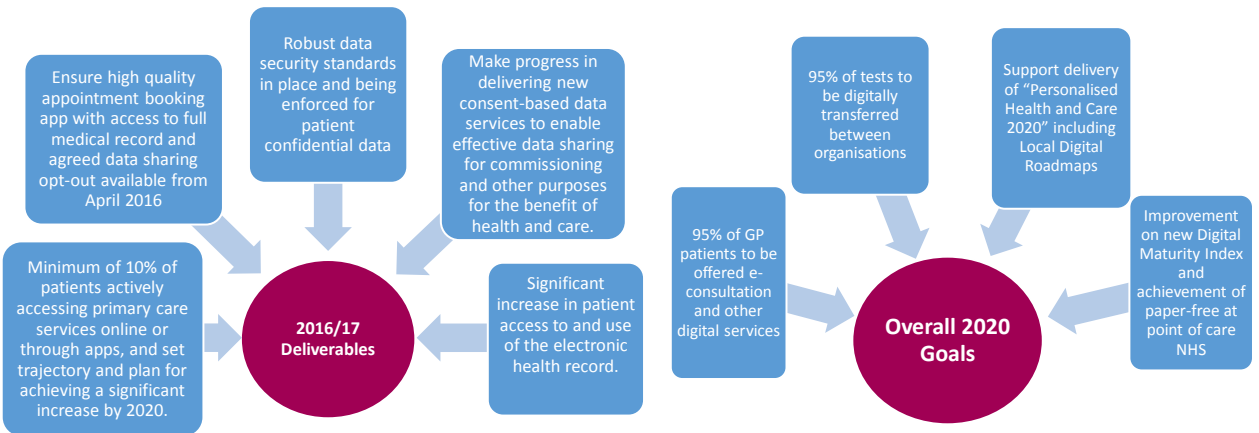
# National Intent

## NATIONAL INTENT



5 year forward view set three main challenges for information and digital strategy:

- Close the health and wellbeing gap
- Close the finance and efficiency gap
- Close the care and quality gap



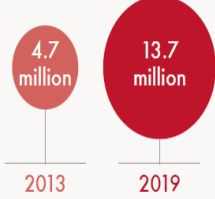
# THE OPPORTUNITY

Nuffield healthcare –Delivering the benefits of digital healthcare, 2016

## Telehealth



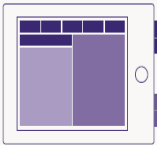
in the UK were commissioning telehealth services in 2013/14: a total spend of £15.2 million in that year.



Just 14% of over-65s in the UK have access to telecare services (e.g. fall alarms etc)

4.7 million people in Europe used a connected care system in 2013. This is projected to grow to 13.7 million by 2019.

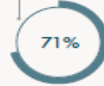
## Electronic health records



Over 96% of GP practices have installed digital clinical record systems

But under 4% offer patients online access to their records

In 2015



of all UK citizens had a smartphone



of adults used the internet



The average adult spends almost 2 hours a day online on a smartphone



33% of users see their smartphone as the most important device for going online

But only 2%

of the population report any digitally enabled transaction with the NHS



43,000 medical apps are now available on iTunes



50% of the UK population use the internet for self-diagnosis, while

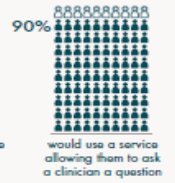
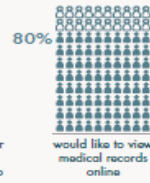
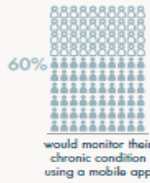


500 million people around the world will use a healthcare app this year

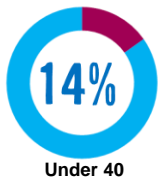
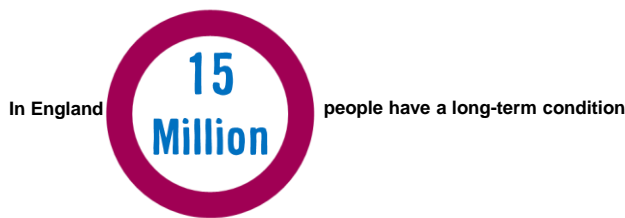


75% search the web for health information

A 2012 survey of 7,000 patients found that



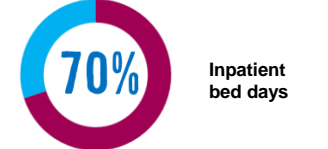
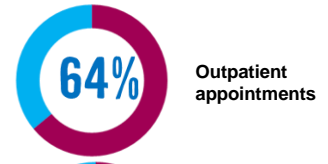
# LONG TERM CONDITIONS AND MULTIPLE MORBIDITY



Most individual long-term conditions are more common in people from lower socio-economic groups, and are usually more severe even in conditions where prevalence is lower.

<http://www.kingsfund.org.uk/time-to-think-differently/trends/disease-and-disability/long-term-conditions-multi-morbidity>

PATIENTS WITH LTC



# THE STEPS



1.

Confirm a **Footprint** detailing the partners and the governance arrangements to drive the local health and care system to become paper-free at the point of care



2.

Providers baseline and benchmark progress towards being paper-free at the point of care using a new **Digital Maturity Self-Assessment Tool**



3.

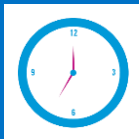
Create a **Digital Roadmap** outlining the steps (operational and strategic) to be taken towards being paper-free at the point of care



4.

Embed the **Digital Roadmap** as a core foundation of your **Sustainability and Transformation Plans**

# DIGITAL MATURITY METRICS



## READINESS

Are providers set up effectively to deliver paper-free at the point of care?



## CAPABILITIES

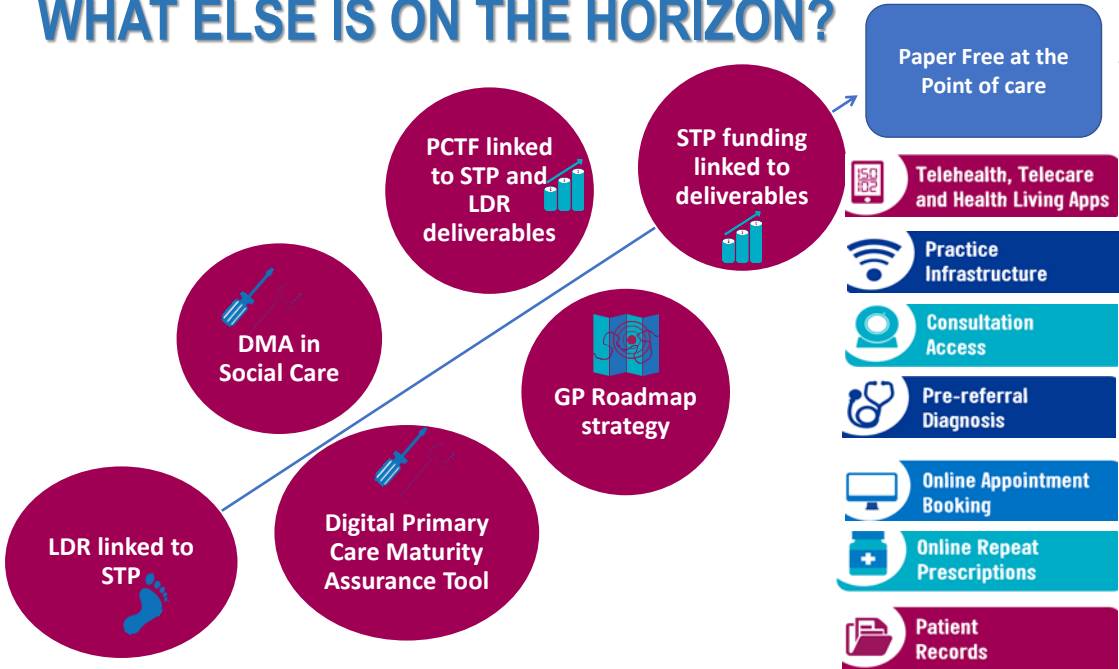
Do providers have the digital capabilities they need to deliver paper-free at the point of care?



## INFRASTRUCTURE

Are the underpinning technical enablers in place to deliver paper-free at the point of care?

# WHAT ELSE IS ON THE HORIZON?



## Your Local Digital Roadmap

# THE PURPOSE OF THE LDR



## Strategic objectives:

- Support **Sustainability and Transformation Plans** to address three 'national challenges':
  - (i) closing the health and wellbeing gap
  - (ii) driving transformation to close the care and quality gap
  - (iii) closing the finance and efficiency gap
- The **STP guidance** states that the STPs should be underpinned by harnessing technology.
- LDS should address these challenges:
  - **transforming service models**, within and between care settings, using digital technology and capability.
  - plot their route to the delivery of '**paper-free at the point of care**' and outline how they will exploit digital technology and data to support transformation and secure sustainability more widely.

## LDRs will help:

- ensure there is a digital component to all transformation initiatives
- identify the board, clinical and informatics digital champions in your local community
- support local strategic decisions , prioritisation and investment, (including build/buy/share options with suppliers)
- reveal potential for common approaches to deliver underpinning infrastructure and solution architecture,
- ensure robust ongoing governance of delivery
- clarify deployment schedules, critical paths, risks and constraints, opportunities for building networks and forming collaborations, common knowledge management and benefits realisation approaches
- facilitate national investment prioritisation, identifying 'economies of scale' opportunities within a region, and supplier product roadmap development

# KEY PRINCIPLES FOR LDR CONTENT



- LDRs should cover primary, secondary (acute, community, mental health), ambulance services and social care
- LDRs should identify how we deliver the benefits of digital health care both within and across care settings
- LDRs are not intended to be a substitute for individual provider informatics strategies – accountability for many areas should continue to reside with provider CIOs
- LDRs are not intended to be a replacement for business cases – it is expected that business cases will still be required to support local investment decisions, and that they would clearly demonstrate where they align with the LDR
- LDRs will be living documents – initially, different local health and care systems will be able to articulate their medium- to long-term plans with differing degrees of certainty



# HOT OFF THE PRESS: updated universal capabilities

## 7 key capability groups

- Records, assessments and plans
- Transfers of care
- Orders and results management
- Medicines management and optimisation
- Decision support
- Remote care
- Asset and resource optimisation

## 10 universal capabilities

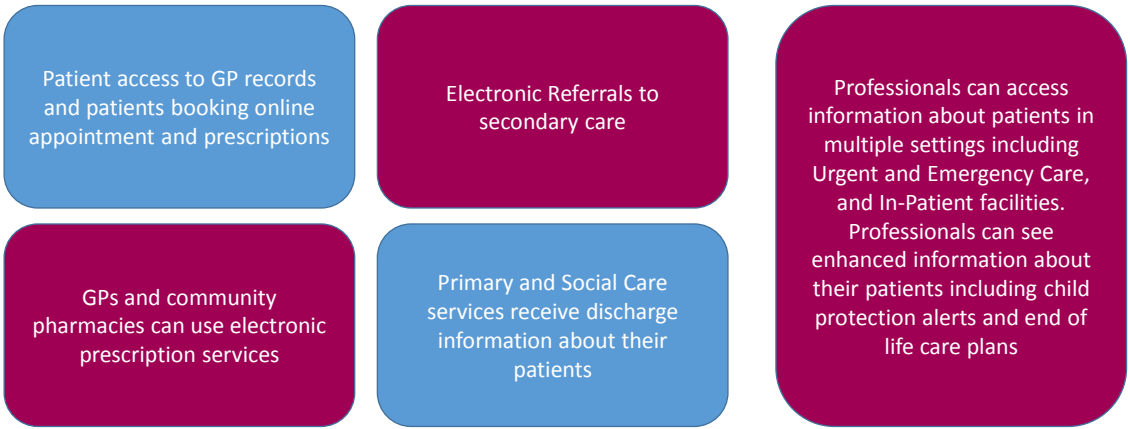
- Professionals across care settings can access GP-held information on GP-prescribed medications, patient allergies and adverse reactions
- Clinicians in urgent and emergency care settings can access key GP-held information for those patients previously identified by GPs as most likely to present (in U&EC)
- Patients can access their GP record
- GPs can refer electronically to secondary care
- GPs receive timely electronic discharge summaries from secondary care
- Social care receive timely electronic Assessment, Discharge and Withdrawal Notices from acute care
- Clinicians in unscheduled care settings can access child protection information with social care professionals notified accordingly
- Professionals across care settings made aware of end-of-life preference information
- GPs and community pharmacists can utilise electronic prescriptions
- Patients can book appointments and order repeat prescriptions from their GP practice

## 2 consolidations

- Children’s services professionals are notified of unscheduled care attendance
- Professionals across care settings made aware of information on learning disability and communication preferences

Every local health and care system will make progress against universal capabilities, demonstrating clear momentum between now and end-March 2017 and substantive delivery by end-March 2018.

# 10 CAPABILITIES –CORE GROUPING



## How do these functions link to national systems?

Universal Capabilities	National Systems offering this functionality	Finance/Incentives/targets	Rationale
<ul style="list-style-type: none"> <li>Patients can access their GP record</li> <li>Patients can book appointments and order repeat prescriptions from their GP practice</li> </ul>	Patient Online	<ul style="list-style-type: none"> <li>April 2016, 95% of GPs will be offering to patients access to their detailed coded record</li> <li>2016/17 tbc</li> </ul>	<ul style="list-style-type: none"> <li>Increased patient choice and autonomy</li> <li>Begin to allow patients to manage and monitor their own health</li> <li>Believed that GP practices would benefit from efficiency savings and better patient satisfaction.</li> <li>GP online services are seen as a starting point towards 'digital first' health service.</li> </ul>
<ul style="list-style-type: none"> <li>GPs can refer electronically to secondary care</li> </ul>	E-Referrals	<p><u>Incentives</u></p> <p>2016/17 - CCG Quality Premium</p> <ul style="list-style-type: none"> <li>£1 per head of population for achieving the threshold (20% of total)</li> <li>Threshold to achieve 80% of 1<sup>st</sup> outpatient appointments via ERS, or</li> <li>A 20% point uplift in year 2017/18 – CQUIN</li> <li>Incentivising providers</li> </ul> <p>2018/19 – Condition of National Tariff</p> <ul style="list-style-type: none"> <li>Only referrals made through the e-Referrals Service for consultant led 1<sup>st</sup> outpatient appointments to be paid for</li> </ul> <p><u>Targets</u></p> <p>60% usage by September 2016</p> <p>80% usage by September 2017</p> <p>100% usage by September 2018</p>	<ul style="list-style-type: none"> <li>Increase access to appointments</li> <li>Allow better management of capacity</li> <li>Estimated that if 100% of referrals were electronic, hospitals could save over £50m per year, enough to pay for 2,272 more nurses.</li> </ul>

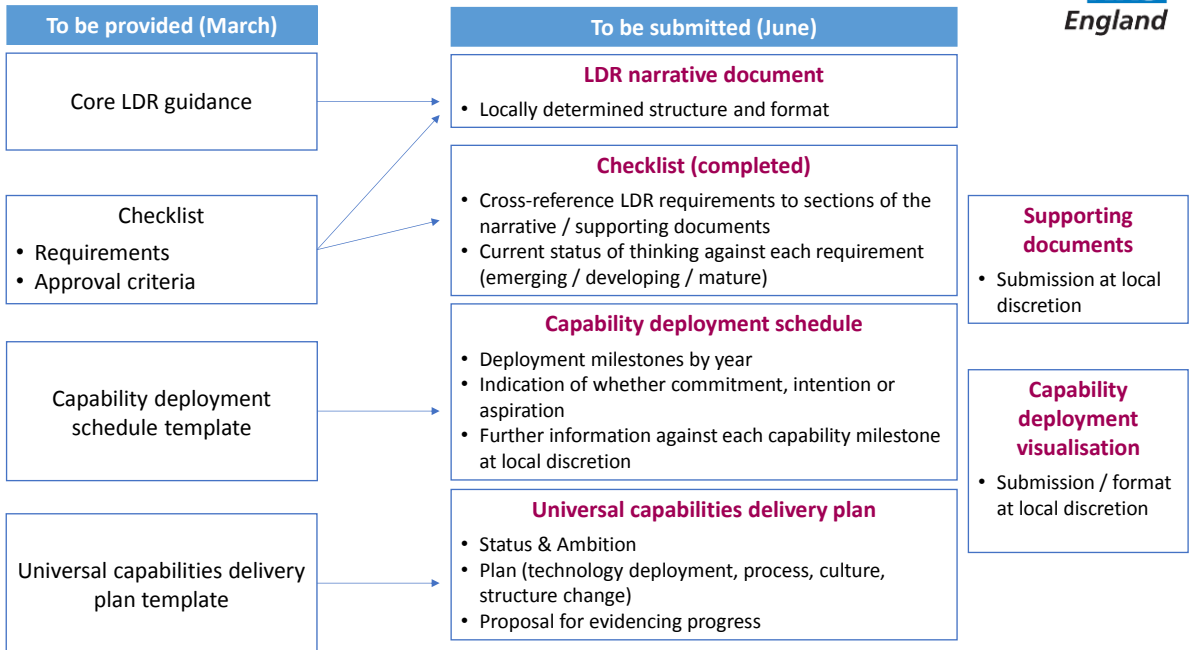


Universal Capabilities	National Systems offering this functionality	Finance/Incentives/targets	Rationale
<ul style="list-style-type: none"> <li>Professionals across care settings can access GP-held information on GP-prescribed medications, patient allergies and adverse reactions</li> <li>Clinicians in 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&amp;EC)</li> </ul> <p>Can be viewed via the SCR system if Local Authorities have added the information to the spine</p> <ul style="list-style-type: none"> <li>Clinicians in unscheduled care settings can access child protection information with social care professionals notified accordingly</li> </ul> <p>If this function is added the additional information is added with consent of patient by GP manually</p> <ul style="list-style-type: none"> <li>Professionals across care settings made aware of end-of-life preference information</li> </ul>	Summary Care Record	it is estimated that Over £7 million of benefits are realised every month through SCR use in hospital pharmacies and GP Out of Hours services.	<ul style="list-style-type: none"> <li>SCRs ensure healthcare staff have access to key information from a patient's GP record.</li> <li>SCRs support safer and more informed prescribing and the delivery of more appropriate care by providing timely access to accurate information.</li> <li>SCRs help improve efficiency and data confirms that a hospital clinician can save up to 29 minutes establishing a patients drug history when SCR's are used.</li> </ul>
<ul style="list-style-type: none"> <li>GPs receive timely electronic discharge summaries from secondary care</li> <li>Social care receive timely electronic Assessment, Discharge and Withdrawal Notices from acute care</li> <li>Social care receive timely electronic Assessment, Discharge and Withdrawal Notices from acute care</li> </ul>	Interoperability agenda including E-Discharge standards and the Transfer of Care Initiative—no specific system in place		<p>An interoperable system gives care providers the ability to:</p> <ul style="list-style-type: none"> <li>reconcile medication at the point of the patient admission to improve patient safety;</li> <li>ensure patient end of life preferences are coordinated and acted on;</li> <li>access vital summary information in emergency situations; and,</li> <li>safely transfer care between health and social care organisations.</li> </ul>

Universal Capabilities	National Systems offering this functionality	Finance/Incentives/targets	Rationale
<ul style="list-style-type: none"> <li>GPs and community pharmacists can utilise electronic prescriptions</li> </ul>	e-prescribing	None specific	<ul style="list-style-type: none"> <li>The EPS makes the prescribing and dispensing process more efficient and convenient for both patients and staff, eliminating the need for patients to visit their GP practice to collect a paper prescription, meaning also that there is no paper prescription to lose.</li> <li>The service offers patients more choice as to where they can collect their prescriptions and enables pharmacies to prepare prescriptions in advance of a patient's arrival, saving time. If a prescription needs to be cancelled the GP can electronically cancel and issue new prescriptions without patients having to return to the practice.</li> <li>The management and time involved in processing repeat prescriptions can be significant, and accounts for nearly 80 per cent of NHS medicine costs for primary care. Managing repeat prescriptions through EPS reduces cost and time.</li> </ul>

# The LDR timeline

## LDR DOCUMENTATION TO BE SUBMITTED



# System-wide Infrastructure – developing an information sharing strategy



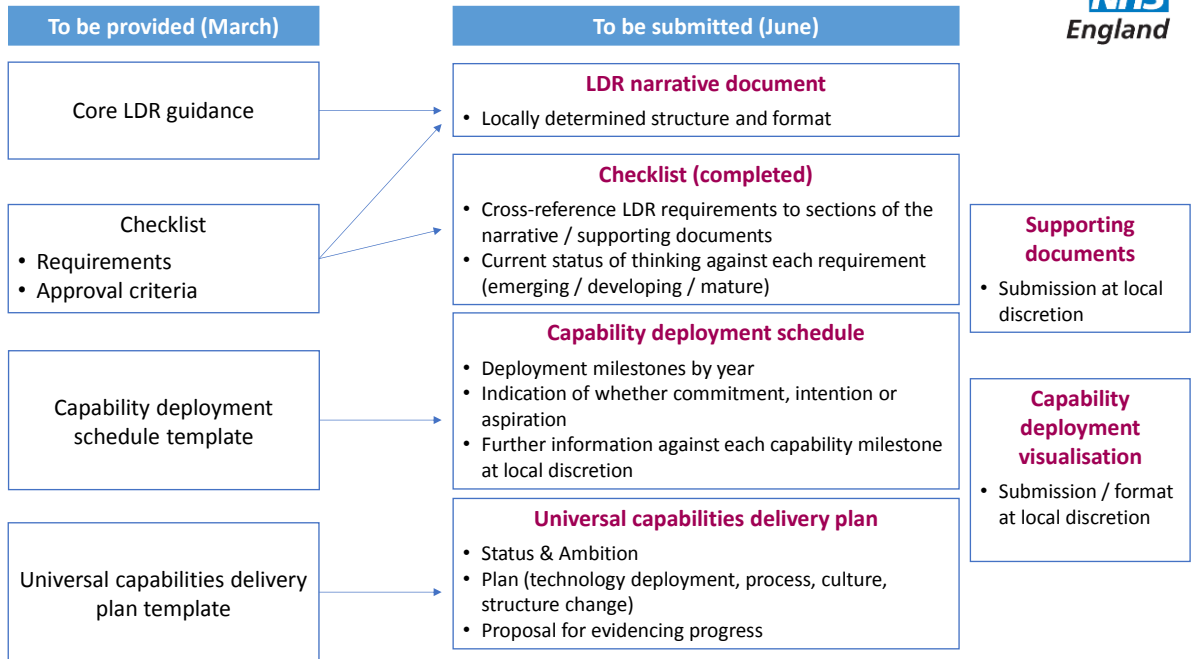
## Outline timeline of requirements

- High level architecture diagram (as-is)
  - Key information systems
  - Key information flows
- High level architecture diagram (March 2018)
  - Key information systems
  - Key information flows
- High level architecture diagram (March 2021)
  - Key information systems
  - Key information flows

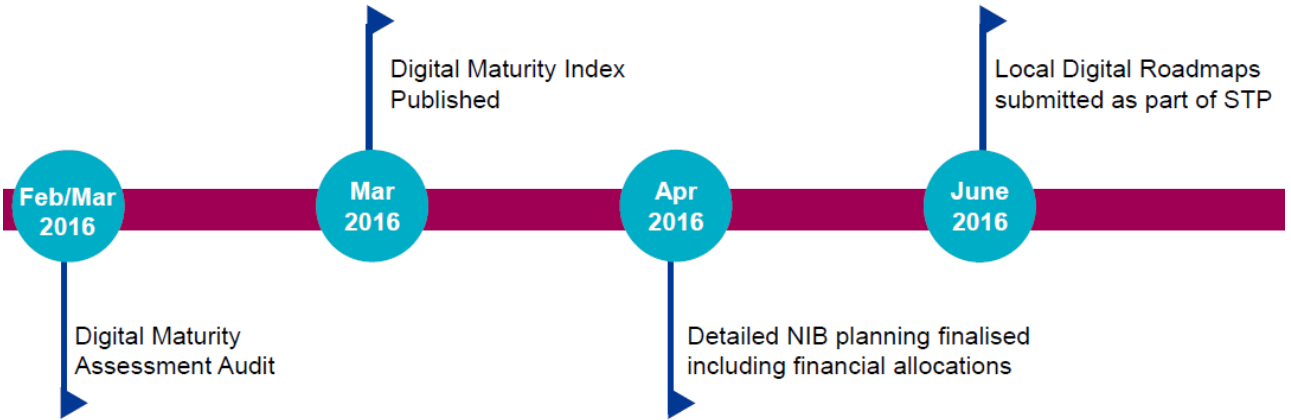
## Key aspects to consider

- NHS number
  - Current status across the local health and care system
  - Plans for bridging any gaps
- Information sharing agreement
  - Plans to achieve a common agreement by the end of 16/17, with all providers in the system signed up
- Plans for standards adoption
  - SNOMED-CT
  - dm+d
  - GS1

## LDR documentation to be submitted



# TIMELINE AND KEY ACTIONS



## Access to finances

## NHS TECHNOLOGY FUNDING



**£4.2bn** will be spent on NHS technology over the next five years



**£1.8bn** to create a paper-free NHS and interoperability for clinicians



**£1bn** on infrastructure, cyber security and data consent.



**£750m** on transforming out of hospital care, including digital primary care, medicines, social care digitalisation and digital urgent & emergency care



**£400m** to enable the NHS to become digital, including a new nhs.uk website, apps, free Wi-Fi and telehealth



**£250m** for data for outcomes and research

## FUNDING THE DELIVERY OF LDRs



**£1.8bn** to funding for paper-free at the point of care objectives over 5 years:

- **£900 million capital**
- **£400 million revenue**

### Funding for **primary care transformation**

- investment in premises or technology which will increase the capacity of general practice and out-of-hospital care
- Details to be announced shortly
- Regional team offering support and development of PIDs

### **Sustainability and Transformation Funds**

- Will be contingent on robust and clear LDRs which support deliverables within an STP



GP IT funding will continue to be allocated annually



Primary care enabling funds continues to be allocated annually



GP Operating Framework in effect from April 2018

**Any Questions?**