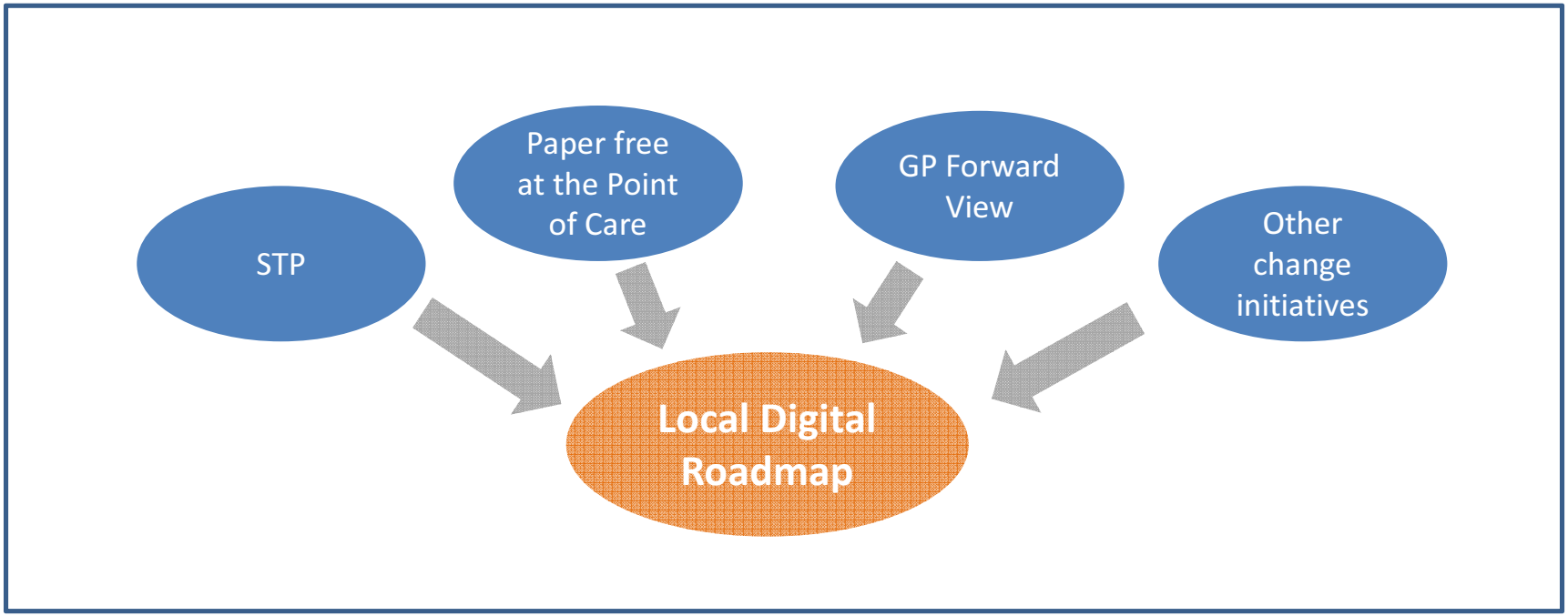
Local Digital Roadmap (LDR)

Part 1: Context

The purpose of these few slides is to enable the reader of Part 2 to better understand the background and rationale behind the LDR

Why do we need an LDR?



NHS England:

- LDR is the digital transformation element of the STP
- The approved LDR is a “gateway” to national tech funding
- Guidance requires considerable detail in LDR report

Main organisations involved

CCG

- NHS Bath and North East Somerset

Local Authority

- Bath and North East Somerset Council

NHS Providers

- Avon and Wiltshire Mental Health Partnership NHS Trust
- Royal United Hospitals Bath NHS Foundation Trust
- South Western Ambulance Service NHS Foundation Trust

Others

- Sirona Health & Care
- 27 General Practices (mainly via CCG / SCWCSU)
- NHS South, Central and West Commissioning Support Unit

What is the scope of the LDR?

Where are we going?

A vision for digitally-enabled transformation

- Consistent with STPs
- Addressing the three 'national challenges'
- 'Digital' in the broadest sense

Where are we now?

Current context for 'digital'

- Overview of current maturity
- Key recent achievements
- Key current initiatives
- Rate limiting factors

Readiness

- Leadership, clinical engagement and governance
- Change management approach
- Benefits management and measurement
- Investment approach
- Change programme architecture
- Resources for change

Capabilities

- A capability narrative towards PF@PoC and access to digital, real-time comprehensive patient information
- Capability deployment schedule
- Status and plans for optimisation of universal capabilities

System-wide Infrastructure

- Information sharing
- Mobile working
- Cyber-security
- Confirmation that providers have plans / policies / procedures in place to minimise risks arising from technology

What aspects of digital transformation?

- Focus is on whole system needs, not individual organisation needs
- LDR vision should encompass, but not be limited to:
  - Paper-free at the Point of Care (PF@PoC)
  - Digitally enabled self-care
  - Real-time data analytics at the point of care
  - Whole systems intelligence to support population health management and effective commissioning, clinical surveillance and research

LDR “capabilities” in relation to PF@PoC

AS A HEALTH AND CARE PROFESSIONAL, PAPER-FREE WILL MEAN I CAN:

NHS England

Records, Assessments and Plans

Capture information electronically for use by me and share it with other professionals through the Integrated Digital Care Record

Medicines Management and Optimisation

Ensure people receive the right combination of medicines every time

Asset & Resource Optimisation

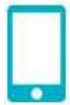
Increase efficiency to significantly improve the quality and safety of care

Transfers of Care

Use technology to seamlessly transfer patient information at discharge, admission or referral

Orders & Results Management

Use technology to support the ordering of diagnostics and sharing of test results



Decision Support

Receive automatic alerts and notifications to help me make the right decisions

Remote Care

Use remote, mobile and assistive technologies to help me provide care

How is the initial LDR being produced?

- By CSU/CCG on behalf of whole footprint:
  - Information collection from each organisation
    - Detailed templates
    - Additional information
    - Existing documents
  - Workshops
  - Alignment with STP issues (as far as known)
  - Analysis, synthesis, reporting to produce:
    - Initial overview – Part 2 slides
    - Full report – detail required, 33 topics in NHS England checklist!
    - Associated templates and detailed appendices

By when?

Milestones	Expected date
Complete core information provision from trusts, council(s), etc	4th May (still gaps for most footprints)
Issue LDR Overview slides (Part 2) for local review & ensuring alignment with latest STP	17th May
Feed back any high-level issues to CSU to inform 1st draft LDR full report	24th May
Issue 1st draft LDR full report for local review, consultation, amendment, further localisation	1st week in June
Sign-off; Submit final LDR report, templates, appendices	30th June

Local Digital Roadmap (LDR) overview – Part 2

The BaNES LDR Footprint

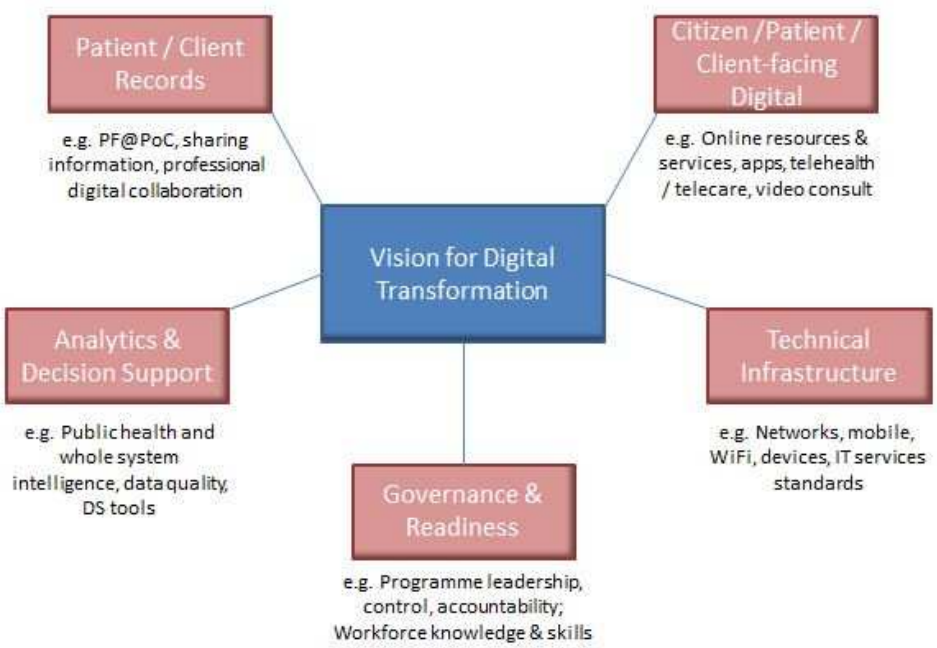
- Introduction
- STP and Digital Transformation Vision
- Universal Capabilities
- Capability Baseline & Trajectories
- Information Sharing / Interoperability
- Gaps & Emerging Priorities
- Governance for LDR Delivery

Digital transformation enables STP goals

Illustrative examples based on BaNES, Swindon, Wiltshire STP mid-April submission

STP Theme	STP Goal	Specific Objective	Digital Transformation Goals
Health and Wellbeing	Provide focused, intensive services to those parts of our population that need them most	Identify those groups with the worst health outcomes	Detailed public health needs analysis; Consistent datasets to identify target groups, define improvements and monitor outcomes
	Prevention to help reduce early deaths from major causes of mortality	Patients and communities to play key role in achieving these outcomes	Patient-facing digital tools to provide advice and support for self-management
Care and Quality	Reduce unwarranted variations in care	Maximise the value a patient / user derives from their own care and treatment	Patient-facing digital tools to provide advice and support for self-management
	Reduce unwarranted variations in care	Improve value through standardised pathways and systematic approach to quality improvement	Universal adoption of standardised clinical decision-support systems and standardised pathway / referral protocols
	Capacity and demand management	Greater collaboration across the system in managing demand	Information and tools to provide insight and real time monitoring
Finance and Efficiency	Eliminate duplication and inefficiencies	Seamless transfers of care within and between organisations	Joined-up data flows / interoperability

Vision for Digital Transformation



BaNES's vision is for technology to be as pervasive across the Bath and North East Somerset health and care system as it is in every other walk of life, to become an integral part of the normal means by which care is given and received and so enable the ***right care, in the right place at the right time***.

Universal capabilities

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

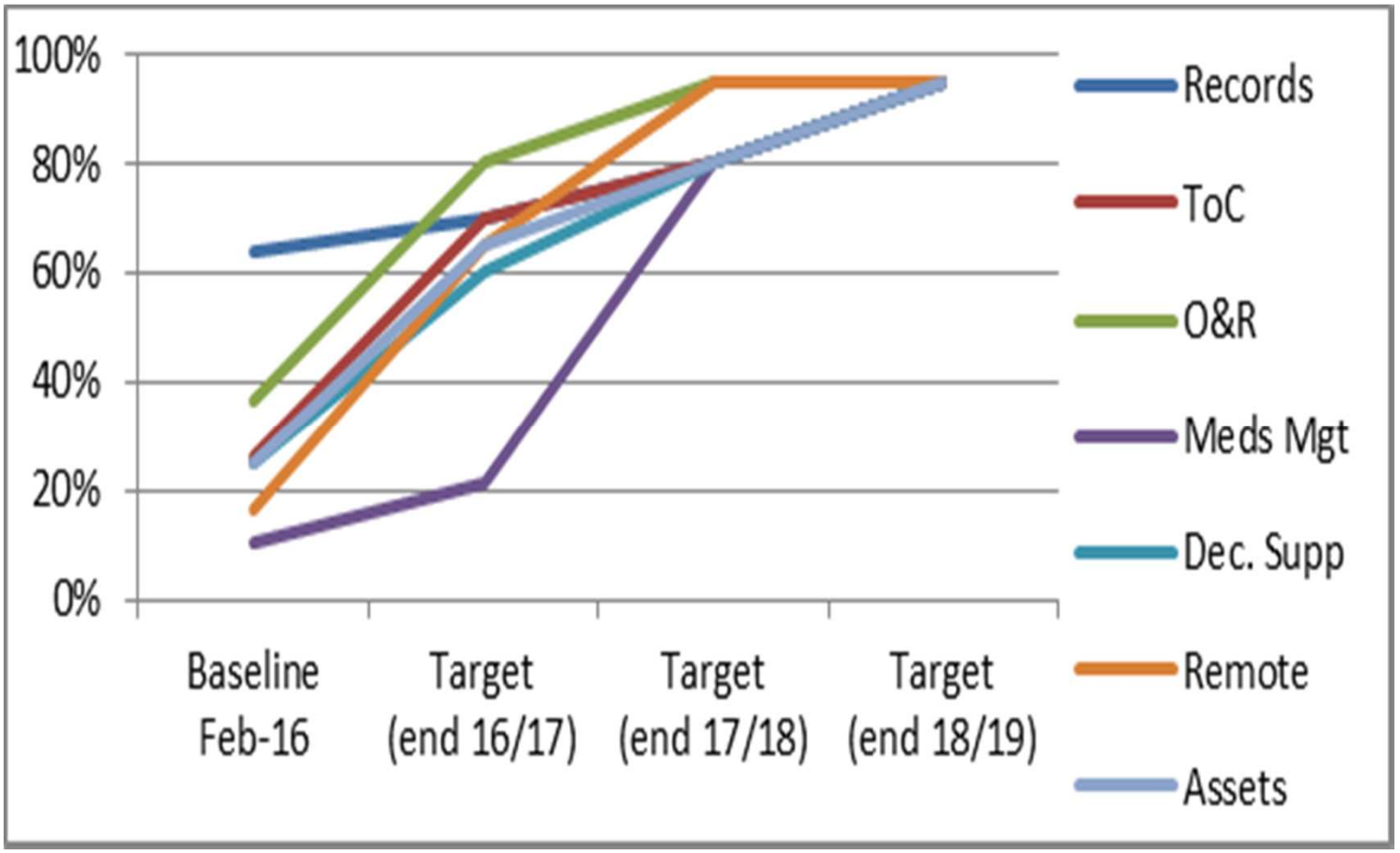
- Many relevant digital enablers are in place (e.g. SCR, TPP viewer, EMIS viewer, patient access to summary record, booking, prescriptions from GP systems, EPS)
- Overall take-up and usage levels are meeting the NHS England target for March 17. Much more communication , awareness, education required amongst workforce and citizens to build from here
- Some digital solutions (e.g. EoL care plans, e-discharges) do not yet comply with national standards
- No access yet by providers / GPs to the child protection information service
- Whilst many communications to/from Council and health are digital, not yet universal or systematised

Digital maturity self-assessment: current baseline

Issue	National	AWMH	RUH	SWAS
Strategic Alignment	76%	50%	95%	65%
Leadership	77%	35%	100%	70%
Resourcing	66%	60%	100%	70%
Governance	74%	70%	100%	90%
Information Governance	73%	67%	92%	71%
Records, Assessments & Plans	44%	64%	64%	34%
Transfers Of Care	48%	14%	52%	49%
Orders & Results Management	55%	27%	73%	25%
Medicines Management & Optimisation	30%	2%	21%	62%
Decision Support	36%	14%	50%	72%
Remote & Assistive Care	32%	17%	33%	0%
Asset & Resource Optimisation	42%	35%	50%	63%
Standards	41%	0%	71%	28%
Enabling Infrastructure	68%	55%	70%	84%

PF@PoC capability trajectories

% scores based just on RUH – AWMH and SWAS scores not yet available



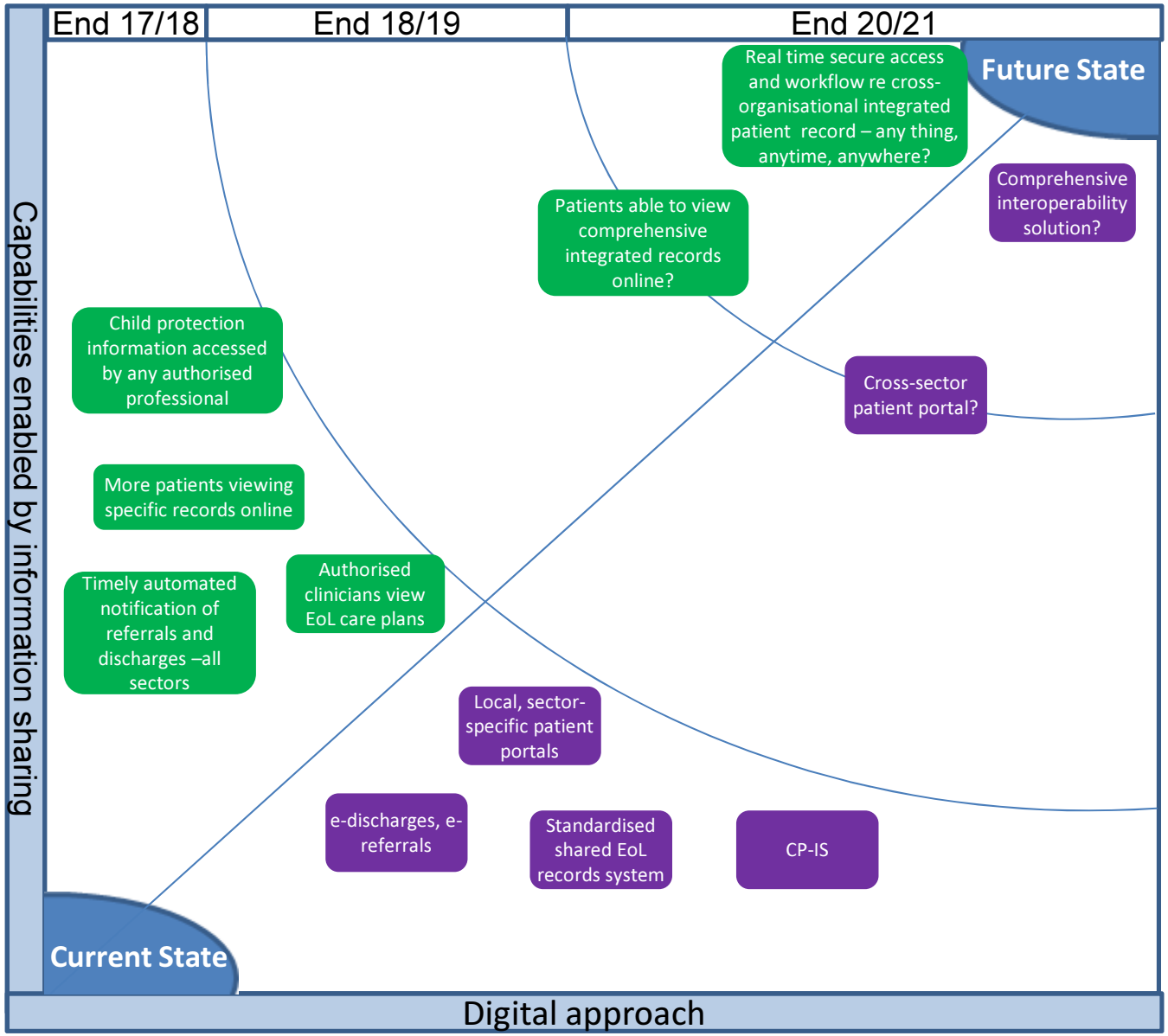
PF@PoC capabilities - issues

- DMA baseline shows RUH and SWAS are at or above average for many topics, AWMH below
- The capability trajectory (RUH only) indicates steady rapid progress planned over next 3 years
- Perceived rate limiting factors include:
  - Culture / digital readiness amongst workforce
  - IT changes linked to changes in working practices
  - Funding

Patient / client information sharing & interoperability

- Key strategic priority for BaNES is interoperable, real-time, available records
- CCG and partners have been exploring options; Option to join Connecting Care Programme with BNSSG rejected largely due to cost
- Current focus is programme of tactical information sharing projects, maximising opportunities for exploiting existing local & national systems
- Early benefits have been achieved from providers accessing SCR, TPP viewer and shared access between GP Practices and RUH/Sirona
- Delivery of more strategic option integral part of specification for Health and Care Services being redesigned via Your Care, Your Way
- This programme is dependent upon several enablers, including: sound governance (see below), information sharing agreements, use of NHS number, national developments (e.g. GPSoC), local initiatives and the availability of resources.

Information sharing approach – first thoughts



Overall - important gaps identified

Patient / Client Records (includes Universal Capabilities, PF@POC, Information Sharing / Interoperability, professional digital collaboration)	• Limited digital support for medicines management & optimisation (RUH, AWMH) • Limited use of technology for cross-professional care delivery • Low usage of Choose & Book / ERS in primary care • Assessment, discharge and withdrawal notices sent to Council via phone, fax or email • Strategic Interoperability solution dependent on YCYW
Citizen / Patient / Client-facing Digital	• Use of remote & assistive care technologies patchy and small scale • Limited access by patients to their detailed digital records (although 1,500 patients enabled and meeting Mar 17 target) • Limited use by patients of online services such as appointment booking (meeting Mar 17 target)
Analytics & Decision Support	• Not routinely using primary care data for whole system intelligence • ACG risk stratification tool available, only used in 1/3 of practices • Little digital support clinical decision-making (AWMH) • More clinical pathways to be added to pathway decision support tool 'Map of Medicine' and usage increased across practices
Infrastructure	• Incomplete WiFi coverage • No system-wide networking solutions (e.g. COIN) • Little sharing of technical resources / expertise across organisations • Council have no N3 connection • Mobile IT usage not universal for all relevant areas
Readiness, Governance	• AWMH – board ownership and strategic alignment of IM&T with service transformation • LDR Implementation Programme not yet defined (to be based on this LDR)

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)

- Plan further deployment of PF@PoC capabilities , e.g. e-prescribing, order communications
- UC information sharing priorities (e.g. SCR, EPS, ERS, EOL, CP-IS) - further take-up and usage
- Your Care Your Way procurement and realisation of interoperability solution within service model
- Evaluate benefits of wider use of video-collaboration amongst professionals

Citizen/ Patient / Client-facing Digital

- Patient awareness / encouragement re online access
- Plan and initiate new workstream(s), possibly with neighbouring footprints, to a) identify priorities in relation to STP / evaluate business case, b) deliver substantial uptake in citizen/ patient / client use of digital tools and online services for self-management

Analytics & Decision Support

- Improve data quality & standards
- Plan systematic use of GP data for whole system intelligence
- Business case / evaluation of tools to provide decision support for prescribing optimisation
- Develop tools to identify / track unwanted variation

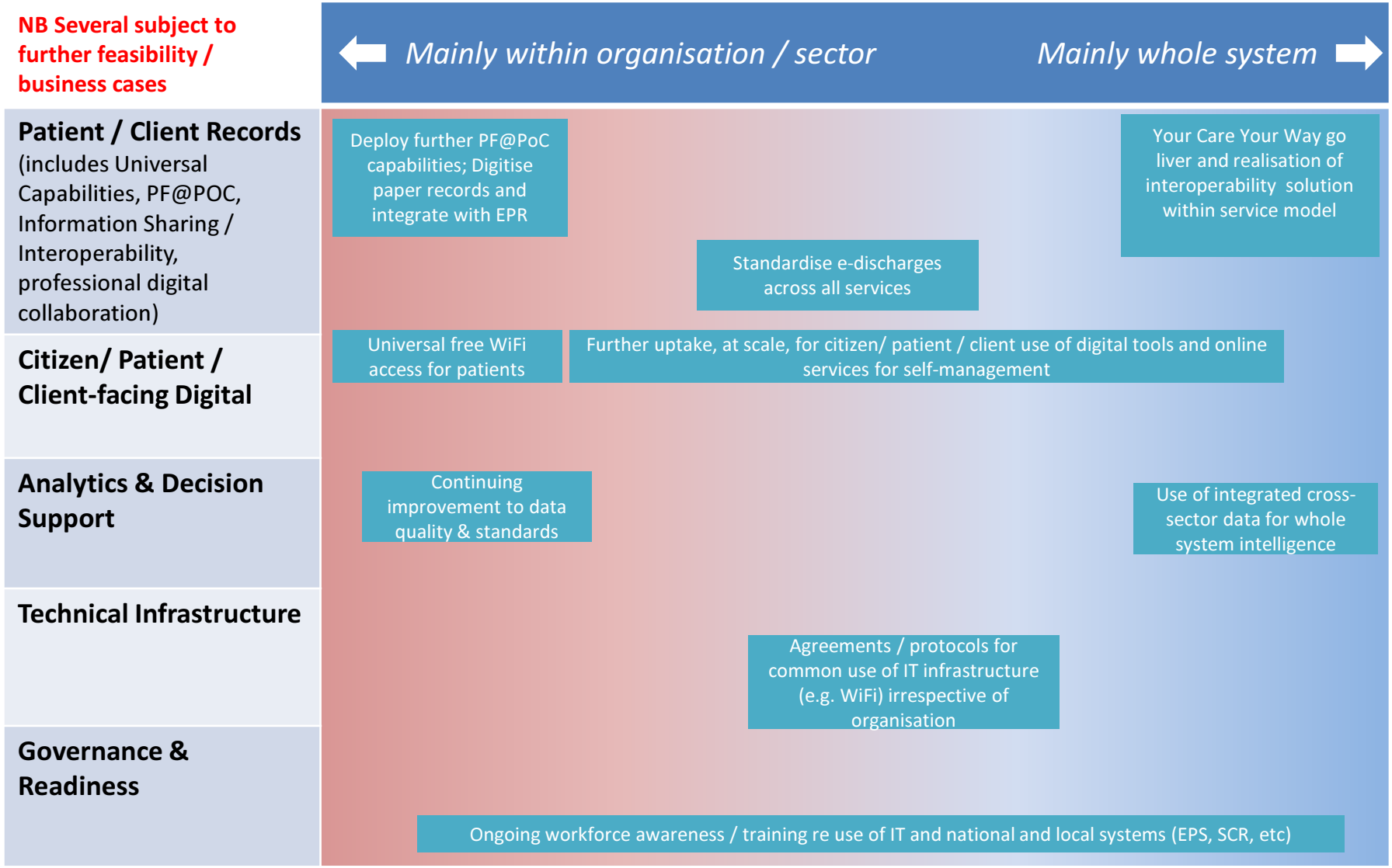
Technical Infrastructure

- Increase availability & usage of mobile devices
- Consider benefits of COIN?

Governance & Readiness

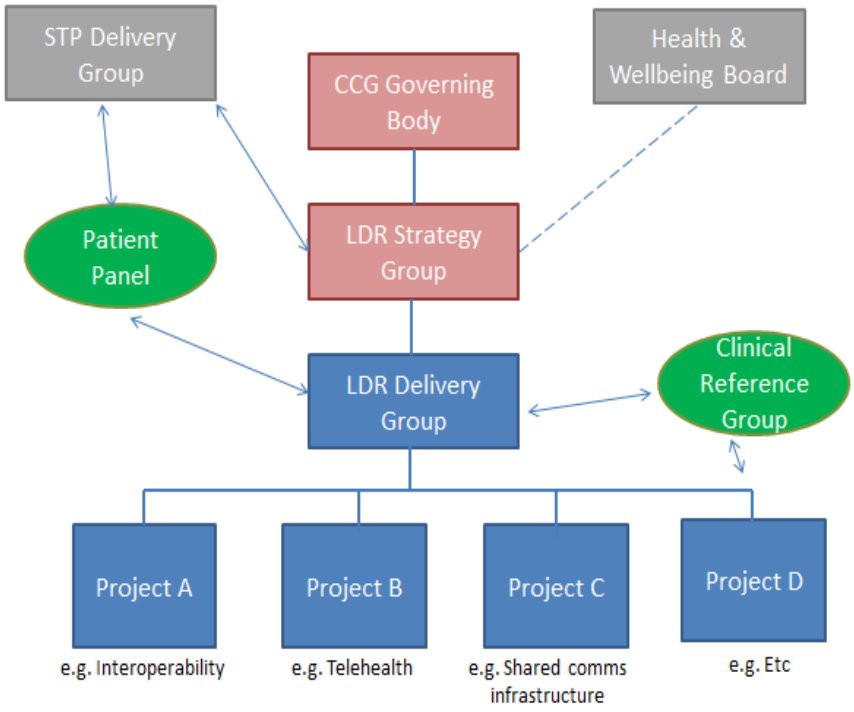
- Each organisation review its IM&T plans in light of LDR
- Develop LDR Implementation Programme – new and pre-existing projects PIDs / plans, roles, resources; Review LDR Programme governance and accountabilities and opportunities for working across footprints
- Workforce awareness / training re use of national and local systems (EPS, SCR, etc)

Priorities to be delivered beyond March 2017

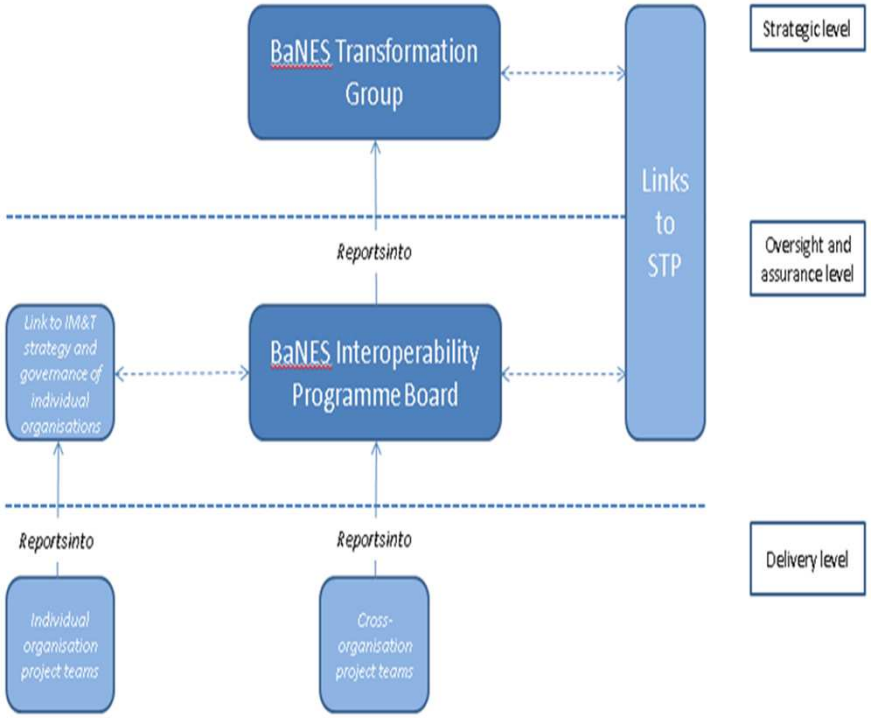


Governance of LDR delivery

Key components of model



Proposed model



Membership: CIO/CCIO or equivalent from key BaNES health and care organisations including Council & AHSN, plus CFO of BaNES CCG as SRO