

Health and Wellbeing Board

Meeting Date 28th July 2016

LOCAL DIGITAL ROADMAP (LDR)

Responsible Officer

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1. Summary

The Five Year Forward View makes a commitment that by 2020 there will be “fully interoperable electronic health records so that patient’s records are paperless”. This was also supported by a Government commitment in Personalised Health and Care 2020 that “all patient and care records will be digital, interoperable and real-time by 2020”.

2. Recommendations

The HWB is invited to note the progress made and comment on the LDR.

REPORT

3. Risk Assessment and Opportunities Appraisal

(NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)

4. Financial Implications

5. Background

5.1 The first stage of the LDR process was the creation of a digital footprint for the local health and social care economy. The Shropshire and Telford footprint comprises:-

- Shropshire CCG (lead CCG)
- Telford and Wrekin CCG (support CCG)
- Shropshire Council
- Shropshire Health and Wellbeing Board
- Telford and Wrekin Council
- Telford and Wrekin Health and Wellbeing Board
- Shrewsbury and Telford Hospital NHS Trust
- Royal Jones and Agnes Hunt Orthopaedic Hospital NHS Trust

- Shropshire Community Health NHS Trust
- South Staffordshire and Shropshire Healthcare NHS Trust (SSSFT)
- Shropdoc
- Nursing homes - SPIC
- Severn Hospice
- Hope House Children's Hospice

5.2 The submission required the production of an online Digital Maturity Index by our main providers. This set out to benchmark the level of local digital maturity across 14 prescribed areas. The output from this shows that our baseline is lower than the English average for everything apart from 'Remote and Assistive Care'. However, there is widespread variation between provider scores and a significant element of subjectivity in the scoring.

Digital Maturity Assessment - Summary Scores								
Rank		National (Average)	Shrewsbury and Telford Hospital NHS	Shropshire Community Health	South Staffordshire and Shropshire	The Robert Jones & Agnes Hunt	Average	Variance
1	Remote & Assistive Care	32%	25%	0%	83%	63%	43%	11%
2	Information Governance	73%	50%	71%	83%	88%	73%	0%
3	Governance	74%	55%	80%	85%	70%	73%	-1%
4	Enabling Infrastructure	68%	52%	55%	75%	73%	64%	-4%
4	Records, Assessments & Plans	44%	42%	4%	73%	38%	39%	-5%
6	Strategic Alignment	76%	69%	65%	85%	50%	67%	-9%
7	Leadership	77%	75%	55%	90%	50%	68%	-10%
7	Asset & Resource Optimisation	42%	50%	10%	55%	15%	33%	-10%
9	Resourcing	66%	50%	55%	80%	40%	56%	-10%
9	Decision Support	36%	19%	0%	50%	36%	26%	-10%
11	Standards	41%	38%	17%	20%	29%	26%	-15%
12	Transfers Of Care	48%	32%	0%	43%	31%	27%	-22%
13	Medicines Management & Optimisation	30%	3%	1%	2%	10%	4%	-26%
14	Orders & Results Management	55%	51%	0%	13%	38%	26%	-30%
	Average	54%	44%	30%	60%	45%	45%	-10%

5.3 A large workshop was held on 9th June 2016, which was attended by representatives from the CCGs, Council, SaTH, Robert Jones, Community Trust, SSSFT, Shropdoc, hospices and WMAS. Outputs from this event fed into the Local Digital Roadmap, which was assembled with support from the CSU. This was submitted on 30th June 2016, having been approved by the STP.

5.4 The LDR Vision is that by 2020 we aim to have:-

- An integrated care record across our economy (starting with end of life by March 2018).
- Patients as co-authors of their record. Contributing and interacting with their record, approving access, booking appointments, repeat prescriptions etc.
- Data Sharing agreements in place to enable our vision of a paperless NHS at the point of care. We expect agreements to be in place by Mar 2017.
- Universal capabilities significantly delivered by March 2018.
- Tele Health at scale 2016-2020.
- Collaboration locally and regionally – standards, infrastructure, procurements, large projects like big data population health analytics.

5.5 Universal Capabilities

- Professionals across care settings can access GP-held information on GP-prescribed medications, patient allergies and adverse reactions
- Clinicians in U&EC 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 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

5.6 The LDR will be published as a public facing document in due course, but will remain a 'live' document over the project lifecycle. Four sub-groups of the Digital Strategy Group are being considered as we move towards implementation:-



IG



Design Authority



Clinical Reference
Group




Patient Engagement
and Comms

6. Additional Information

Members of these organizations have formed a local Digital Strategy Group. This has become a sub-group of the STP Partnership Board, which now holds the governance for the group and has approved the Terms of Reference.

7. Conclusions

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)
Cabinet Member (Portfolio Holder)
Local Member
Appendices  Shropshire Telford and Wrekin LDR Ver 2

