

Local Digital Roadmap

Shropshire HWB – 28th July 2016



Objectives

1. Paper-free at the point-of-care (by 2020)
2. Digitally-enabled self-care
3. Real-time analytics at the point of care
4. Whole system intelligence to support population health management and effective commissioning, clinical surveillance and research

Policy Context



Personalised Health and Care 2020

Using Data and Technology to Transform Outcomes for Patients and Citizens

A Framework for Action



November 2014



September 2015

Electronic Health Record

“Electronic Health Record is no longer a digital typewriter but an **interactive medium** for practicing medicine (and delivering care) based on the highest standards in the world.”

What it means

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



"Having the ability to quickly access an individual's medical history will enable me as a paramedic attending a call to make informed decisions when responding to an emergency." **Paramedic**

"I want to use the IDCR to access real-time patient information at the scene. Amongst other information, I need to be aware of a patient's allergies and adverse reactions, particularly when handing over to hospital care." **Paramedic**

"I need to receive referrals quickly, in a consistent manner and be able to access all other relevant information." **Social Worker**

"I want to know how much social care support a patient has received or is due to receive and ensure this complies with their care plan." **GP**

"Working in a busy hospital I want to quickly access a patient care record that is complete and up to date." **Nurse**

"Awareness of any known allergies or reactions will ensure patients in my care are not administered medication that may endanger their health." **Hospital Nurse**

"I want to look up a child's living conditions before making a home visit. I want to be able to identify any health or care related indicators that include siblings in care, drug or alcohol misuse, domestic abuse that might signal a need for social care support or interventions." **Children's Social Worker**



Records and Support Plans

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



Asset & Resource Optimisation

Increase efficiency to significantly improve the quality and safety of care



Medication Management

Ensure people receive the right combination of medicines every time



Transfer of Care

Use technology to help me seamlessly transfer information within and between care settings



Decision Support

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



Remote & Assistive Care

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



Governance and Strategic Alignment

- * STP is governance body for *Digital Strategy Group*
- * Strategic alignment of digital strategy with STP & Future Fit vision

Developmental Stages

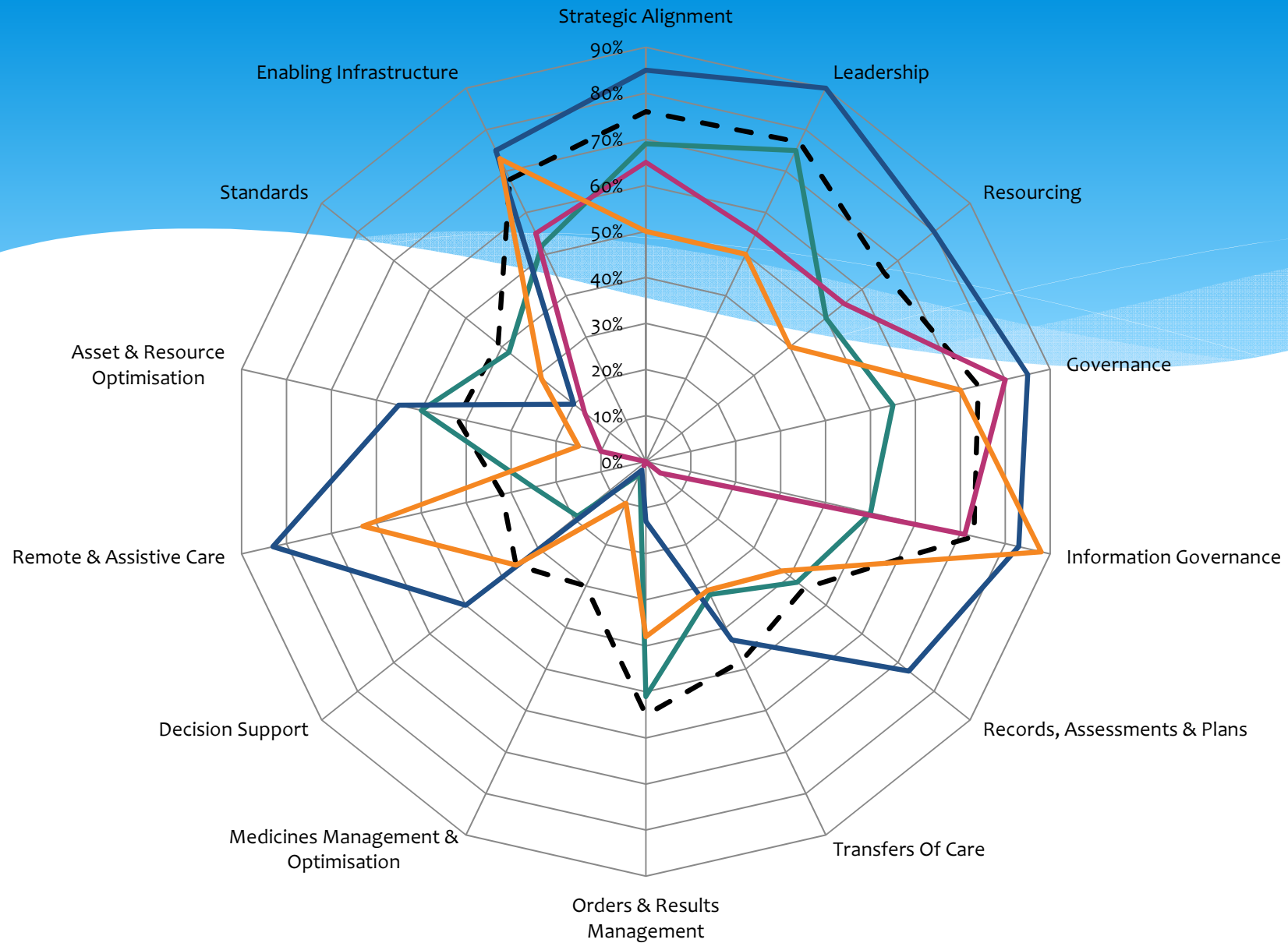
- * Local Digital Footprint – submitted 30 October 2015
- * Digital Maturity Index – submitted 31 March 2016
- * Local Digital Roadmap – submitted 30 June 2016

Local Digital Footprint

- * 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
- * West Midlands Ambulance Service

Digital Maturity Index: Start point - Where we are

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%



- National (Dataset)
- Shrewsbury and Telford Hospital NHS Trust
- Shropshire Community Health NHS Trust
- South Staffordshire and Shropshire Healthcare NHS Foundation Trust

LDR Vision

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, ordering repeat prescriptions etc.
- * Data Sharing agreements in place to enable our vision of a paperless NHS at the point of care. Agreements to be in place by March 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.

Universal Capabilities

1. Professionals across care settings can access GP-held information on GP-prescribed medications, patient allergies and adverse reactions
2. 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)
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 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

Going Forward - Delivery

Possible Sub-Groups



IG



Design Authority



Clinical Reference
Group



Patient Engagement
and Comms