A DIGITAL ROADMAP FOR KENT & MEDWAY

*An 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*

We will use technology to improve outcomes through robust, secure and seamless use of information and systems

Contents

1. OVERVIEW

- Purpose
- Scope
- Governance

Purpose of the Kent & Medway Local Digital Roadmap (LDR)

- Support the delivery of the Kent & Medway Sustainability and Transformation Plan (STP), specifically to address:

  - The care and quality gap

  - The finance and efficiency gap

  - The health and wellbeing gap

- Ensure there is a digital component to all appropriate transformation initiatives

- Take advantage of technology to support new care delivery models

- Identify the board, clinical and informatics digital champions in all Kent & Medway care delivery organisations

- Where appropriate, take advantage of existing national and local investments in technology to maximise the benefit from these investments

- Exploit funding opportunities

- Support local strategic decisions, prioritisation and investment

- Reveal, explore and exploit potential for common approaches to deliver underpinning infrastructure and solution architecture

- 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

- Ensure robust on-going governance of delivery

Geographic scope of STP and LDR

Who we are: 8 Clinical Commissioning Groups (CCGs), 7 NHS providers and 2 local authorities, joining together with other partners to transform health and care in Kent & Medway
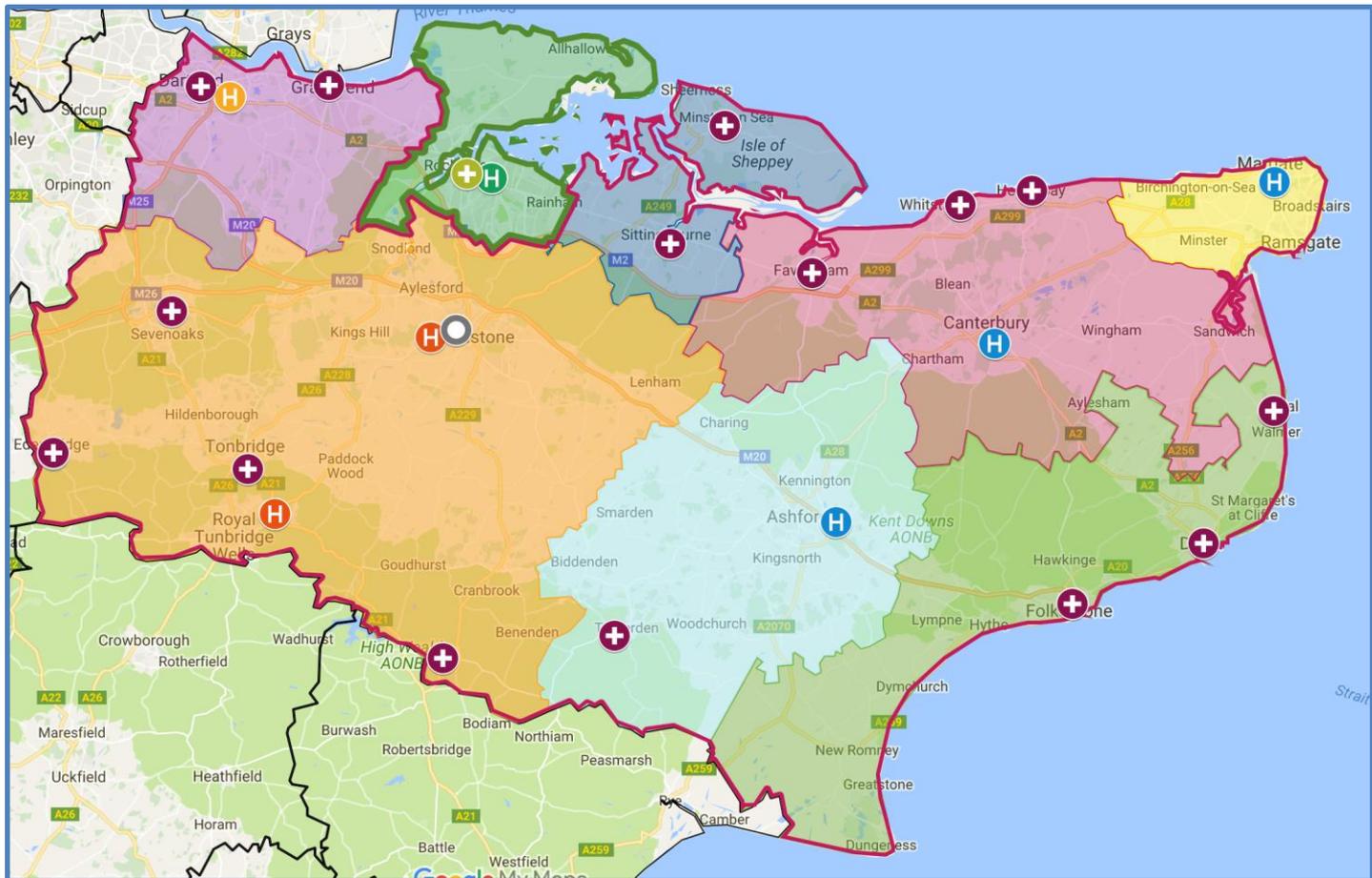
Legend:

- **H** Dartford & Gravesham NHS Trust
- **H** East Kent Hospitals University NHS Foundation Trust
- **H** Medway NHS Foundation Trust
- **H** Maidstone & Tunbridge Wells NHS Trust
- **+** Kent Community Hospitals
- **+** Medway Community Hospitals
- ◯ Kent and Medway NHS and Social Care Partnership Trust
- ◯ South East Coast Ambulance Service NHS Foundation Trust
- ◯ Kent Community Healthcare Foundation NHS Trust
- ◯ Non-statutory NHS health and social care providers (e.g. Medway Community Health and Virgin)

Local Authorities:
- Kent County Council
- Medway Council

Kent & Medway Digital Work Stream Steering Group

Steering group remit

A Kent & Medway Digital Work Stream Steering Group has been established to oversee the delivery of a single Local Digital Roadmap (LDR) for Kent & Medway. The LDR steering group will link to the Sustainability and Transformation Plan (STP) Clinical Strategy group to ensure that the LDR fully supports Clinical and Care services.

Membership

The chair of the group is:

- Chief Executive, Dartford and Gravesham NHS Trust

The group includes representatives from various organisations within Kent & Medway:

- Information and Communication Technology Director, East Kent Hospitals University Foundation Trust
- Chief Information Officer, West Kent Clinical Commissioning Group (CCG)
- Head of Information Management & Technology, Dartford, Gravesham and Swanley CCG
- Informatics Lead, Medway CCG
- Technical Commissioning & Strategy Lead, Kent County Council (KCC)

2. VISION AND OUTCOMES

- Kent & Medway STP & LDR vision and plans
- 7 Vision and outcomes

Kent & Medway STP & LDR visions and plans

Sustainability & Transformation Plan (STP)

The Kent and Medway Health and Care System is seeking to deliver an integrated health and social care model that focuses on delivering high quality, outcome focused, person centred, coordinated care that is easy to access and enables people to stay well and live independently and for as long as possible in their home setting. More than that, the Kent and Medway health and care system will transform services to deliver proactive care, and support focused on improving and promoting health and wellbeing, rather than care and support that is solely reactive to ill health and disease. Core to the model is the philosophy of health and care services working together to promote and support independence, utilising statutory, voluntary and where appropriate the independent sector to deliver the right care, in the right place, at the right time.

Local Digital Roadmap (LDR) Plans

- The Local Digital Roadmap will:
    - Facilitate and encourage the Kent & Medway population in improvement of their health and care.
    - Join up health and social care and other providers of care services by transforming the way care professionals record information, transact and communicate with patients and staff.
    - Support self care and support carers.
    - Enable more informed decision making.

- The LDR encourages service user empowerment through technology and will drive the use of familiar consumer technology to support greater self-care, improvements in health and wellbeing, and access to services.

- The LDR advocates the use of real-time and historic data to support predictive modelling and improvements in clinical service delivery at point of care. Population health analysis and information management will support effective commissioning. It will promote clinical surveillance and improvements in intelligence through research programmes.

- The LDR will enable the replacement of all paper based care professional to care professional clinical and social care correspondence with digital communications

Vision and outcomes

Kent & Medway have developed a vision that comprises 7 outcome and vision statements. This vision is intended to ensure that the Kent & Medway Sustainability and Transformation Plan (STP) is underpinned by the appropriate digital technology.

Outcome	Vision
Universal care record	Health and care professionals have immediate access to all relevant information about a patient's care, treatment, diagnostics and previous history, for all patients across Kent & Medway; with each digital footprint area determining their own delivery approach.
Universal clinical access	Health and care professionals can operate in the same way independent of their geographic location.
Universal transactional services	Health and care professionals can access a common directory of services and make arrangements for the appropriate referral to the next stage of the care pathway
Shared health analytics	Health and care professionals have the analytical information they require to run an efficient and effective service for patients e.g. details of bed occupancy and compliance with targets.
Online patient services	Patients can access their medical and social care records online and use other online services e.g. book a GP appointment or ask a clinician a question.
Expert systems	Health and care professions and patients have access to knowledge bases to support the care processes
Personal digital healthcare	Patients can use personal technology to support their healthcare e.g. a device can automatically send data to alert their GP. This can be collated and used to inform population health management.

Universal care record

Vision

- Health and care professionals have immediate access to all relevant information about a patient's care, treatment, diagnostics and previous history, for all patients across Kent & Medway; with each digital footprint area determining their own delivery approach.

Key outcomes

- Establishment of a shared digital Kent & Medway Universal Care Record to which all health and social care professionals treating a patient have access, this will allow, for example
    - clinicians in hospitals to access GP records,
    - GPs to access information about inpatient episodes and
    - Social Care professionals to access critical data on adults and children.
- Access to a shared digital Kent & Medway Universal Care Record expanded to include groups such as community pharmacies, optometrists and care homes who currently have no access to information.

Key requirements

- Interconnected health and social care systems where:
    - No user has to re-enter the same patient data twice across Kent & Medway.
    - The provenance and timeliness of patient data is clear to users and patient data available in real time if required.
    - Users do not have to "look for important patient data" it should be presented to them in a suitable form e.g. flag to indicate critical data available or data sorted semantically.
    - Health and care professionals across care settings can access patient medications, allergies and adverse reactions.
    - Clinicians, GPs and community pharmacists can utilise electronic prescriptions.

Key principles

- To be enabled for patients across Kent & Medway
- Key identifier is the NHS number, but each system should be able to handle situations where this is unavailable.
- Have agreed patient consent models and Information Governance in place.
- Committed to open and common standards where possible e.g. open architecture, open integration, open governance and other healthcare standards.

Current position

- Systems generally developed separately by each organisation and so there is a lack of system integration across Kent & Medway.

Universal clinical access

Vision

- Health and care professionals can operate in the same way independent of their geographic location.

Key outcomes

- Support the "digitally enabled clinician" through the availability of consistent, high quality health and social care systems that are interconnected and available round the clock.

- More use made of mobile services, bringing care to the patients' community rather than travelling to a hospital or to tertiary care (specialist care providers such as dedicated children's' hospitals).

- Effective and efficient care so that patients can get the right care in the right place by professionals with the right information the first time.

Key requirements

- Improve performance (including outcomes) and efficiency of healthcare activities by:
  - Providing users access to the patient data they need to be able to make the right clinical decision.
  - Providing users access to all relevant patient data in emergency situations (if appropriate).
  - Allowing staff to easily roam between sites and social care settings and still access the patient data they need.

- Patient data presented as user centric and not be dependent upon the service or underlying system.

- Support evidence based practice by helping clinicians to rapidly identify each patient's unique health state and diagnosis, their individual risks and benefits of potential interventions.

Key principles

- System "easy to use" e.g. should work seamlessly when a clinicians is with a patient.

- System "proactive rather than reactive/informational" so truly assist users with their work.

- System platform (desktop or mobile devices) and location (Hospital, GP surgery or patient home etc.) independent.
  - IT service is flexible enough to support new models of care.
  - Support the development of the "Digitally enabled clinician" through professional development/education.

Current position

- Staff cannot easily roam between sites and social care settings and access is generally limited to their own systems. Wi-Fi whilst improving is not always available at community locations. Access from patient and nursing homes is far from guaranteed.

Universal transactional services

Vision

- Health and care professionals can access a common directory of services and make arrangements for the appropriate referral to the next stage of the care pathway

Key outcomes

- Support the "digitally enabled clinician" by enabling them to make the appropriate electronic referral to the next stage of the care pathway.
  - GPs can refer electronically to secondary care.
  - GPs receive timely electronic discharge summaries from secondary care.
  - GPs can seek advice and guidance from specialists
  - Social care receive timely electronic admission, discharge and withdrawal notices from secondary care.
  - Children service professionals are notified of unscheduled care attendance.
  - Professionals across care settings made aware of end-of-life preference information and information on learning disability and communication preferences.

Key requirements

- Improve performance (including outcomes) and efficiency of healthcare activities by:
  - Providing users with the timely referral notifications they need to be able to make the right clinical decisions (especially in emergency situations).
  - Allowing staff to easily roam between sites and social care settings and seamlessly make referrals and seek advice from specialists.
- Referral data presented as user centric and not be dependent upon the service or underlying system.
- Support evidence based practice by helping clinicians to rapidly identify each patient's unique health state and diagnosis, their individual risks and benefits of potential interventions.

Key principles

- System "easy to use" e.g. should work seamlessly when a clinicians is with a patient.
- System "proactive rather than reactive/informational" so truly assist users with their work.
- System platform (desktop or mobile devices) and location (Hospital, GP surgery or patient home etc.) independent.
- IT service is flexible enough to support new models of care.
- Support the development of the "Digitally enabled clinician" through professional development/education.

Current position

- Use of disparate systems across the health and care environment, partial use of national eReferrals service

Shared health analytics

Vision

- Health and care professionals have the analytical information they require to run an efficient and effective service for patients e.g. details of bed occupancy and compliance with local and national targets.

Key user outcomes

- Access to, and manipulation of, data to enable sophisticated management and forward planning of the healthcare system to be able to:
  - Respond to immediate pressures.
  - Do trend analysis.
  - Plan bed occupancy.
  - Support audits.
- Staff have a single view of management information across East Kent.

Key requirements

- Data architecture agreed e.g. data warehouse (structured data) versus data lake (raw data) architecture
- How data hosted and sharing agreed e.g. cloud, shared service or existing solutions
- Data quality requirements agreed e.g. how up to date and accurate it needs to be.

Key principles

- Data sources across Kent & Medway opened up e.g. most data is already available in the current externally hosted data warehouse but is in silos.
- Expanded and simplified access is required that also allows live or near live time access.
- Information governance in place to allow opening up of data sources.

Current position

- Over recent years access to health analytics has improved enormously but has tended to be only available in the individual organisations rather than across Kent & Medway.
- Access tends to be through business intelligence specialists rather than directly accessible by manager and care professionals.
- Little ability to see the exceptions that require management or clinical intervention.
- A significant amount of data is already available in the current Kent Integrated Dataset warehouse.

Online patient services

Vision

- Patients can access their medical and social care records online and use other online services e.g. book a GP appointment or ask a clinician a question.

Key user outcomes

- Patients have electronic access to view their records if they consent
- Patient can take responsibility for managing their care if they consent:
    - Use an online GP appointment service.
    - Monitor a chronic condition using a mobile app.
    - Ask a clinician a question.
- Patients can get access to general information and guidance
    - Improve knowledge and health literacy
    - Look up medical jargon.

Key requirements

- Have a single portal so patients experience a seamless service.
- Have secure access so that patients are confident that only they
  (or those they give consent to) have access to their data.

Key principles

- Patients get a better service
    - Improve patient access and convenience.
    - Improve patient communication with health and care professionals.
    - Increase patient satisfaction.
- Avoid patient inequalities through lack of access to technology and information

Current position

- Over recent years the culture of health care has change from a paternalistic model of care to one which is a partnership between the health care professional and the patient, and where the patient has a responsibility for their own health.
- GP practices offering online patient access to comply with their contracts.

Expert systems

Vision

- Health and care professions and patients have access to knowledge bases to support the care processes

Key outcomes

- Staff have access to authenticated sources of information to support the care basis
- Patients have access to sources of information that empower them to undertake self care

Key requirements

- Patient self health information should be presented as user centric and not be dependent upon the service or underlying system.
- Users should only have access to the knowledge data they need to be able to make the right clinical decision.

Key principles

- System "easy to use" e.g. should work seamlessly when a clinician is with a patient.
- System "proactive rather than reactive/informational" so truly assist users with their work.
- System platform (desktop or mobile devices) and location (Hospital, GP surgery or patient home etc.) independent.
- IT service is flexible enough to support new models of care.
- Support the development of the "Digitally enabled clinician" through professional development/education.

Personal digital healthcare

Vision

- Patients can use personal technology to support their healthcare e.g. a device can automatically send data to alert their GP. This can be collated and used to inform population health management.

Key user outcomes

- Support the digitally connected patient
  - Use of health promotion and self-management tools to support ability of patients to manage their own conditions
  - Support care of patients within their own environment through proactive monitoring of long term conditions, management of early warning triggers, telehealth
- Support the digitally enabled clinician
  - Tele-education and tele-training for remotely supporting clinicians
- Providers can improve both clinical and financial outcomes through use of population health management.
- Staff can use the availability of aggregated patient data to support health research.

Key requirements

- Use of the full range of current technologies as appropriate to promote self-care and prevention to differing age groups including wearable's, smartphone applications and assistive technologies.
- Identification of systems to support pathway management
- Incorporation of use of technology into provider specifications
- Provide an infrastructure that supports all these requirements 24 x 7 and can flex and grow to accommodate new requirements
- Aggregate patient data across multiple health information technology resources.

Key principles

- Reduce the rate of urgent care intervention within secondary care through supporting ability to manage patients within their own environment
- Support patients with self management of their condition
- Support integrated care delivery within the community
- Support evidence based practice by providing the best available research evidence bearing on whether and why a treatment works.

3. MAPPING THE VISION

- Against the STP

- Priorities

- Implementation approach

How do the LDR outcomes map onto the STP strategic themes?

The 7 LDR vision outcomes are prioritised against the STP strategic themes, using the MoSCoW method of prioritisation (Must have (M), Should have (S), Could have (C), and Would like but won't get (W)).

STP strategic themes	Universal Care Record	Universal Clinical Access	Universal Transactional Services	Shared health analytics	Online Patient Services	Expert Systems	Personal Digital Healthcare
Transformation of local care	M	M	M	S	S	S	C
Transformation of acute hospital care	M	C	M	M	C	S	C
Prevention at scale	C	C	W	S	M	S	S
Delivering parity of esteem	C	C	W	M	M	S	S
Develop integrated commissioning proposals that transform how commissioning is delivered and review the organisational configuration of NHS providers	M	M	S	M	W	S	S
Delivery of organisational and cross organisational cost efficiencies	M	M	M	M	M	S	S
Relative priorities (using a simple scoring system – 10 x M, 5 x S, 3 x C, 1 x W)	46	39	37	50	39	30	26

Key priority   Key priority

Implementation approach Kent & Medway are taking to deliver the outcomes

Part 1. Progress to date and intended future direction that each part of Kent & Medway are taking to deliver the agreed outcomes.

	East Kent	West Kent	DGS & Swale	Medway
Universal Care Record	Currently developing an Outline Business Case to identify the preferred solution for East Kent. This will be followed by a full business case to evaluate the preferred option and secure funding.	Implementing a shared care record based on the Orion Health (a leading healthcare software solutions provider) portal with feeds from GP clinical system (via MIG – Medical Interoperability Gateway) with batch feeds being developed from major health and care providers.	Have delivered full GP record (read only) into Darent Valley Hospital, and about to go live with Ellenor Hospice. Deploying MIG to align with other CCGs/providers. Evaluating InPS Vision360+ (Secure patient record and appointment sharing system) as a fuller solution to UCR. Have evaluated West Kent's Orion solution. Plan to evaluate potential East Kent solution when available, and potential extension of CRIS.	Developing OBS, building around PACE (Proactive Assessment Clinic for Elderly) test of change. We are in discussion with EMIS (a leading healthcare software solutions provider) regarding EMIS Community functionality as EMIS web (allows healthcare professionals to record, share and use vital information). Plan visit to West Kent for Orion demonstration November 2016.
Universal clinical access - infrastructure	No firm plans yet, but being addressed as part of the N3 network replacement (SEEN) and through Lead Provider Framework (LPF) procurement.	No firm plans yet, but being addressed as part of the N3 network replacement (SEEN) and through Lead Provider Framework (LPF) procurement.	Initial plans in primary care to implement single Wi-Fi SSID (Service Set Identifier) across practices, and giving unified access to patient records via use of Vision360 interoperability platform. Likely solution delivered by SEEN / Health and Social Care Network (HSCN).	Commencing discussions with potential providers. Draft OBS to be complete 30th November,2016. The solution will fully comply with HSCN guidelines. This is a high priority due to the impending deployment of services to our Healthy Living Centre's.
Universal transactional Services	Plan to expand the use of eReferral Service (eRS). Kent County Council (KCC) to implement the national child protection system and the National Adaptor for accepting notifications into the KCC Management system.	Using Kinesis (links GPs to hospital specialists) to support advice and guidance and expanding the use of eRS, directory of services provided through DORIS (Document Organisation, Referral and Information Service)	Using DXS (Clinical Decision Support System) in DGS for support, guidance and DOS (directory of available referral services). Evaluating potential RMC (Referral Management Centre) to drive up use of eRS. Evaluating DXS & Map of Medicine in Swale.	Deploying Strata Pathways/eRS to deliver whole system referrals . Test of change around EMIS web, Map of Medicine and Strata Pathways integration (automates patient flow management). Deploying systems (Lightfoot and Eclipse) to reduce waste, harm and clinical variation.

Implementation approach Kent & Medway are taking to deliver the outcomes

> Part 2. Progress to date and intended future direction that each part of Kent & Medway are taking to deliver the agreed outcomes.

	East Kent	West Kent	DGS & Swale	Medway
Shared health analytics	Currently at an organisational level, future direction to explore how common Business Intelligence solutions can be implemented, possibly based on the Kent Integrated Dataset.	Currently at an organisational level, future direction to explore how common BI solutions can be implemented, possibly on the back of the Lead Provider Framework (LPF) procurement that the CCG is engaged on.	Using Shrewd (Single Health Resilience Early Warning Database) to gather organisational Key Performance Indicators (KPIs) as most provider organisations in Kent have deployed. Joint BI procured through LPF does present opportunities to enhance.	Building visual dashboard. Vision is to have real time analytics around whole system asset (Multidisciplinary Teams, Beds and Assistive Technology)
Online Patient Services	Patient access to GP records provided through the GP systems to comply with the GP contract. Kent & Medway Partnership Trust patient portal recently deployed. East Kent Hospitals University Foundation Trust to re-visit providing online patient access.	Patient access to GP records provided through the GP system, KMPT patient portal, CPMS has potential to provide a patient portal.	Patient access to GP records provided through the GP system, KMPT Patient portal available for applicable patients, iPlato (Patient Care Messaging service) also offering patient facing services for booking, cancelling, and repeats. Considering iPlato expansion into Darent Valley Hospital to provide unified approach in DGS.	Current trawl of UK pioneers and vanguard sites. In depth analysis of Modality Birmingham, West Wakefield and The Hurley Practice in London. In discussion with EMIS (a leading healthcare software solutions provider) regarding present and future functionality.
Expert Systems	Plan to review the use of expert systems, develop requirements and investigate potential suppliers. Produce a business case to secure funding.	Needs further definition to develop requirements, limited community wide expert systems in place, need to look a kite marking to approve and standardise	Agree with West Kent - Needs further definition to develop requirements, limited community wide expert systems in place, need to look a kite marking to approve and standardise.	Medway and Swale Centre for Organisational Excellence developing multi-media knowledge platform to support quality improvement programmes. Beta site 12th November 2016.
Personal digital healthcare	Plan to review the use of personal digital healthcare, develop requirements and investigate potential suppliers. Produce a business case to secure funding.	Limited facilities in place at present, needs further definition and the development of business case to secure funding, solutions such as askmygp or webgp being looked at to provide signposting to personal digital healthcare services	Limited facilities in place at present, needs further definition. Possible developments (patient data capture) being explored with iPlato.	Scoping a 'test of change' with Yecco (digital platform with medical devices and Apps to support older or vulnerable people) which includes 'facebook type' interface for both patients and care professionals. Estates fund (ETTF) bid submitted.

4. CAPABILITIES & PLANS

- Digital maturity & capabilities

- Deployment trajectories for national capabilities

- Current initiatives

- Universal capability plans

- Information sharing plans

Digital Maturity – Kent & Medway providers

As part of a national Digital Maturity review each Trust was scored out of 100 against the national capability groups in the table below. As can be seen the capability groups requiring the most improvement is medicines management and optimisation. Each provider is actively looking into how the maturity of this group can be increased e.g. EKHUFT and MTW both have business case developed and in the case of EKHUFT this has been approved by the Trust Board.

National Capability Group	EKHUFT	KMPT	KCHFT	MTW	MFT	DGT	Average
Records, assessments and plans	46	81	54	48	0	37	**44**
Transfers of care	59	72	52	53	47	38	**54**
Orders and results management	87	13	50	65	40	80	**56**
Medicines management optimisation	1	25	25	17	10	31	**18**
Decision support	44	75	53	44	3	11	**38**
Remote care	17	33	75	58	42	50	**46**
Asset and resource optimisation	35	70	45	35	15	40	**40**

In the table below the position of the Kent & Medway providers out of 239 NHS Trusts are shown.

Trust	Position	Highest Score	Lowest Score
East Kent Hospitals University NHS Foundation Trust (EKHUFT)	**116**	Orders results management	Medicines management optimisation
Kent and Medway NHS and Social Care Partnership Trust (KMPT)	**36**	Enabling Infrastructure	Orders results management
Kent Community Health Foundation Trust (KCHFT)	**43**	Strategic alignment	Medicines management optimisation
Maidstone & Tunbridge Wells NHS Trust (MTW)	**85**	Leadership	Medicines management optimisation
Medway Foundation Trust (MFT)	**188**	Governance	Records assessments plans
Dartford & Gravesham NHS Trust (DGT)	**65**	Leadership	Decision support

Kent & Medway deployment trajectories against national capability group

Based on the current and planned initiatives the predicted improvements in national capabilities trajectories for the Kent & Medway providers are given in the chart below.
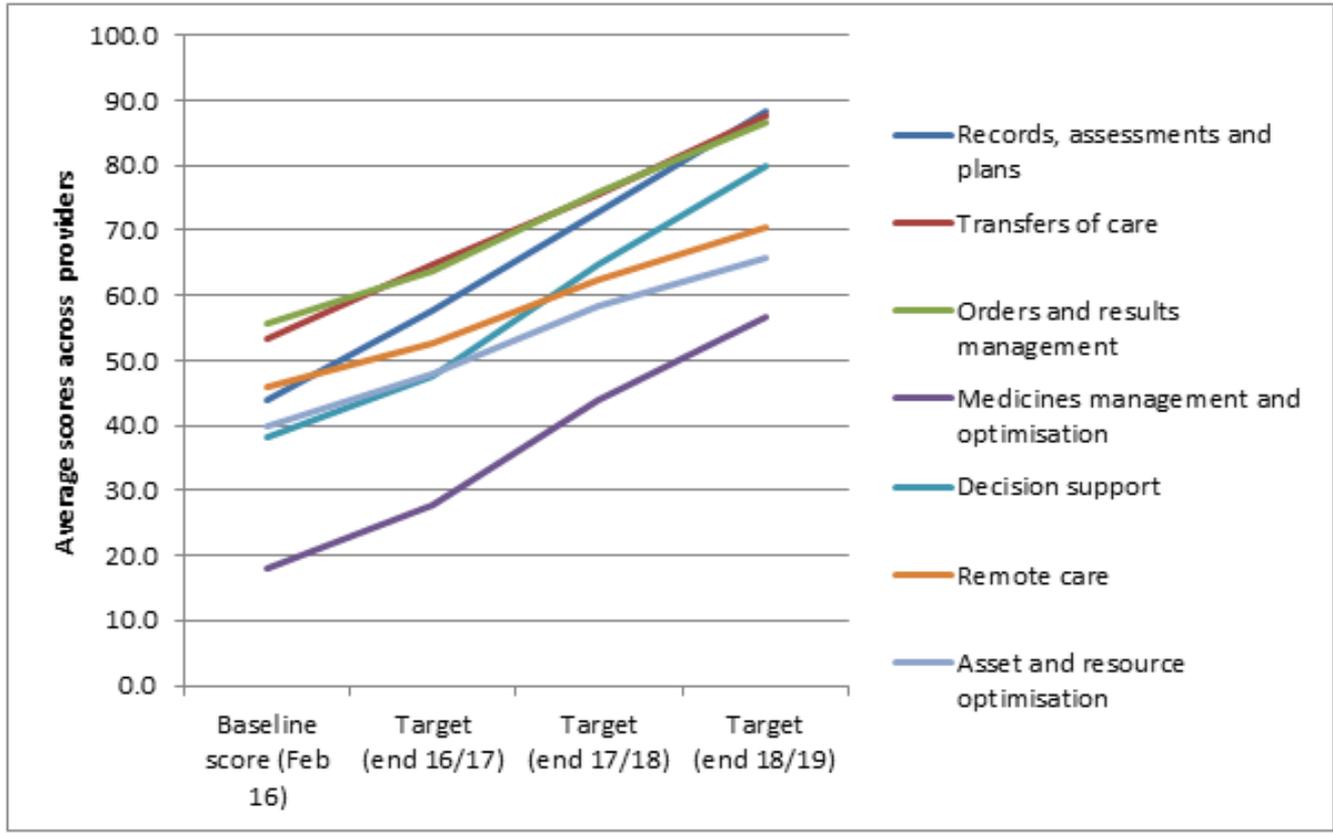
Updated summary of current initiatives – Kent & Medway providers page 1

Organisation	Details of initiatives moving towards paper-free at point of care
East Kent Hospitals University NHS Foundation Trust (EKHUFT)	• Replacing legacy patient administration system (PAS) with Allscripts PAS • Implementing an open source Ophthalmology system (OpenEyes) • Implementing an A&E system (eCasCard) in majors • Business case developed for an integrated electronic health record system including electronic prescribing now approved by the Trust Board • COIN network re-procurement and NHS Mail 2
Kent and Medway NHS and Social Care Partnership Trust (KMPT)	• Implementing one-click summary care record. • Considering other opportunities to implement integration between the Rio electronic records system and systems such as order communications and e-prescribing. • Considering the implementation of an e-referrals system • Clinical documentation implementation
Kent Community Hospitals Foundation Trust (KCHFT)	• Implementing DocMan hub (structured messaging platform) to conduct clinical correspondence with GPs • Make available South Kent Coast CCG GP clinical apps so nurses can view patient data on mobile devices • Pilot in Thanet in 1 practice to identify opportunities to use GP system (EMIS) for recording clinical information • Discuss integration opportunities with the Vanguard (project aimed at creating more integrated services between health and social care) to implement deeper integration (talking to middleware suppliers)
Maidstone and Tunbridge Wells NHS Trust (MTW)	• Implementing new patient administration system with order communications (from Allscripts), • Implementing new A&E • Business case developed & presented to Trust Board for integrated electronic health record system including electronic prescribing • Refresh of infrastructure • GS1 barcode – purchase to pay and inventory management • COIN network re-procurement and NHS Mail 2
Dartford and Gravesham NHS Trust (DGT)	• Implementing Electronic Health Records throughout the trust (EHR) • Implementing Shrewd (Single Health Resilience Early Warning Database) for Management data sharing with DGS & Swale CCGs • Enhancing electronic ordercomms to include Radiography • Linking pathology labs with Medway Foundation Trust

Updated summary of current initiatives – Kent & Medway providers page 2

Organisation	Details of initiatives moving towards paper-free at point of care
Ellenor Lions Hospice	• Implementing Vision 360 for patient record viewing in DGS CCG area
Medway Foundation Trust	• Good progress now being made with CCG to integrate the MIG interoperability viewer to Emergency Department and Outpatients Systems within the hospital • Collaborative working with CCG to potentially enhance use of Medical Interoperability Gateway (MIG) as "Hub" for all communications • Order Comms Programme moving to tender Phase • Bed Management and Electronic Observation Programme moving towards contract award • Technical Specification in scoping phase for Electronic Document Management Solution • Continued support of Chemo E-Prescribing programme • Ongoing expansion of E-Referral system • Early scoping activities for a potential Paperless Maternity solution • Early scoping activities for the implementation of an E-Prescribing solution
Medway Community Health	• Continued development of Community Based Patient Record • Working with CCG/Medway Council on whole system referral solution for 'out of hospital' services, including Intermediate Care. • Developing Telehealth solutions to support MDT's in delivering care in the right place at the right time. • MIG supporting MedOCC (Medway on Call Care) services.

Updated summary of current initiatives – Kent & Medway CCGs page 1

Organisation	Details of initiatives moving towards paper-free at point of care
Thanet CCG	• Medical Interoperability Gateway (MIG) – go-live with KCHFT and South East Coast Ambulance (SECAmb) • EMIS Mobile system (view appointments and up-to-date medical records on a tablet) – pilot with one practice community nursing team, rollout across health and social care, all practices to be using EMIS Mobile and plan to give access to other providers • iPlato (Patient Care Messaging service) – rollout text messaging and "MyGP" app (self-check in within certain radius of practice, online access to records/appointments, medication, reminders, some self care/self management in certain areas) • Digitalisation of medical records – allow more objective/efficient transfer of records and free up space within practices to increase clinical capacity • Infrastructure improvements – implement Wi-Fi in every practice, improve connectivity i.e. fibre in every practice and support e-consulting/remote consultations (video consultations)
Canterbury CCG	• In June MIG go-live with other providers (KCHFT, KMPT, IC 24, SECAMB and Pilgrims Hospice) • In July start to use MIG Care Plans and move away from Share My Care (data sharing, coordination and collaboration in end of life care) • Plan to incorporate EMIS into community teams operational specification • iPlato roll out
Ashford CCG	• In June MIG go-live with other providers (KCHFT, KMPT and SECAMB) • In July start to use MIG Care Plans and move away from Share My Care • Plan that Community start to use EMIS system • iPlato roll out
South Kent Coast CCG	• MIG – go-live with KCHFT and SECAmb • In July start to use MIG Care Plans and move away from Share My Care • Plan to support mobile working for all practices • KCHFT to introduce electronic discharge transfers • Introduce electronic "buff sheet" with KCHFT • Rollout WiFi to all practices with potential to upgrade to N3 network if pilot successful • Plan mobile working in Deal including access to KCHFT to clinical systems and paramedic practitioners • Scoping for digitalisation of medical records

Updated summary of current initiatives – Kent & Medway CCGs page 2

Organisation	Details of initiatives moving towards paper-free at point of care
West Kent CCG	• Extension of Care Plan Management System as a electronic shared care record system • Further development of the advice and guidance system between primary and secondary care • Provision of a single directory of services across primary care • Urgent care dashboard – Shrewd (Single Health Resilience Early Warning Database) • Extension of patient messaging, following evaluation of iPlato (Patient Care Messaging service) and other solutions • Implementation of services to support federated working between GP practices by the deployment of Vision 360 • Implementation of Wi-Fi in primary care • Development of business case to support the new models of primary care
DGS & Swale CCG	• Implementing Medical Interoperability Gateway (MIG) for delivery of patient records to provider orgs (Expected go live Dec 2016) • Moving all practices in DGS to GP Systems of Choice hosted solution (Vision LAN to Vision Aeros) • Moving all practices in Swale to EMIS Web (allows healthcare professionals to record, share and use vital information) (currently 16 of 19) • iPlato – rollout text messaging and the 'pending GPSoC approval' "MyGP" app (self-check in within certain radius of practice, online access to records/appointments, medication, reminders, some self care/self management in certain areas
Medway CCGs	• Standardisation of GP system footprint (90% EMIS Web) • MIG live in Medway Foundation Trust ED, planned for Out Patients and Wards. • Federated GP system operating model – phase 2 planning • SMS services – iPlato solution being implemented. • Telehealth: reviewing solution for Dermatology / Ophthalmology (GPwSI) service. • Prescribing decision support fully implemented, implementing Eclipse to drive medicines optimisation (Quality and Safety). • Implementing whole system referral management, including GP system/Map of Medicine interoperability. Test of change around Community Geriatric Service. • Innovation hubs: room facilities for Improvement Science MDT working established at all Healthy Living Centre's. • Standard communication & collaboration tool NHS Mail 2 services established. • Establish Medway COIN network model : planning and consultation with network providers KPSN pilot site linked. • Out of hospital OPD clinics integrated with primary care services.: record sharing / risk stratification. • Reviewing primary care analytics services. • Reviewing technology solution to support Integrated Urgent & Emergency Care. • Quality Improvement (QI) health intelligence analytics to support QI breakthrough collaborative (Frailty, OP and Front Door). • Referral and knowledge management services with Kent Fire & Rescue service (Focus on Frailty Pathway).

Updated summary of current initiatives – Other Kent & Medway organisations

Organisation	Details of initiatives moving towards paper-free at point of care
Kent County Council	• Further development of the Kent Integrated Dataset • Implement sharing of social care data with Care Plan Management System (CPMS) • Initiate project for mobile working in Specialist Children's Services • Reviewing Adults Case Management case system with a view to replacement • Encouraging partners to promote flexible and joint working (using PSN-Roam) • Increase number of adult social care records with a matched NHS number • Investigating whether to make GP records available via the MIG interoperability system to Kent Social staff • Implementing the national child protection information system
Medway Council	• Implementing portal for professionals to access and contribute to education, care and health care plans for SEN • Planning online self assessment for adult social care as part of wider review of model of access to care and triage • Upgrade planned to electronic case management system (Framework i) Spring 2017 which will give mobile functionality for social workers • Council reviewing its technical roadmap corporately, including collaboration tools and Office 365 • Scoping citizens account for council services (potential to develop one account across council and health) • Working with whole system to develop standardised assessment forms for e referrals.
South East Coast Ambulance (SECAmb)	• Providing paramedics with access to CPMS (West Kent) • Sharing IBIS care data with other care professionals via CPMS (Care Plan Management System) • To be confirmed
Ellenor Lions Hospice	• Implementing Vision 360 for patient record viewing in DGS CCG area
IC24 (Out of Hours)	• Providing care professionals with CPMS • Sharing CLEO (Clinical data) with other care professionals via CPMS

Universal capability plans

Kent & Medway have initiatives underway to deliver the 10 universal capabilities as defined by NHS England below. These universal capabilities will facilitate operating Paper-free at the Point of Care. Substantive delivery is planned by end-March 2018.

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

2. Clinicians in Urgent & 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

Information sharing plans

Health and care professionals will need to access and share information, alert, task and notify across care settings. Kent & Medway are evolving initiatives to develop and implement a joint information sharing approach. To extract the most value from the sharing of information, common standards will be adopted e.g. SNOMED-CT to support direct management of care and Dictionary of Medicines and Devices to describe all medicines and devices.

- Key requirements
  - GPs receive structured clinical documents from acute hospitals at patient discharge [Transfers of care]
  - Clinicians can perform medicines reconciliation and contra-indication checking at point of patient admission [Medicines management and optimisation]
  - Care professionals are prompted take proactive action for deteriorating patients [Decision support]
  - Professionals involved in the care of a patient in crisis can co-ordinate their care through a shared care plan [Records, assessment and plans]

5. NEXT STEPS

- Implementation plans
- Next steps

Kent & Medway high level programme plan

Kent & Medway LDR plans	2016/17		2017/18				2018/19				2019/20			
	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Establish Kent & Medway governance	▪	▪												
Agree Kent & Medway approach		▪												
Develop Full Business Case (FBC)			▪											
Present FBC for approval				▪										
Following depend on agreed approach														
Expand interoperability (MIG) implementation			▪	▪	▪	▪	▪	▪	▪	▪				
Kent & Medway solution – procurement				▪	▪	▪								
Kent & Medway solution - configuration etc.							▪	▪	▪	▪				
Kent & Medway solution – rollout											▪	▪	▪	▪

Kent & Medway LDR – Next steps

1. Establish Kent & Medway LDR Delivery Board to oversee implementation of the Kent & Medway LDR.

2. Engage with care professionals and other stakeholder groups

3. Take forward the strategy by overseeing the development of a Full Business Case and submitting it for approval

4. Develop Kent & Medway LDR programmes for major transformational change including deliverables, costs and milestones.

5. Identify and obtain funding, approvals and initiate design and procurement process.

6. Agree memorandum of understanding between organisations on the priority and focus for implementation

7. Embed the Kent & Medway LDR as a core foundation of our **Sustainability and Transformation Plans.**