INFORMATION MANAGEMENT AND TECHNOLOGY (IM&T) STRATEGY

1 INTRODUCTION

1.1 This Somerset Information Management and Technology (IM&T) Strategy outlines the strategic vision and direction for the development of information technology and information management services in Somerset for the next five years, in order to support the transformational changes required to provide integrated and patient centred care.

1.2 It outlines the national drivers for IM&T and supports the need for a whole system approach to redesigning and improving patient services. This paper also acknowledges that the impact of technology and changing cultural practices can be uncertain, strengthening the need for the community to work collaboratively.

1.3 The IM&T Strategy Group will ensure strong links are established and maintained across the Somerset health and social care community, including clinical, social and informal care providers in the NHS, social care, voluntary and independent sectors, as well as engaging and informing patients and carers.

2 VISION AND SUCCESS

2.1 We aspire to lead the technological advances required to enable delivery of optimum health care to people of Somerset, in an unobtrusive and seamless manner, and to make IT an intrinsic part of care provision and self care, as it already is in many aspects of people's daily living and interactions.

2.2 In achieving this vision, the successful outcomes will ensure:

- all key providers of care to people of Somerset are able to share appropriate information at relevant times

- commissioning is based on health intelligence of the Somerset community and delivers to the needs of the population

- people-centred care planning is working to individual's own priorities and independence

- a capable and robust IT infrastructure is universally available across the health and social care community to meet these aspirations.

3 KEY PRINCIPLES

3.1 **Support the provision of care:** Information systems support the delivery of effective patient care. Through continued investment in technologies we able to better support the patient journey. Any case for information system developments and integration should assess the impact and improvement it can deliver for patient clinical outcomes.

3.2   **Sustain clinical involvement:** Engagement of clinical staff in IM&T developments is key to successfully defining and implementing any clinical IM&T solution. When considering how to deliver the strategic vision we will actively endeavour to involve clinical staff from across the community.

3.3   **Encourage patient engagement:** Identify opportunities to increase patient self-management through improved access to health records and utilisation of new technologies and understanding of use of IT in improving patient pathway. Encourage greater awareness and understanding of clinical conditions with patients and carers.

3.4   **Remain financially viable:** Maintaining strong financial planning and control is essential to the successful delivery of any IM&T programme that supports both business operation and development.

3.5   **Provide continuity of service, with a robust infrastructure:** With such a heavy dependence on technology, the impact of technology failure becomes significant. We will endeavour to mitigate against this risk and work to ensure that across all services, continuity plans are in place and tested.

3.6   **Innovative approach:** Innovation and creativity can drive improvements in both IM&T and the way IM&T is utilised. All staff – clinical and non-clinical - must keep appraised of developments in technology, working with IT staff to support evaluation, and incorporate advances where appropriate.

3.7   **Develop an information culture:** Promote the development of an information culture with a clear governance framework. Within this, staff are encouraged and supported to access, use and share information appropriately. Information, including personal information, is managed securely and confidentially and shared in ways which support patients and users of the data in providing planned and unplanned patient care.

3.8   **Communicate reliably and efficiently:** Operationally, staff should be able to use information technology to communicate reliably, efficiently, securely and in a timely manner. Staff should have access to sources of evidence and specialist knowledge.

4   NATIONAL AND LOCAL CONTEXT

4.1   'The Power of Information' describes the National Strategy for ensuring that the NHS takes advantage of digital technologies and supporting the cultural shift for patients to have greater participation in their health and care. Implementation of this Strategy will result in better, joined up care across providers consistently producing high quality outcomes. Appendix A provides a summary of key deliverables described in the National Strategy.

4.2   The key ambition is to ensure that information and new technologies are used to achieve higher quality care by supporting clinicians and improving outcomes for patients and service users through improved utilisation of information and IT across health and social care.

4.3   The National Health and Social Care Information Centre Strategy highlights four priority areas (see Appendix A) including need for promotion of trust through secure and interoperable services. It discusses the need for services to be

commissioned according to pathways of care, and envisage this through the greater integration of services across clinical, social and personal care.

4.4   NHS England Draft Planning Guidance 2014/15 notes the amendments included in the GMS Contract 2014/15 introducing:
- New requirement for Summary Care Records to be created for all patients by March 2015 encouraging urgent and emergency care providers to use SCR;
- Use of NHS Number as the primary identifier; and
- Use of GP2GP to transfer patient records between practices.

4.5   Locally, Somerset is continuing to roll-out service developments which integrate health and social care delivery, supporting patients in their community. Timely sharing of information to support the patient pathway is always important. As Somerset moves towards its implementation of personalised care planning, the need to agree consent issues and how to share information will be a significant issue to resolve. A Somerset Information Governance Summit was held in November 2013 to begin to address the governance and technology aspects of the transformational work. This work is ongoing, with support of the Health and Social Care Information Centre, as the CCG establishes a Summit Network.

4.6   Alongside this, the essential maintenance of systems and infrastructure in CCG and General Practices form the foundation of our IM&T capability. Engagement and awareness with practices, Federations, clinical and non-clinical IT leads will continue and be further strengthened with need for a patient centred approach to information provision.

4.7   Additionally, this Strategy incorporates the patient's perspective, the clinical encounter and how information needs to be shared as appropriate with other agencies. It will further embrace technology and support information sharing along patient pathway.

5   LOCAL PRIORITIES

5.1   This section outlines the six core workstreams and their key elements within IM&T.

National Projects
- Summary Care Record
- Electronic Prescription Service Release 2
- E-Referral (new Choose and Book)
- GP2GP
- NHS Number

Local Projects
- Electronic Messaging
- Personalised Care Planning
- Support to CCG domain priorities
- Somerset Practice Quality Scheme
- EPaCCS (End of Life)
- Corporate IT

Information Technology (systems, equipment, innovation)
- Infrastructure, networks, hardware and software

- GP Systems of Choice
- Spine Connectivity and Smartcards
- Integration and Interoperability

Information Management
- Information Governance (consent, confidentiality, security)
- Data Standards, templates and protocols
- Information Sharing
- Incidents and Risk Management

Business Intelligence (data quality, analysis and reporting)
- Data Warehouse
- Data analysis, interpretation and reporting (ie Abacus, clinical dashboard)
- Interpretation and insight (information to support projects)

Digital Health (use of technology in communication - patients and corporate)
- Telehealth
- Websites and Social Media
- Virtual communications (Video-conferencing)

5.2   From these workstreams, a core IM&T list of Planned Actions has been developed, outlining the three core priorities for 2013-15 (Appendix B), with an emerging Programme of Work subject to annual review and development (Appendix C) and Project Updates (example given in Appendix D).

5.3   Overall, a collaborative approach between organisations will be required in order to ensure that best use of technology is promoted in balance with the key principles, particularly of affordability, timescales and ability to maintain safe and secure systems.

6   GOVERNANCE AND IMPLEMENTATION

6.1   The draft Strategy will be shared with COG, Directorates and Federation Leads to ensure that it is embracing both national and local strategic direction in terms of clinical developments, and is in line with other core CCG strategies for Information Governance, Data Quality and Patient Engagement, and is supported in local work plans.

6.2   Each member of the IM&T Strategy Group (Terms of Reference in Appendix D) is tasked to champion the utilisation of information and technologies from their stakeholder positions ensuring that the resultant draft strategy is reflective and supportive of CCG ambitions.

7   RESOURCES

7.1   Strategically, resources for IM&T are in place within the CCG, for both clinical and management support. The Strategy Group includes membership by invitation from each CCG directorate to ensure strategic IM&T needs and reporting are in place to support system wide requirements, with reference to patient engagement, patient safety, data management, governance, commissioning and financial planning. A key function of the IM&T Strategy Group is to co-ordinate and review new IT concepts and ideas to prevent duplication and avoid a fragmented approach to IT dependent projects.

7.2   Operationally, IM&T services are delivered through South West Commissioning Support, with services established for ongoing maintenance, support and development of IT infrastructure for CCG and GP IT. The Programme of Work includes national and local projects, business as usual and emerging requests. Additional local initiatives and support will be prioritised in line with resources available for innovation and transformational change.

7.3   GP IT costs are met from the funding allocation delegated from NHS England Area Team to Somerset CCG. During initial discussions, Somerset CCG has identified need for additional funding to support the GP IT element of system wide change to infrastructure and interoperability, with request for initial funding allocation for each year over the next five years.

7.4   As part of the IM&T Strategy Group and the work planned for the Summit Network further initiatives and funding allocation is to be highlighted via the Transformation Board and the Clinical Operations Group. Further commitment to the whole system approach will be translated into contractual requirements to be incorporated into local provider arrangements.

8   SUMMARY

8.1   This Strategy sets out the strategic vision and direction for the development of IM&T in Somerset to support the transformation of service required to provide integrated and patient centred care. Over the next five years the Strategy Group will monitor the delivery of the action plan to ensure Somerset meets both local and national strategic aims.

8.2   The Strategy includes existing and future work streams in line with local and national initiatives.

8.3   The Strategy group will establish and maintain strong links with Somerset's health, social care and other providers to support and enable the transformational changes required to provide an integrated and patient centred care the residents of Somerset. This work has already started with representatives of all the major providers attending the Information Governance summit in 2013. This work continues with the Summit Network in 2014.

8.4   All future developments of this strategy will be shared with the COG, Directorates, Federations and other stakeholders.

APPENDIX A – Extracts of National Strategies

1   **Key elements of the Power of Information strategy include:**

1.1   A commitment that, by 2015, anyone in England will be able to access their GP health record online as well as book appointments with their GP or request repeat prescriptions online.

1.2   A longer-term commitment that all health and care records held by hospitals and other service providers will be made securely available to patients, enabling them to become much more involved and in control of their own healthcare.

1.3   A new national website will give people access to information about NHS, public health and social care services. This will include information on conditions, symptoms, treatments and the quality and range of services available, so that patients can make properly informed choices about their care.

1.4   The NHS will help patients and the public to get and understand the information they need, particularly for those people who are unable to access online information. This will involve the NHS working closely in partnership with other organisations, particularly in the voluntary sector.

1.5   Patients will be able to leave feedback on their experiences of NHS services, both online and in other ways, and NHS organisations will listen to this feedback and act on it.

1.6   The way information is recorded in patients' records will be accurate, consistent and standardised. This will both improve the quality of data available for patient care and also reduce over time the need for time consuming and costly additional data collections.

1.7   There will be clear national standards in place to ensure that locally developed IT systems can "talk" to each other and exchange information effectively and securely.

1.8   Technology will be used to give patients high quality and convenient care – whether this be telehealth monitoring equipment that can be put in people's homes or equipment such as digital pens or clinical websites that make the working lives of NHS staff much easier and more efficient.

1.9   NHS organisations will be encouraged to have a clinical information champion on their Boards to promote the importance of IT skills and training across the NHS workforce, for clinicians and front-line staff as well as IT professionals.

2   Key elements of *Liberating the NHS: The Information Revolution (August 2011)*:

- People have the information they need to stay healthy, to take decisions about and exercise more control of their care, and to make the right choices for themselves and their families;
- People are able to see an accurate record of their care, which is available to them electronically, and use it as a basis for interacting with their care providers;
- Health and adult social care information is liberated from a closed, bureaucratic system in order to serve patients and the public, and to help drive better care, improving outcomes, fostering innovation and facilitating the better use of resources.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216664/dh_129580.pdf

3   Key elements of *Everyone Counts: Planning for Patients 2013/14 (December 2012):*

- Need for integrated information across health and social care
- NHS Number as primary identifier across all providers by 2013/14
- Move to paperless referrals by March 2015
- Patient online access to their primary care records by Spring 2015
  http://www.england.nhs.uk/everyonecounts/

4   Key elements of *A Strategy for the Health and Social Care Information Centre 2013-15 (October 2013).* There are four priority areas:
- Promote trust through secure and interoperable services
- Delivering national technology services
- Provide information to support better care
- Supporting the wider economy

5   Key elements of *High Quality Data Sets – A Vision (October 2013).*
There are four priority areas:
- Promote trust through secure and interoperable services
- Delivering national technology services
- Provide information to support better care

6   A national template strategy is due to be issued in 2014/15 to outline the vision for data quality, and will need to be considered by Somerset CCG to develop a local strategy.

SOMERSET CLINICAL COMMISSIONING GROUP

INFORMATION MANAGEMENT AND TECHNOLOGY STRATEGY

PLANNED ACTIONS

1.1   Further to development of the CCG 5 year IM&T Strategy, there are three key actions identified.

1.2   **Somerset Information Governance Summit** – to establish a Summit Network to take forward discussions across the Somerset health and social care community, facilitated by Somerset CCG. To focus on:

- Addressing clear information governance to support patient pathways of care by early 2014
- Developing a Summit Network Action Plan to identify and agree a set of key governance and technological ambitions that will focus Somerset organisational effort in the short, medium and longer term to determine a solution
- Consider re-establishment of a Somerset Health and Social Care IM&T Board, addressing the need for interoperability, innovation and improved use of technology in a staged approach across the Somerset community

1.3   **Somerset IM&T Programme of Work** – to establish a Programme of Work Group to operationally plan and implement a full range of IM&T related projects and initiatives, including:

> ➢ National projects – Summary Care Record, Electronic Prescription Service Release 2, NHS e-Referral Service (successor to Choose and Book), GP2GP Service for electronic transfer of patient records in primary care and NHS Number.
> ➢ Local projects – electronic messaging (including discharge summaries and clinical correspondence), personalised care planning, support to CCG domain priorities, website, communication and engagement with patients and organisations across Somerset health and social care community, corporate IT assets, knowledge and staff development.
> ➢ Information Technology (systems, equipment, innovation) - Infrastructure, networks, hardware and software, GP Systems of Choice, Spine Connectivity and Smartcards, Integration and Interoperability
> ➢ Information Management - Information Governance, Data Standards, templates and protocols, Information Sharing, Incident/Risk Management.
> ➢ Business Intelligence - Data Warehouse, Data analysis, interpretation and reporting, Interpretation and insight (information to support projects)
> ➢ Digital Health (use of technology in communication - patients and corporate) – Telehealth, Websites, Social Media, Virtual communications (Video-conferencing)

1.10   **Somerset IM&T supporting Transformation** - to support CCG Vision and Strategies with IM&T transformational changes and innovation for improved quality, through identifying key hurdles to transformation and working with partner organisations in development of system and processes to overcome these for the benefit of patient care. To raise discussions as required to the Somerset Transformation Board.

APPENDIX C – Somerset IM&T Programme of Work

To be regularly reviewed subject to discussions with Directorates and IM&T Strategy Group

- ➢ National projects
  - o Summary Care Record
  - o Electronic Prescription Service Release 2
  - o NHS e-Referral Service (successor to Choose and Book)
  - o GP2GP (electronic transfer of patient records in primary care)
  - o NHS Number.
- ➢ Local projects
  - o Electronic messaging (ie discharge summaries, clinical correspondence)
  - o Personalised care planning
  - o Support to CCG domain priorities
  - o Website
  - o Communication and engagement with patients and organisations across Somerset health and social care community
  - o Corporate IT assets, knowledge and staff development.
- ➢ Information Technology (systems, equipment, innovation)
  - o Infrastructure, networks, hardware and software
    - ▪ Windows 7, Exchange 2003
    - ▪ GP PC Rolling Programme
  - o GP Systems of Choice
    - ▪ Practice Migration to EMIS Web
  - o Spine Connectivity and Smartcards
  - o Integration and Interoperability
- ➢ Information Management
  - o Information Governance
  - o Data Standards, templates and protocols
  - o Information Sharing
  - o Incidents and Risk Management.
- ➢ Business Intelligence
  - o Data Warehouse
  - o Data analysis, interpretation and reporting
  - o Interpretation and insight (information to support projects)
- ➢ Digital Health (use of technology in communication - patients and corporate)
  - o Telehealth
  - o Websites
  - o Social Media
  - o Virtual communications (Video-conferencing)

APPENDIX D - Project Update – Electronic Prescription Service (February 2014)

Level	**National Programme with local implementation Plan**
Governance	**EPSr2 Project Board – Programme of Work Group – IM&T Strategy Group**
Vision	Improving patient care by reducing wait times at local pharmacies for prescriptions. Creates a smooth and consistent approach between prescribers and dispensers, and generates accurate prescriptions.
Aim	Every patient across Somerset to be given the option of selecting a pharmacy of choice to pick up their prescriptions from.
What is it?	The Electronic Prescription Service enables prescribers, such as GP's and practice nurses to send prescriptions electronically to a dispenser such as a pharmacy of the patient's choice. This makes the prescribing and dispensing process more efficient and convenient for patients and staff.
Stakeholders	Somerset CCG HSCIC South West Commissioning Support Unit Somerset GP Practices Somerset registered pharmacies LMC, LPC
Drivers	HSCIC Somerset CCG IM&T Strategy NHS England (responsible for authorising GP practices to use EPS, as stated in the GMS Contract Regulations (Schedule 6, paragraph 39A)) Area Team
Websites	Securing Excellence in GP IT Services: http://www.commissioningboard.nhs.uk/files/2012/12/gp-it-op-model.pdf EPS Release Information: http://www.hscic.gov.uk/eps Securing excellence in IT Services: Operating Model for Community Pharmacies, Appliance Contractors, Dental practices and Community Optometry: http://www.commissioningboard.nhs.uk/files/2012/12/pc-it-op-model.pdf
Status	0% complete but interest mounting across Somerset.
Progress	- Porlock Medical Centre agreed to implement EPSr2 on 3rd March 2014. - Business Change Process workshop scheduled for Wednesday 29th January 2014. - Harley House and Irnham Lodge wish to go live with EPSr2 but only once the outcome from Porlock Health Centre is known. - Interest from Wells Health Centre - Interest from Glastonbury GP Practice - Interest from Axbridge GP Practice - Interest from Taunton Federation
Target	**All Somerset GP practices.**

SOMERSET CLINICAL COMMISSIONING GROUP

INFORMATION MANAGEMENT AND TECHNOLOGY STRATEGY GROUP

TERMS OF REFERENCE

1   PURPOSE

1.1   Somerset Clinical Commissioning Group (CCG) Information Management and Technology (IM&T) Strategy Group is tasked with ensuring a robust five year strategy and programme is in place for the development and implementation of information technology and management of information, to support the aims and objectives of the CCG.

1.2   The Group and Strategy will establish a key link to the Transformational Board, incorporating links to the whole system, through establishment of a Somerset Health and Social Care IM&T Board, with both clinical and non-clinical input. The need for interoperability, innovation and improved use of technology will drive this agenda forward with a staged approach.

1.3   On an annual cycle, the Group will lead the development of an Action Plan, in order to define the IM&T work programme, and provide the basis for service provision plans for the Commissioning Support Unit (CSU). In addition, the Group will be required to monitor the service delivery, financial plans and project outcomes against the annual Action Plan and overall Strategy.

2   ROLE OF THE GROUP

2.1   To develop a strategy and programme of work to support the information and IM&T operational requirements of the CCG.

2.2   To ensure sound financial management of IM&T programme and robust business case established for further investment.

2.3   To understand requirements of the CCG and the care system, considering people, patient, population, Federation and Somerset levels.

2.4   To identify opportunities to develop and explore innovative pathways and ways of working.

2.5   To understand requirements of the National IM&T Strategy and Programme.

2.6   To understand requirements of the local transformational programme.

2.7   To determine the governance arrangements of data quality, information governance and information flows.

2.8   To oversee the risks and opportunities emerging from the local action plan.

2.9   To ensure that progress is fully communicated with other workstreams as appropriate.

3   MEMBERSHIP*

3.1

Role	Name
Clinical IT Lead (Chair)	Justin Harrington
Chair of Clinical Operations Group	Matthew Dolman
GP IT lead, Clinical Operations Group	Ed Ford
Deputy Director of Clinical Commissioning and Pathway Development	Claire Higdon
Head of IM&T Commissioning	Allison Nation
IM&T Commissioning Project Manager	Graham Riley
Director of Business Intelligence and Informatics	Andy Kinnear
Practice Manager (IT interest)	Tracey Holle

*Other attendees as required by invitation.

3.2   Members of the CCG IM&T Group will have a duty:

- To contribute to the development of the Information Management and Technology Strategy
- To communicate the key priorities and recommendations arising from the group as appropriate
- To effectively communicate the views of the group
- To attend other IM&T Board and Project Groups as required
- To ensure adequate representation at the group by nominating a deputy to attend in their absence
- To engage with colleagues across CCG, local authorities, CSU and wider health and social care community as required to deliver the local action plan
- To champion the IM&T perspective at all times, considering the role of health technologies, prioritising the role of patients in provision of high quality care

4   QUORUM

4.1   The quorum shall be the Chair (or Deputy), one CCG member, one CSU member and one Clinical member, with at least one representative from a non IT discipline.

5   FREQUENCY OF MEETINGS

5.1   The Group should initially meet on a monthly basis (virtual or face-to-face) and will be subject to review as the strategy develops and the programme progresses.

6   ACCOUNTABILITY AND REPORTING

6.1   The accountability of the group is to the Clinical Operations Group of the CCG. Minutes of meetings will be circulated to all group members, with copy to COG.

7   SUB GROUPS

7.1   Where work streams or specific actions are required, sub groups may be established to ensure strategic guidance is appropriately provided to operational details.

8   AUTHORITY

8.1   The authority of the group is extended to that of individuals within the group as identified in the Standing Orders and Standing Financial Instructions of their organisations.

21 October 2013