CAMBRIDGESHIRE AND PETERBOROUGH SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP DIGITAL STRATEGY

To: **Cambridgeshire Health Committee**

Meeting Date: **6 December 2018**

From: **Chief Executive or Executive Director etc.**

Electoral division(s):   ***All***

Forward Plan ref: ***N/A***   *Key decision:* **No**

Purpose: **UPDATE REQUESTED BY COMMITTEE**

Recommendation: **To note and comment on the contents of the report**

1. BACKGROUND

1.1 Across Cambridgeshire & Peterborough we have a varied digital landscape which is currently in a state of intense change. Two of our Partners are recognised nationally for their digital maturity, while our other providers are in the process of replacing their electronic patient health records systems. Addenbrookes as a digitally mature organisation, reflected by its Global Digital Exemplar status, with the EPIC system it has already taken steps towards become paperless. Whilst, sharing information safely to support direct patient care – for example by installing EPIC viewer at the Granta GP practice in Sawston. We also have Royal Papworth who are a Lorenzo Digital Exemplar to help push forward the development of that particular Patient Administration System (PAS). Meanwhile North West Anglia Foundation Trust are currently implementing a new Medway PAS system along with the local authorities move to Mosaic. In the community and mental health setting CPFT are looking to replace two of their PAS systems by 2020. The upgrades to the PAS at NWAFT and CPFT are key steps as it gives us a foundation to build upon in terms of having modern IT infrastructure to make the sharing of information feasible.

1.2 This report provides an update on the work of the Digital Enabling Group which was set up as part of the Cambridgeshire & Peterborough Sustainability and Transformation Partnership. In particular, it focuses on the Digital Strategy and key next steps. It also addresses the queries raised by the committee around:
- o Details of the new Digital Strategy & it's implementation over the next two years.
- o Focus on how the System is moving towards sharing patient records effectively between health and health and health and social care.
- o What are the barriers and how are these being overcome?
- o Information sharing agreements and clinical governance.

2. MAIN ISSUES

2.1 *Details of the new Digital Strategy & it's implementation over the next two years*

The Cambridgeshire & Peterborough STP Digital Strategy was presented and endorsed at the Health and Care Executive on the 20 September, and further the STP Board on the 27 September. The strategy sets out a vision for how we can become the most digitally enabled system and how technology can support the greater integration of health and care, and in particular around individuals and communities. This vision aligns our local vision to that of the Five Year Forward View and identifies five areas of focus:

Digital Vision – Becoming the most digitally enabled system

Empower patients - using apps, wearables, smart homes so our community is confident in managing their own health and feel independent, in control and connected with their healthcare providers.

Support and empowering staff - Developing our staff digital skills, providing decision support and releasing more time for care for example through the use of virtual assistants and robotics.

Integrate services - Create systematic, seamless and high quality care using standardised records, ready access to necessary information, and close to real time flows of information across clinical pathways.
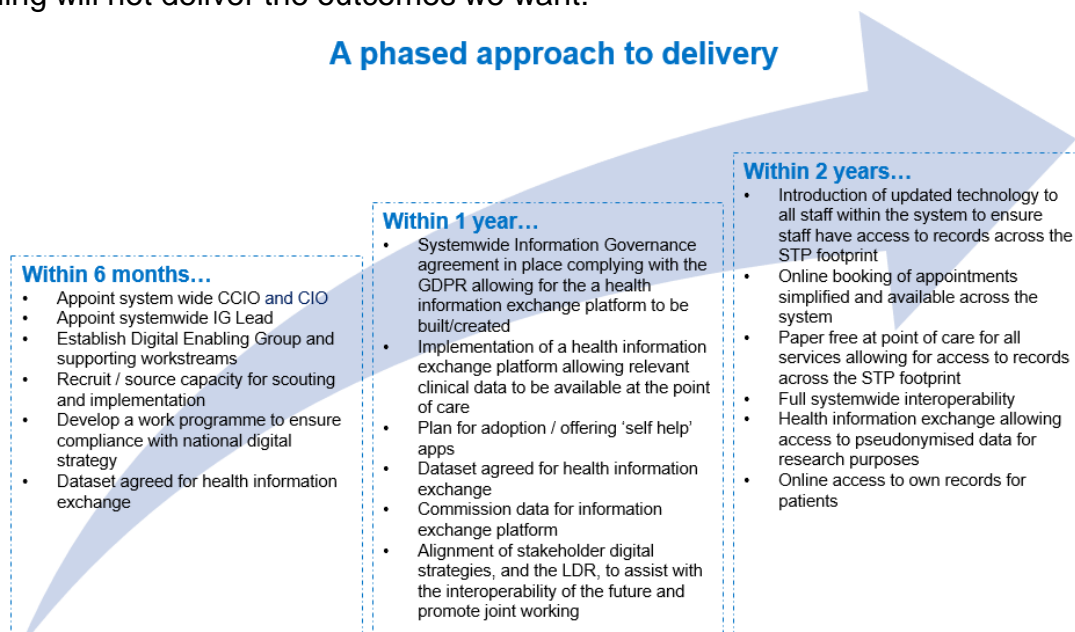
Manage the system effectively - Aligned digital strategy to create system convergence and interoperability, create a common approach to information governance, data definitions and standards and procurement.

Create the future - In collaboration with patients and industry, support innovation, research and service development by creating rich, integrated information resources and analytics, by using machine learning and AI and by continually looking ahead to see what emerging technologies can be used in healthcare.

The Digital Enabling Group meets monthly to progress the strategy and includes representation from the two Local Authorities, the three Acute Providers, Primary Care, the two Community Providers (which also provide mental health) and the Academic Health Science Network[1].

We have set ourselves key actions and milestones over the next two years, these try to get the system moving at pace whilst also acknowledging that if we want to do this right then rushing will not deliver the outcomes we want:

A phased approach to delivery

Within 6 months…
- Appoint system wide CCIO and CIO
- Appoint systemwide IG Lead
- Establish Digital Enabling Group and supporting workstreams
- Recruit / source capacity for scouting and implementation
- Develop a work programme to ensure compliance with national digital strategy
- Dataset agreed for health information exchange

Within 1 year…
- Systemwide Information Governance agreement in place complying with the GDPR allowing for the a health information exchange platform to be built/created
- Implementation of a health information exchange platform allowing relevant clinical data to be available at the point of care
- Plan for adoption / offering 'self help' apps
- Dataset agreed for health information exchange
- Commission data for information exchange platform
- Alignment of stakeholder digital strategies, and the LDR, to assist with the interoperability of the future and promote joint working

Within 2 years…
- Introduction of updated technology to all staff within the system to ensure staff have access to records across the STP footprint
- Online booking of appointments simplified and available across the system
- Paper free at point of care for all services allowing for access to records across the STP footprint
- Full systemwide interoperability
- Health information exchange allowing access to pseudonymised data for research purposes
- Online access to own records for patients

2.2 *Focus on how the system is moving towards sharing patient records effectively between health and health and health and social care*

Work with stakeholders across the system has identified the need for an integrated care record. You will see from our Digital Strategy the ability for clinicians to access a complete patient record is key to delivering better services. The areas of focus above all relate to the

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[1] Collectively, as a national network, AHSNs support improvements around common themes such as improving patient safety.

delivery of an integrated care record across the system and how it can help us empower our patients and staff.

In order to establish an integrated care record, we need investment. To access national funds for digital innovation, the Cambridgeshire & Peterborough system unsuccessfully bid for national [Local Health Care Record](#) (LHCR) funding in June 2018 as part of the Eastern Region bid which was pulled together by the Eastern Academic Health Science Network. We have also been told we will not be part of the 2nd wave of exemplars due to our lack of digital maturity across the region. However, establishing integrated care records is now a national directive, as set out in the recent digital strategy by the Secretary of State for health and care[2], so at some point we will be part of a national wave. System partners are even more committed to achieving this objective as early as possible and are part of the Eastern Region LHCR programme. As part of this we are working with neighbouring STP areas (Norfolk, Suffolk, Essex, Hertfordshire & Bedfordshire) to identify a workplan to ensure that as a system wherever possible we do activities once e.g. information standards and definitions as well as information governance frameworks. There is a workshop on the 29 November to progress this work and clarify the next steps.

NHS England have also commissioned a piece of work looking at "Building a Digital Region in the Midlands and East of England". The focus of this work is on understanding the digital plans and ambitions of the 17 STPs in the area to help accelerate the journey towards development of LHCRs allowing frictionless flow of patient information across the region. The work will focus on three key areas:
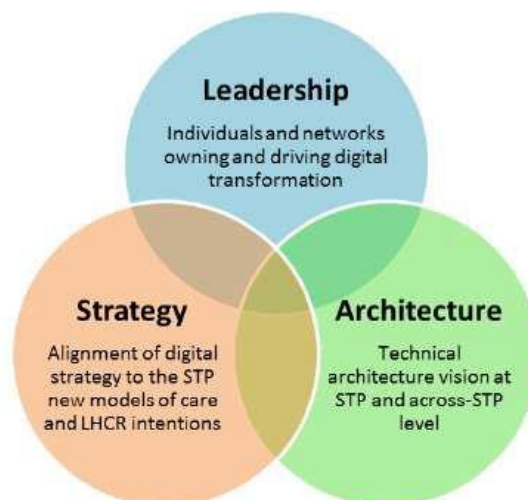
This work will help foster digital networking between STPs throughout the region
It will support coordination of STPs in developing LHCRs
Engagement will help build individual STP preparedness for the next wave of the Local Health and Care Record Exemplar Programme
The work will provide a basis for successful bids in future regional digital initiatives

2.3   *What are the barriers and how are these being overcome?*

There are many challenges to creating an integrated care record including; cost, patient consent, digital maturity and methodology.

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[2] https://www.gov.uk/government/news/matt-hancock-launches-tech-vision-to-build-the-most-advanced-health-and-care-system-in-the-world

In terms of cost the Local Health Care Record Exemplars (LHCRE) will receive up to £7.5m of capital per system to deliver integrated health and care records. This was expected to be matched locally both with financial and expert resource. In terms of overcoming a lack of funding for digital investment we need to ensure we are clear on what we need as a system and to describe the most cost effective option for achieving this purpose. For example, we must answer whether we need instant access to the latest information on a patient or can some data be updated weekly or monthly? These types of decisions will help clarify the future costs of the system.

For patient consent there are various national programmes in place to record consent for information to be shared. However we could go a step further and put the patient in control of that information sharing using a service like Patients Know Best (PKB). PKB is a Social Enterprise that puts patients at the centre of sharing their information. They have created a cloud solution that allows patients to decide who their information is shared with and what it is used for. This type of approach is under consideration, along with others, that involve asking patients to give their consent for sharing their care records for specific purposes (in a manner compliant with GDPR).

Methodology will also help us understand consent and cost implications. There are two different ways of delivering an integrated care record. You can create a data repository – sometimes called a "warehouse" or a "lake" – that contains all the information you need; clinicians can then link to this dataset to obtain relevant information when the patient grants consent (Norfolk). The second methodology doesn't create one place for the data to be stored but instead creates links between the different systems e.g. Hospital, Primary Care that present the information to the clinician via a portal after patient consent has been gained (for example the West Suffolk Cerner and Addenbrookes EPIC linkage).

For any barrier there is likely a solution. We are therefore looking at what others have achieved already. In Peterborough, North West Anglia Foundation Trust have been in discussion with the team behind Lincolnshire Care Portal. This is already up and running across Lincolnshire. We are meeting with both NHS colleagues from Lincolnshire and the system developers to look at how we can quickly learn lessons.

We must also acknowledge that some work has already happened. As a system we have shared records currently available in the form of the Summary Care Record which has been deployed across the system and allows medical professionals the ability to view primary care information (medication, allergen and [drug] reactions). There are currently 830,000 SCR records available to view with consent across all health settings for Cambridgeshire and Peterborough patients. The ability to view this information is via a portal separate to the main PAS system, this requires staff to log in to a second system to retrieve the information. It also only provides them with part of the patient record (Primary Care). The partial information and needing to login to a second system are seen as some of the barriers to use. Busy staff, especially in A&E departments, don't have the time to carry out multiple logins to only find the information they need is not included. This makes access to the information via current systems one of the key requirements of future work.

2.4 *Information sharing agreements and clinical governance.*

In May this year the Cambridgeshire Information Sharing Framework was published. The

Framework is a high level agreement between a number of public organisations in Cambridgeshire. Its aim is to facilitate more effective data sharing across Cambridgeshire where this is needed to improve service delivery or to enable each organisation to respond quickly to customer needs.

Information can only be shared when it is appropriate and legal to do so and the Framework helps to ensure that all of the involved parties understand and comply with their obligations in this area. The Framework sets out common standards and also helps to ensure that information that is shared is managed consistently and securely.

The current partners are:

Cambridge City Council, Cambridgeshire and Peterborough Clinical Commissioning Group, Cambridgeshire and Peterborough NHS Foundation Trust, Cambridgeshire Community Services NHS Trust, Cambridgeshire Constabulary, Cambridgeshire County Council, Cambridgeshire Fire and Rescue Service, Cambridgeshire University Hospitals NHS Foundation Trust, East Cambridgeshire District Council, Fenland District Council, IMP/YOI Littlehey, Huntingdonshire District Council, North West Anglia NHS Foundation Trust, Peterborough City Council ,South Cambridgeshire District Council, Urgent Care Cambridgeshire.

In terms of Clinical Governance, the Digital Enabling Group has Chief Clinical Information Officer, Medical Director and GP oversight to ensure that the strategy helps create an environment where clinical excellence will flourish. As part of that strategy we have identified key posts to support delivery of digital change. We see the need for two part time roles in the form of a Chief Information Officer and a Chief Clinical information officer to give both technical and clinical input to delivery. We also see the need for a full time information governance post to ensure that the framework above is utilised to its full potential and that obtaining appropriate patient consent and assuring the public we are handling their data safely is not seen as a blocker. Our strategy is currently in the process of being publicised across the system with the clear point that technology is an enabler, if we don't ensure our processes are right and our staff willing to use it, it will not add value.