

# NHS Lanarkshire Board Meeting - 28<sup>th</sup> February 2007

## eHealth Report

### 1. Introduction

This report describes revised governance arrangements for eHealth within NHS Lanarkshire and sets out a proposed implementation plan for eHealth developments during the period 2007-09.

The proposals are consistent with a number of significant nationally published documents including:

- HDL 46 (2006) – Interim guidance on eHealth developments
- Deloitte report on governance of the eHealth Programme in Scotland/Audit Scotland Report on eHealth
- Deloitte report on GP Information Technology

The revised workplan takes account of local priorities as well as ensuring congruence with the emerging strategy. Areas where benefits to patients and clinical staff are demonstrated have been prioritised together with the early planning activities required to address the service change that will result from the implementation of 'A Picture of Health'.

### 2. Governance arrangements

The overall governance of the eHealth programme will be conducted through an **eHealth Executive Group**.

NHS Lanarkshire will have an eHealth Executive Group in lieu of the eHealth Implementation Board that is proposed by Deloitte. The members of the group will be:

- Director CHP South (Lead Executive Director) – Chair
- Director CHP North
- Director Acute Operating Division
- Medical Director
- Director of Nursing and AHPs
- Director of Finance
- General Manager – eHealth/IM&T
- Clinical Lead for eHealth

The eHealth Executive Group will be responsible to the NHS Board (through the Lead Executive Director) for:

- Setting up and monitoring the broader governance arrangements within the Programme
- Resource identification, allocation and monitoring
- Identifying and agreeing priorities towards formulating the NHS Lanarkshire strategy and associated implementation and resource plan
- Agreeing business cases in support of the programme including financial and economic ‘sign off’ to include benefits and change management plans
- Linkage of the eHealth Strategy to the wider corporate planning and development activities with particular reference to ‘A Picture of Health’
- Ensuring that supporting plans are in place and coherent with eHealth aims and objectives, including Information Governance, Clinical Governance and Organisational Development
- Link to national programme through Heads of eHealth Group

The delivery of the eHealth programme will be the responsibility of the **eHealth Clinical Delivery Group** - NHS Lanarkshire will have an eHealth Clinical Delivery Group in lieu of the Clinical Reference Group that is proposed by Deloitte.

The group will comprise clinical leaders from across NHS Lanarkshire. They will have a role in representing their specialty, directorate, locality or professional interest in the wider eHealth agenda and will have individual lead responsibility for the delivery of projects that contribute to the wider programme of work.

Clinical Leads who have responsibility for specific workstreams will be supported by a nominated senior manager from eHealth/IM&T who will provide technical, governance and project management support.

This group will be chaired by the **Clinical Lead for eHealth** and will be responsible for implementing the eHealth Strategy within NHS Lanarkshire to include:

- provide leadership, and engage where appropriate with Project Boards and Project Teams that are responsible for delivery of elements of the strategy
- liaise with, and encourage input from, specialty, directorate, professional and locality stakeholders
- generation of ideas and innovative thinking associated with eHealth opportunities to support service provision
- overseeing change management activities associated with achievement of the benefits from eHealth investments
- provide advice and make recommendations to the eHealth Executive Group with particular regard to investment priorities

- communicate eHealth related activities to clinical stakeholders both directly and through representative bodies
- ensure that the eHealth programme is complementary to, and contributes to the wider service change agenda
- ensure that processes are in place that deliver effective and safe eHealth related activities from the perspective of clinical and information governance
- coordinate (through the nominated professional eHealth Leads) the activities of projects as they contribute to the wider programme and ensure that there is appropriate engagement with the Programme Management Office (PMO)
- provide representation, individually and collectively, in relevant national groups responsible for direction of the eHealth Strategy to influence and inform on behalf of NHS Lanarkshire

There is an absolute requirement to ensure that the above two groups are supported in the delivery of the programme and that there is appropriate linkage to A Picture of Health. In this regard, a formal approach to programme and project management is required together with strengthened information governance arrangements. This will include the establishment of:

- **Programme Management Office (PMO)**

The PMO will provide a control function to the overall programme. It will be responsible for the administration, documentation and secretarial support of the programme in accordance with an agreed programme management methodology utilising a nationally agreed standard toolset.

The key objectives of the PMO are to:

- Ensure adherence to project management standards and compliance
- Provide budgetary management and reports to the programme
- Coordination of project plans and reporting templates to ensure that the projects that comprise the programme are monitored and reported appropriately
- Maintain risk and issues logs associated with the programme and ensure that these are reported appropriately
- Maintain a system of benefits identification, management and realisation

- **Individual Project Boards**

Each of the significant elements of the Programme (Projects) will be delivered through a Project Board constituted to reflect the needs of that project. These will be led by an appropriate clinical lead who will also be a member of the eHealth Clinical Delivery Group.

The clinical lead will be 'paired' with a senior manager from eHealth who will be responsible for 'day to day' management of projects in accordance with their stated aims, timescales and budget. All projects with a capital cost in excess of £100,000 will be subject to formal project management overseen by an appropriately constituted Project Board.

Project Boards will operate a common methodology in accordance with that set out nationally and adopted locally by the PMO.

- **Information Governance**

Information Governance will be the responsibility of a sub-group of the Clinical Governance Committee that will also provide advice to the eHealth programme. The Group will be responsible for ensuring that policies and procedures are in place to consider:

- The security and integrity of all eHealth applications
- Adherence to the principles of the Data Protection Act
- The safety of clinical eHealth applications
- The protection of patient related data through Caldicott guardianship
- The consent requirements as they relate to the storage, use and sharing of patient related data

- **Stakeholder involvement**

It is proposed that a 'Stakeholder Forum' approach be taken to encourage wide participation in the eHealth agenda. This would be set up to dovetail with existing clinical and managerial groups and will take the form of workshop and conference type activities.

### **3. 2007-2009 Workplan**

The Scottish Executive Health Department will in the next 12 months release a national eHealth Strategy that will clearly set the direction of travel for eHealth activity in each NHS Board. There will be an expectation that NHS Boards develop their own strategic intentions on the basis of the national strategy in due course. In order to place NHS Lanarkshire in the correct position to take advantage of national eHealth solutions and systems, it is necessary to have a tactical plan covering the next 2 years.

This workplan addresses the five main themes emerging from the interim guidance issued by SEHD:

- Adoption of ‘cornerstone’ elements of the proposed national strategy
- Exploiting information and technology that already exists in NHS Boards and meets the broad aims of the emerging national strategy exists
- Filling the gaps where local service pressures require interim investment, e.g. Requirements to address Waiting Times (Cancer, New Ways), Clinical systems requirements (nationally procured Generic Clinical System – GCS)
- Institutional use of the Community Health Index (CHI) for Patient Identification purposes
- Developing infrastructure in preparation for the adoption of the ‘Single Record’

From an NHS Lanarkshire perspective, a number of areas for development have been identified and are proposed for implementation during the planning period.

### 1. Patient Identification (CHI)

Description	Single Patient Identifier in acute and community services and full use of CHI within and between agencies
Status	92% CHI recorded at October 2006, 97% national target to be met and sustained from December 2006
Benefits	Reduced risk of misidentification, record linkage enhances information provision
Plan/timescale	<ul style="list-style-type: none"> <li>• Continuation of CHI Programme</li> <li>• Software enhancements in Accident and Emergency</li> <li>• December 2006 target met – ongoing compliance to be achieved</li> <li>• Rationalisation of existing records in all departments dependent on resource availability</li> </ul>

### 2. AHP Support System

Description	<p>PHASE 1 Introduce systems to account for, monitor and manage service capacity and utilisation through adoption of Patient Management System (PMS)</p> <p>PHASE 2 Add clinical record functionality</p>
Status	Patient Management System (PMS) implementation for all AHP services in progress
Benefits	<p>Support for HEAT Targets, performance and capacity management</p> <p>Improved resource management</p> <p>Shared electronic records available across disciplines and service areas - Potential use of Generic Clinical System being examined</p>
Plan/timescale	<ul style="list-style-type: none"> <li>• Phase 1 - complete April 2007</li> <li>• Phase 2 – 2007/8</li> </ul>

### 3. PACS/Radiology Information System

Description	Adoption of National PACS/RIS Solution
Status	Change request submitted to Summit Healthcare in respect of exit from existing PACS contract. Change request rejected Transition discussions with new supplier require 'sign up' to national contract – this represents a financial risk in advance of exit from existing contract
Benefits	National strategy compliance Functional enhancement, inter-site and regional working and financial savings Assumed savings in the range £350,000 to £500,000 on adoption of new system
Plan/timescale	Dependency on exit from existing contract Full changeover required by end 2008 due to national timescale

### 4. System to manage patients with Long Term Conditions

Description	Generic Clinical System (GCS) – Initial project focus on COPD enabling Electronic Patient Record and Telehealth application
Status	Local Project Team established. Scottish Centre for Telehealth, Innovation Group and NHSL collaborative bid for support funding is being developed. Local sponsorship by Respiratory MCN.
Benefits	Creation of disease specific electronic records and support for new models of service delivery in LTC disease groups, avoidance of GP and Acute Hospital contacts
Plan/timescale	Capital procurement complete Implementation 2007/8

### 5. System to support Vascular Services Managed Clinical Network

Description	Adoption of Generic Clinical System as vehicle for delivery of whole system electronic record of care
Status	Specification agreed by MCN System procured
Benefits	Support for Vascular audit/facilitates 'network' approach to service delivery across Primary and Acute Care  Pilot to examine effectiveness of electronic record in surgical services
Plan/timescale	Capital procurement complete Implementation 2007/8

**6. System to support surgical pre-assessment and post operative wound management**

Description	Adoption of Generic Clinical System
Status	Adoption of nationally developed wound surveillance/management system – further development to capture patient record from surgical pre-assessment through patient pathway
Benefits	Improved access to electronic information across patient pathway, improved wound management and infection control
Plan/timescale	System acquisition 2006/7 Implementation 2007/8

**7. Telehealth in Unscheduled Care**

Description	Establishment of remote telehealth facilities in proposed community casualty units and to link A&E facilities in accordance with Picture of Health commitments
Status	Technology architecture in development
Benefits	Support for remote accident and emergency services and collaboration between staff in different locations
Plan/timescale	Deployment in existing A&E facilities 2007/8, extended to Community Casualty Units on completion

**8. Sexual Health Information System**

Description	System in Support of Sexual Health Services
Status	National procurement complete – NHS Lanarkshire lead implementation site
Benefits	To fulfill requirements of National Sexual Health Strategy – electronic records
Plan/timescale	Implementation during 2007/8
Resources	Nationally funded development System ‘hosted’ nationally Project management and departmental support to be quantified

**9. Hospital Electronic Prescribing and Medicines Administration**

Description	Implementation of nationally procured HEPMA System
Status	National procurement, Specification under development – award of contract Autumn 2007
Benefits	Safe prescribing Reduced drug costs Better sharing of drug information across Primary and Secondary Care
Plan/timescale	Procurement and commencement of implementation 2007/8 Preparatory planning commenced

## 10. GP IT and associated Community Systems

### 10.1. GP and Community Systems

Description	Stabilise existing GPASS user base Development of short and longer term plans for GP/Community Systems in NHSL
Status	<u>Interim work</u> Server replacement and upgrade programme to move all GPs to latest version of GPASS Procurement of Contract Management Module for GPASS <u>Longer term</u> Deloitte report on GP IT recommends commercial alternative to GPASS available in 3-5 years – interim support and transition plan to be developed
Benefits	Interim, stability – platform for single system in future Enhance GP Clinical scheduling capability Future, Common solution(s) for NHS Scotland Support for extended Community Health Team
Plan/timescale	Implement short term arrangements 2006/7 Procurement complete by Apr 07 Prepare plans for adoption of future national solution by 2009/10

### 10.2. Community Nursing System

Description	Explore possibility of interim system to support Community Nursing and Health Visiting service – replacement for PIMS
Status	Examining potential for collaboration with NHS Dumfries and Galloway on system development within Generic Clinical System
Benefits	Improved resource management, Support for Care Management, electronic shared care records, further development of eCare including Single Shared Assessment and Child Protection Messaging
Plan/timescale	Definition of need, and analysis of D&G specification underway and will complete during Q1 2007

## 11. Emergency Care Summary (ECS)

Description	Wider application of the ECS in acute settings – A&E, Emergency Receiving Wards
Status	Roll out plan developed - ECS available across 'Out of Hours' services, to be extended to A&E, Pharmacy and Emergency Receiving Units
Benefits	Cross system visibility of key clinical information (drugs, allergies, health status)
Plan/timescale	Completion by August 2007

## 12. Further development of the Health/Social Care interface

Description	Full implementation of Child Protection messages. Extend scope of SSA to include acute care
Status	SSA in place for Elderly Care Group and partially available in Mental Health CPM pilot complete in 2 localities to be fully rolled out
Benefits	Support for shared care Improved Child Protection information flows
Plan/timescale	System available for all care groups by December 2007 CPM available to all service areas in NHSL by April 2007

## 13. Support for General Dental Practitioner Contracts

Description	Networking premises and procurement and implementation of support systems
Status	National procurements underway
Benefits	Improved contract management
Plan/timescale	Implementation 2007-09

## 14. NHS Mail for clinical communication

Description	All GPs to have NHS Mail addresses for clinical data sharing by April 2008
Status	National rollout programme in development
Benefits	Sharing of unstructured patient specific data securely
Plan/timescale	Implementation by April 2008

## 15. Chemotherapy prescribing

Description	Participation in Regional project to manage chemotherapy treatments within the cancer networks
Status	National procurements underway – West region early adoption site
Benefits	Shared chemotherapy records and reduced administration overhead
Plan/timescale	Implementation 2007-08

## 16. Office efficiency

Description	Review of office efficiency and procurement and implementation of shared file space, document management solutions and voice transcription software
Status	Small scale pilots complete in a number of service areas Plan phased adoption across service
Benefits	Improved operating efficiency and effectiveness
Plan/timescale	Shared file space available to all managerial and administrative staff by mid 2007 Voice Transcription 'pilots' extended to selected managers during remainder of 2007/8 Test 'new ways' of working in Board HQ

## 17. Telecommunications Review

Description	Complete Telecommunications services review
Status	Phase 1 complete – rationalisation of all facilities on common technical platform Phase 2 commenced to link all sites and provide common numbering plan and free calls between sites
Benefits	Cost reductions, Improved efficiency Enhanced communications facilities
Plan/timescale	Completion of programme by July 2007

In addition to the individual projects above, there will be a need to continue to rationalise and replace existing manual systems and to develop the I.T. and Communications infrastructure to provide improved levels of access to systems, and to enhance business continuity, disaster recovery, security and resilience. This will require both capital and revenue investment over the period of the plan.

The work of the Information Services function supports the exploitation of Information Systems through the development of analytical services and routine and ad-hoc information provision. The ongoing growth of systems, and the current planning overhead associated with the implementation of a Picture of Health requires an increase in staffing in this area if the benefits of eHealth investment are to be fully achieved.

### 4. Resources

The capital implications of the proposed programme of work will be manageable within the 5 year capital plan which allocates £1.5 million per annum for eHealth investment up to 2009. The only variance from this being the PACS replacement which is subject to detailed negotiation with the PFI Contractor at Wishaw General Hospital – the financial impact of this change is not yet quantified. In addition the NHS Lanarkshire allocation is likely to be increased through enhanced capital contributions from SEHD during the period of the plan targeted at specific areas of development such as Telehealth, Generic Clinical Systems and GP IT.

However the resources associated with the implementation of the mandatory governance arrangements, together with deployment of exemplar project management, project enablement, change management and analytical skills to support the programme cannot be resources within the existing IM&T staff resources and associated workload.

Additional revenue resources for the implementation of the workplan are primarily of a fixed term nature for up to 24 months. The particular gaps in terms of Programme Management and Infrastructure Development are likely to be around 10-15 staff and have a net resource requirement in the order of £200k per annum for 2 years, reducing by 50% from 2009 onwards. The exact

level of resource requirement will influence the speed of implementation and this is clearly linked to the availability of non recurring funding over the next 2 years within the context of the Boards financial plan. Further debate on the precise level of support available will take place over the next 6-8 weeks in conjunction with the Director of Finance and the eHealth Executive Group.

Further eHealth resources which again are of a non recurring nature associated with the full deployment of CHI (a Local Development Plan target), and increased information analyst skills (a requirement of A Picture of Health), are subject to further debate at the Modernisation Board. The net resource requirements in this area are assessed as circa. £350k per annum for 2 years, however this requirement needs to be set against other priority areas for A Picture of Health Implementation and will be the subject of a full report to the Board in due course.

## **5. Conclusion**

Board members are asked to consider and approve the proposals contained within the report. eHealth reports will be provided to the Board on a quarterly basis to provide updates on progress against the plan and to bring other relevant matters to the attention of the Board.