



Lincolnshire Health and Care

Shaping services to meet your needs into the future

NYHDIF 2016 Progress or Procrastination?

Integrated records – Progress at last?

*Gary James - Accountable Officer – NHS Lincolnshire East
CCG*



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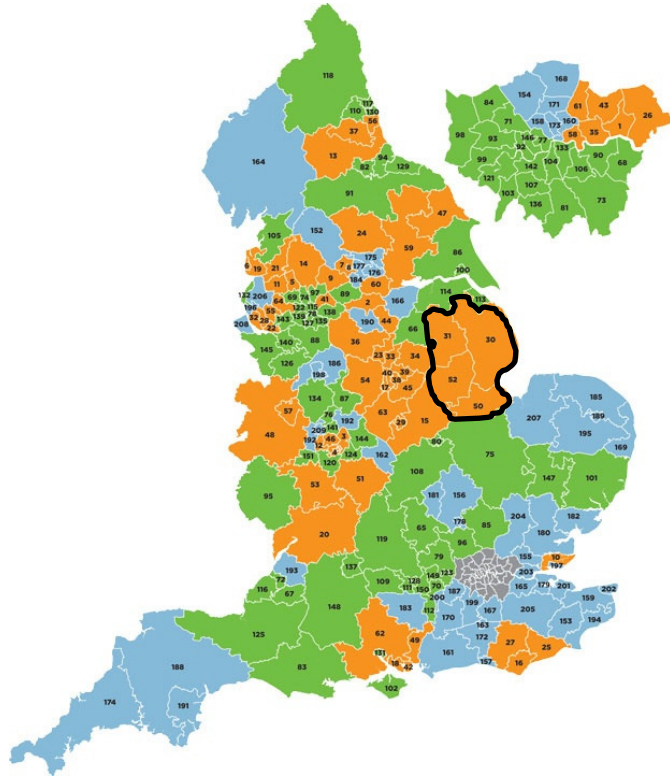
- Background to the Care Portal Programme
- Why we are deploying this technology
- The benefits we anticipate
- Challenges we have faced



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Lincolnshire Health & Care Economy



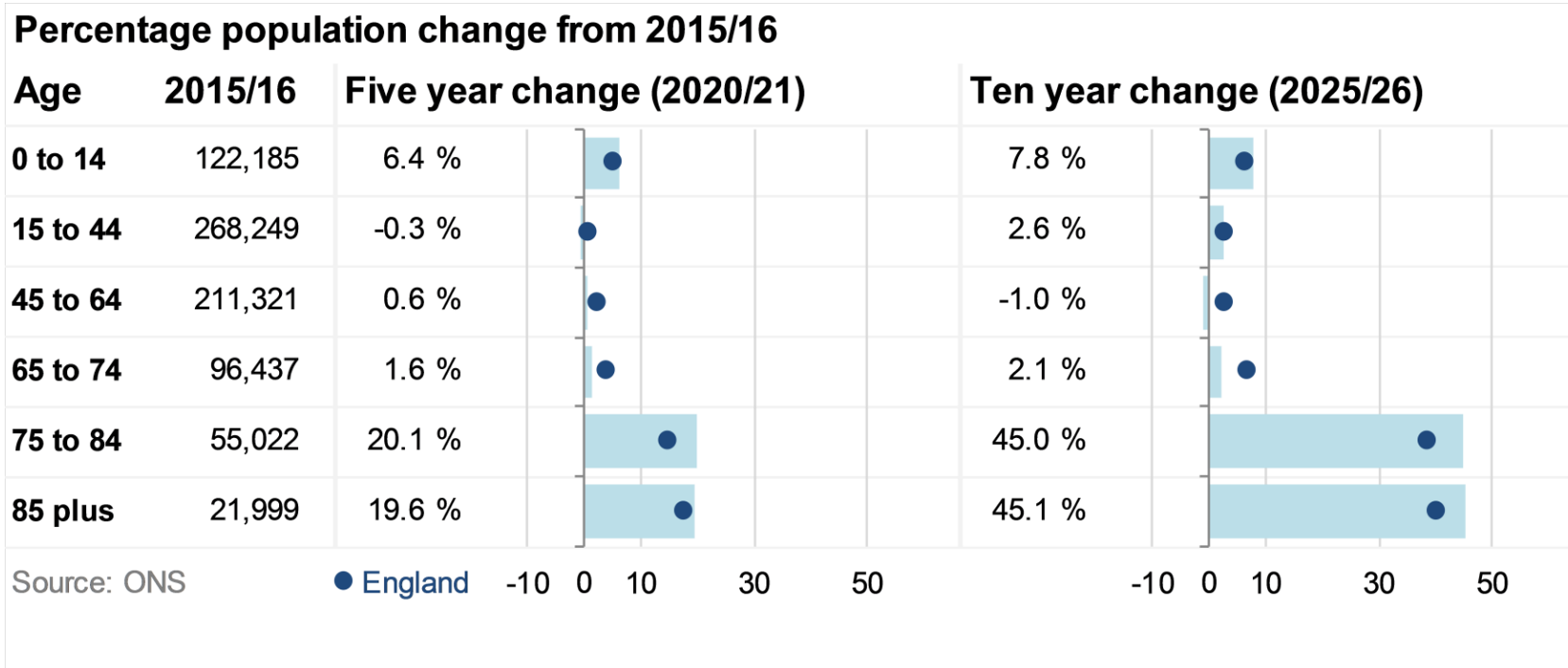
- 5921 sq.km
- 775,213 population
- 1242K health economy
- 4 CCGs
- 1 main acute provider with 3 main sites
- 1 community services provider
- 1 mental health services provider
- 1 Ambulance services provider
- 101 GP practices
- 1 upper tier local authority
- 7 x lower tier local authorities
- Rural: 57% population in LECCG
- Dispersed: 88 people per km² in LECCG
- Poor road infrastructure (51 minutes lowest drive time between acute sites)
- Poor telecommunications infrastructure



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	Period	England	Lincolnshire STP	Lincolnshire East	Lincolnshire West	South Lincolnshire	South West Lincolnshire
Obesity: QOF prevalence (16+)	2014/15	9.0	11.9	12.5	12.0	10.8	11.7
Percentage of physically inactive adults	2014	27.7	28.5	29.0	29.3	28.8	24.7
Estimated smoking prevalence (QOF)	2014/15	18.4	19.1	21.0	18.8	17.9	17.2
Smoking cessation support and treatment offered	2014/15	94.1	92.9	91.2	91.3	95.4	97.0
Alcohol-specific hospital admission	2013/14	374		323	300	224	244
Hypertension: QOF prevalence (all ages)	2014/15	13.8	16.4	17.6	14.6	16.8	16.8
Depression: QOF prevalence (18+)	2014/15	7.3	8.2	7.5	9.0	8.8	7.5
Learning disability: QOF prevalence	2014/15	0.4	0.5	0.5	0.5	0.4	0.4
Premature mortality from coronary heart disease	2014	40.0		48.3	42.4	35.4	38.1
Premature mortality from stroke	2014	13.5		11.7	15.7	12.7	11.4
Premature mortality from respiratory disease	2013	28.1		36.4	28.1	27.1	20.6

Compared with England:

Better Similar Worse

Low

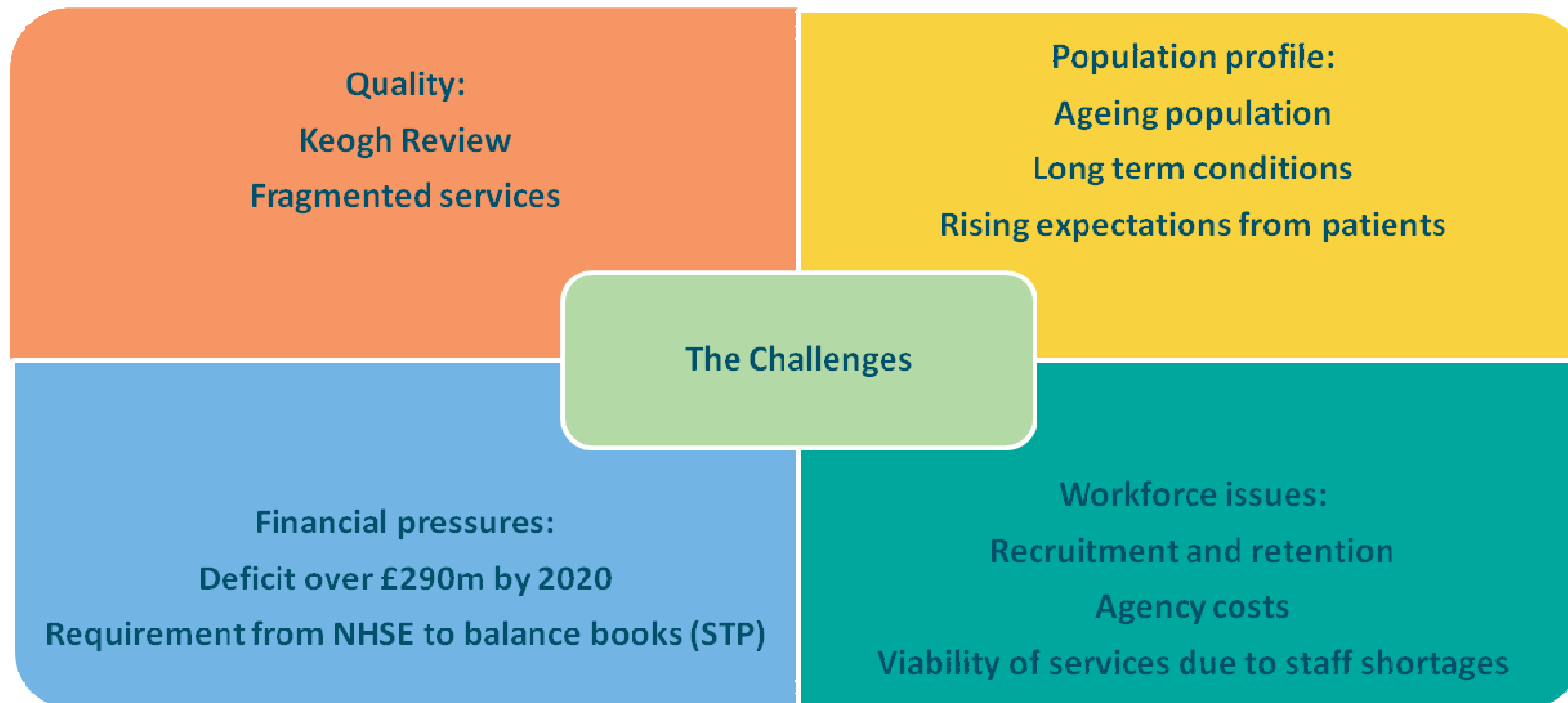
High

Not compared



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Lincolnshire Health and Care (LHAC)

- Strategic change programme involving all commissioners and providers
- Commenced 2014
- Six work streams: Planned Care, Urgent Care, Proactive Care, Women & Children's Care, Primary Care, Mental Health
- Seven enablers: Workforce, Estates, Transport, IM&T, Contracting & Commissioning, Finance, Diagnostics
- Now meshed with the Strategic Transformation Plan (STP)



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LHAC Vision

Quality, safety and sustainability for health and care services

Improved **joint working** of health and care professionals –
an integrated service for patients

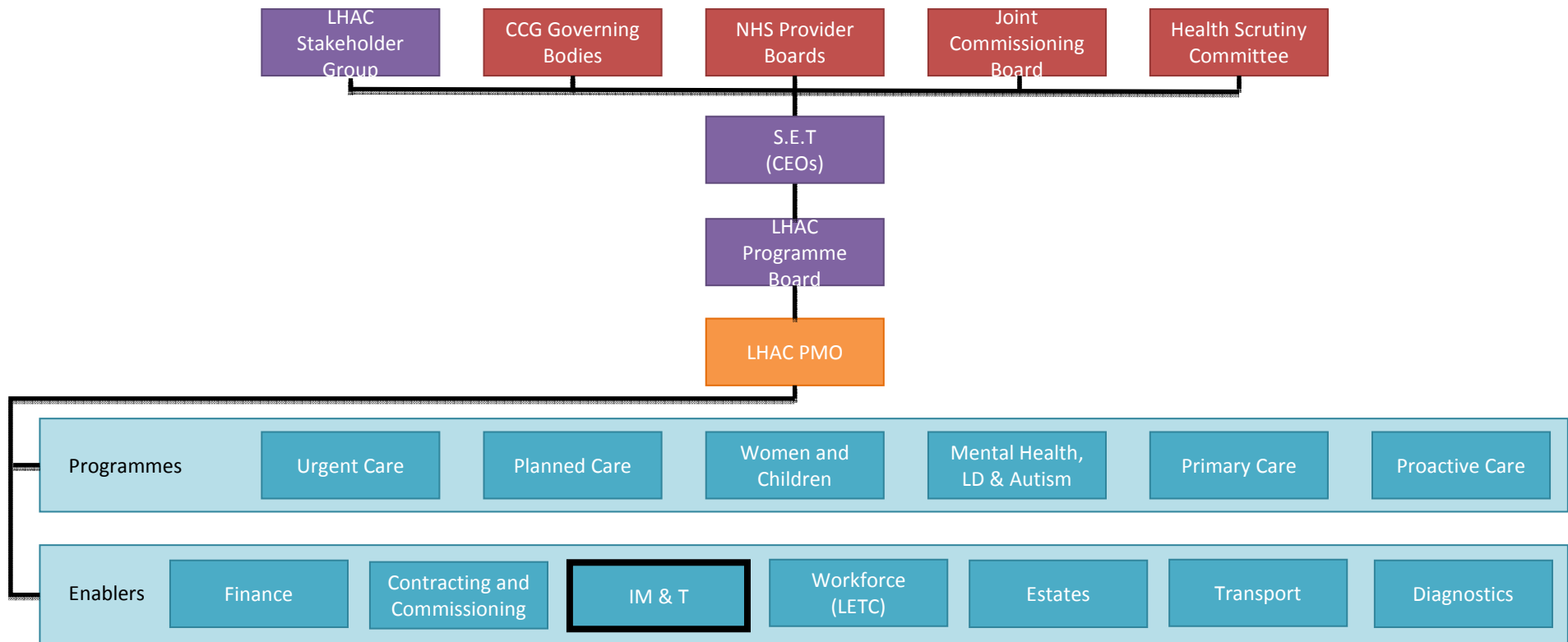
Providing the **right care at the right time closer to patients' homes**

7 day a week services for local people through **community 'neighbourhood' teams**,
supported by **urgent care centres** across the county

Hospitals 'freed up' to provide specialist or genuine
emergency trauma and time critical services



LHAC and STP Governance Structure



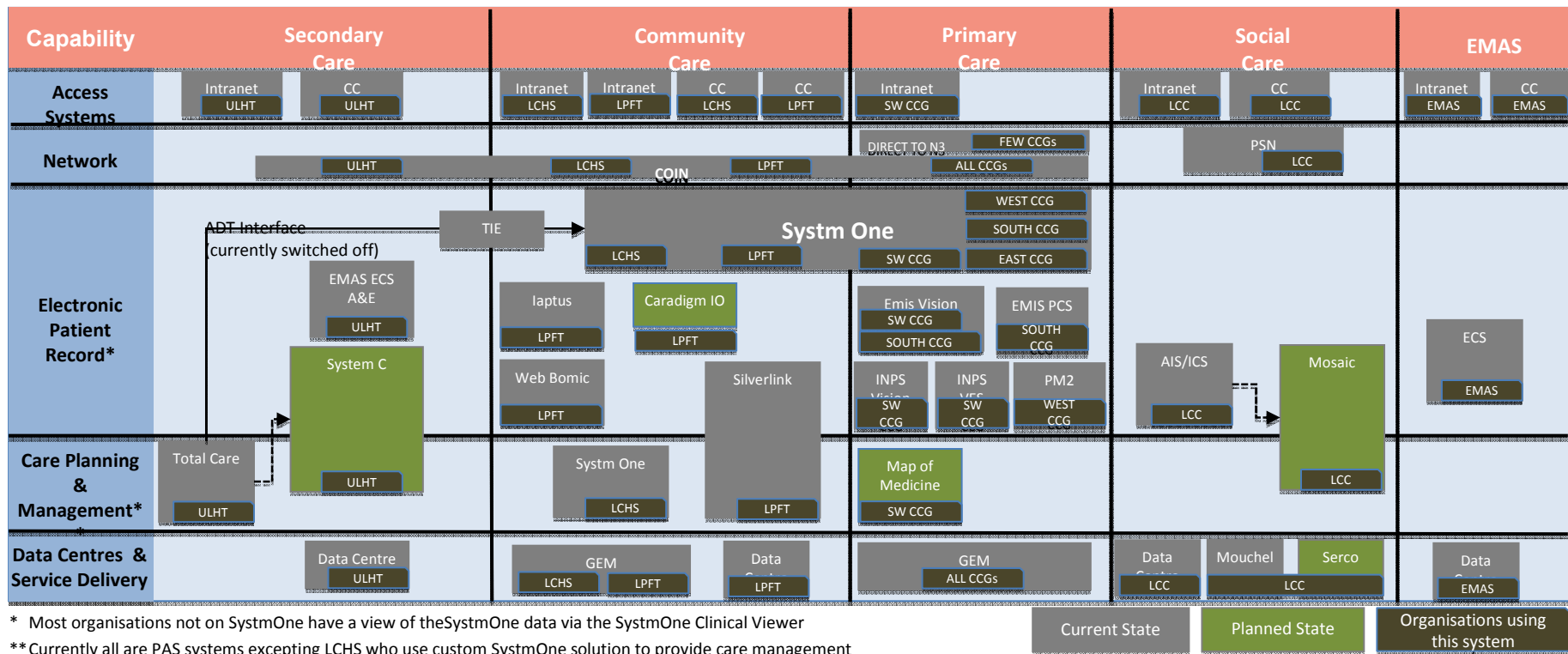


IM&T Enabler Group

- All providers and commissioners
- Commenced with an infrastructure stocktake
- Developed a system architecture
- Conducted a requirements analysis with all LHAC work streams



Current & Planned technology adoption across care areas



* Most organisations not on SystemOne have a view of theSystemOne data via the SystemOne Clinical Viewer

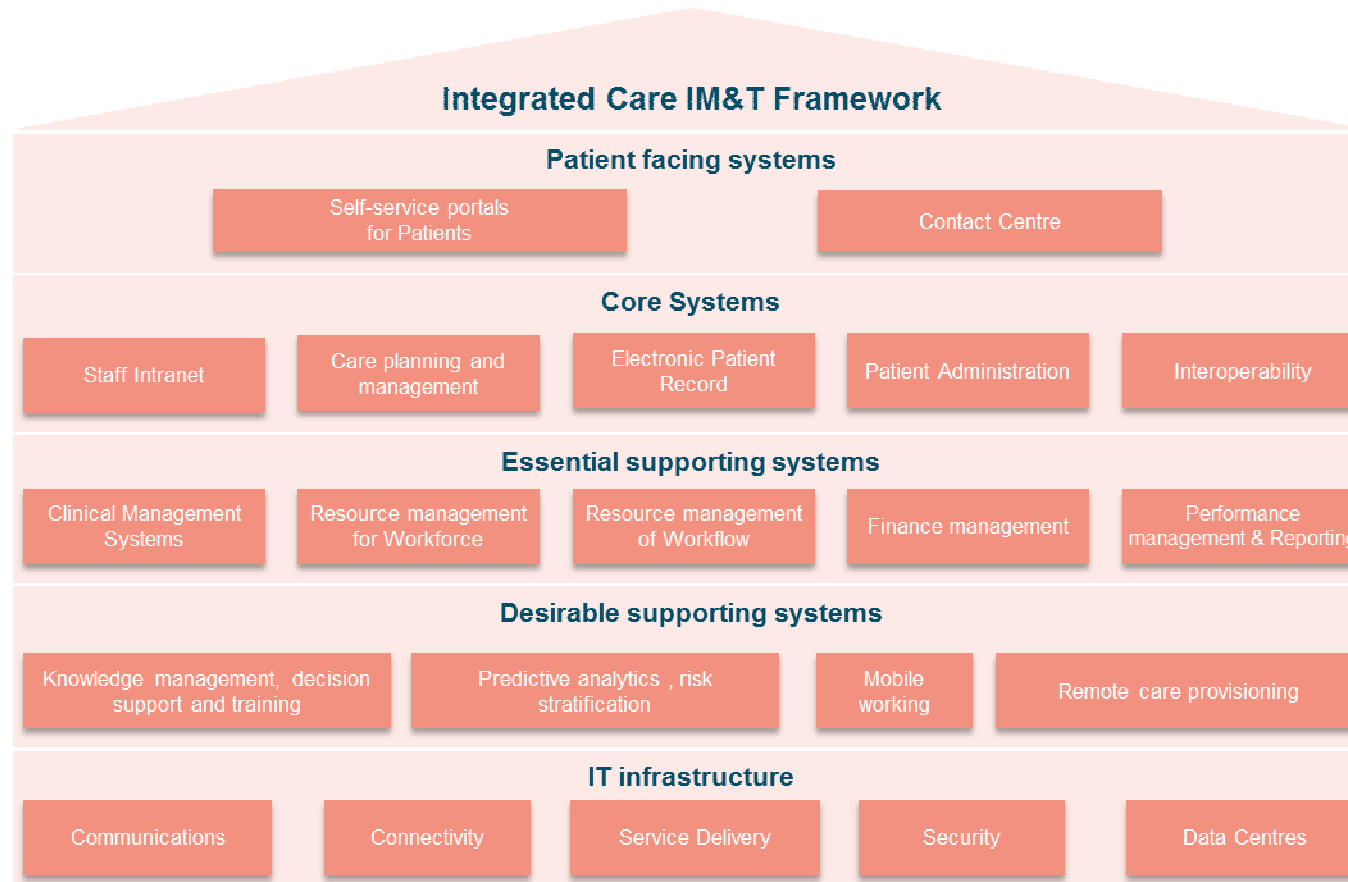
** Currently all are PAS systems excepting LCHS who use custom SystemOne solution to provide care management

CC – Contact Centre



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Status for Integrated Care

Asset Category	Capability	SWL CCG	E,W,S L CCGs	ULHT	LCHS	LCC	LPFT	EMAS
Patient facing Systems	Self-service portals for Patients	Yellow	Yellow	Red	Red	Red	Red	Red
	Contact Centre	Red	Red	Green	Green	Green	Green	Green
Core Systems	Staff Intranet	Green	Red	Green	Green	Green	Green	Green
	Care planning and management	Red	Red	Red	Yellow	Red	Yellow	Red
	Electronic Patient Record	Green	Green	Red	Green	Green	Green	Green
	Interoperability	Yellow	Yellow	Red	Yellow	Yellow	Red	Red
Essential Supporting Systems	Clinical Management Systems	Yellow	Yellow	Green	Green	Grey	Yellow	Grey
	Resource management for Workforce	Yellow	Yellow	Yellow	Green	Yellow	Yellow	Red
	Resource management of Workflow	Yellow	Yellow	Yellow	Green	Yellow	Yellow	Yellow
	Finance management	Yellow	Yellow	Yellow	Green	Yellow	Yellow	Yellow
	Performance management & Reporting	Yellow	Yellow	Yellow	Green	Yellow	Yellow	Yellow
Desirable Supporting Systems	Knowledge management, decision support and training	Yellow	Yellow	Yellow	Green	Yellow	Yellow	Yellow
	Predictive analytics , risk stratification	Yellow	Yellow	Red	Yellow	Yellow	Yellow	Yellow
	Remote care provisioning	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Red
	Mobile working	Red	Yellow	Yellow	Yellow	Red	Red	Red
IT Infrastructure	Communications	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
	Connectivity	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
	Service Delivery	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
	Security	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
	Data centres	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow

Capability present at sufficient level

Capability partially present

Capability not present/very limited

Unknown or N/A



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Care design group objectives

Self Care – patients as partners and experts

Integrated Care – with managed transitions

Care Navigation – Getting patients into the right setting

Proactive Care – From rescue to intervention

Correct place of care – close to home

Capacity optimisation – whole system capacity management



Care design group requirements

- 1 – Integrated patient records
- 2 – Mobile working & connectivity
- 3 – Capacity management
- 4 – Directory of Services
- 5 – Integrated communications
- 6 – Collaboration capability



Why deploy a care portal?

- No.1 enabler
- Reduces risk and improves decision making
- Reduces duplication and waste
- Delivers Patient Online
- Analysis of portal data can provide rich insights



Policy drivers

Key policy drivers are *'The Power of Information'* (2012), *'Personalised Health & Care 2020'* (2014), and the National Information Board *Interoperability Strategy*:

- Digital roadmaps
- 2016: Child Protection Information Sharing (CP-IS)
- 2018 : primary, urgent and emergency care should be operating without the use of paper records
- 2018: individuals should be able to record their own comments and preferences on their care records
- 2020: all care records should be digital, real-time and interoperable



Specification & Procurement

- Market research
- Reference sites, in particular Scotland, Northern Ireland, and Sweden
- Engagement with care design groups on requirements analysis and design sessions
- Involvement of 32 stakeholders from a variety of organisations and disciplines
- Proof of concept integrating 5 existing systems
- NHS Infrastructure bid
- Framework procurement



What have we deployed?

Now	Integrated care records portal (Information Exchange) Integrated viewing of all patient records
Next (2017)	Patient portal (Personal Community) Patients view their records in one place, and contribute to it if desired
Future	Care planning (Care Community) The ability to create and share collaborative care plans Analytics (Health Insight) The ability to analyse the data behind the portal for population modelling, pathway analysis, smart rules for patient care



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Sector	Now	By March 2017	Early 2017
Acute	System C Medway PAS	Letters and discharge summaries	Neighbouring acute trusts: Peterborough, North Lincs
	HSS CRIS radiology results		Clinical Observations
	WebV lab results		Independent Sector Providers
Mental Health	Silverlink PCS PAS	Web Bomic System Misuse	
	Mayden IAPTus (IAPT)		
Primary Care	Summary Care Record	TPP SystmOne	
	Mini Spine Services	EMIS Web	
		INPS Vision	
Ambulance		CSC Electronic Care Solution	
Community		TPP SystmOne	Community Pathology
Local Authority			CPIS, Mosaic



What are the benefits?

- Improved clinical decision making
- Improved patient management through the use of portal information to alert and case find
- Improved quality of care
- Improved patient experience
- Improved cost effectiveness through reduced duplication
- Increased time to care through reduction in administrative burden



What are the risks?

- Key staff do not engage with the change
- Process change does not happen
- Organisations fail to engage and share records
- Core suppliers refuse to cooperate
- Information governance issues



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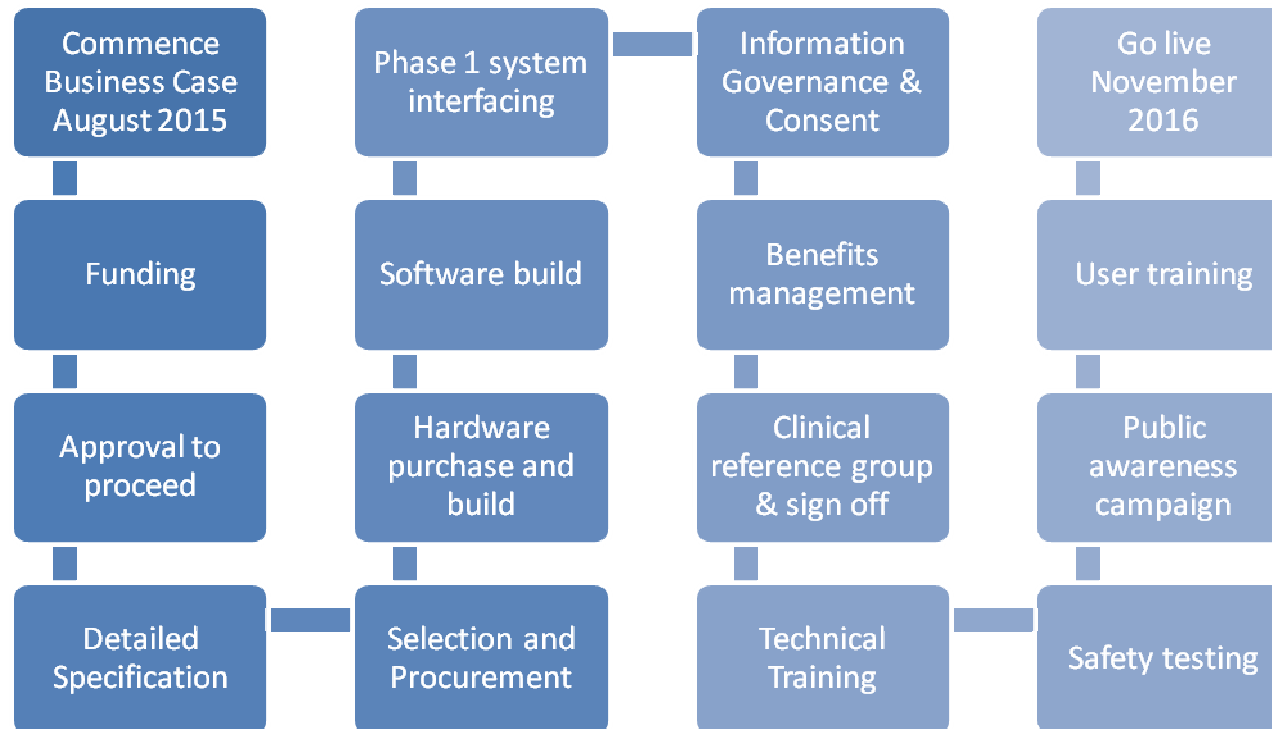
Capacity optimisation – whole system capacity management



Objective	Enabler
Self Care	Personal community
Integrated Care	Information exchange, care community
Care Navigation	Information exchange, Health Insight
Proactive Care	Prompts, alerts, smart programmes, Health Insight
Correct place	All products
Capacity optimisation	Releasing time to care – all products



Procrastination or progress?





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Questions?