

<b>Item</b>	<b>5.2</b>
<b>Title of report</b>	<b>Final IT Strategy: Feedback from Consultation and Recommendations</b>
<b>From</b>	<b>Dr Mayank Shah, Chair of the IT Task and Finish Group Les Borrett, Director of Financial Strategy, WFCCG</b>

### **Purpose of Report**

A draft IT Strategy has been developed by the IT Task and Finish Group, chaired by Dr Mayank Shah. This draft strategy was issued for formal consultation with member practices, and discussions have taken place at Locality meetings and the February 2014 CCG Governing Body meeting.

The IT Task and Finish Group's expectation is that the Governing Body will now make a decision on the IT strategy and its proposed objectives and approach. This paper has been prepared by the IT Task and Finish Group to inform the Governing Body's decision making and includes:

- a summary of feedback from the consultation and the IT Task and Finish Group's perspective on the feedback
- for the Governing Body approval, a refreshed statement of Objectives for the IT strategy, set in the context of the CCG's new Commissioning Strategic Plan for 2014/15 to 2019/20
- a recommendation that the Governing Body delegate decisions to be made now and over the coming years on how the Objectives should be implemented to an IT Strategy Implementation Steering Group, which could be a successor to the ITTFG
- the ITTFG's recommended initial approach to implementation, taking account of member practice feedback and set in the context of latest developments in the local health economy.

### **Recommendations**

It is recommended that the Governing Body approve the Objectives of the IT Strategy, as described in this paper, and delegate decision-making on implementation to an IT Strategy Implementation Steering Group.

### **Impact on Patients & Carers**

Achieving the objectives of the IT strategy, including connectedness across the local health economy, will enable patients to get safer, more effective and more personalised care.

### **Risk implications**

Successful development of exploitation of IT systems in Waltham Forest should reduce the risk of Integrated Care, urgent care and GP Networks objectives failing to deliver the benefits anticipated.

In order to minimise risk, the IT strategy is based on technology that is largely proven, rather than technology that has not yet been implemented successfully.

The risk of disruption to patient care through the introduction of new technology needs to be carefully managed.

### **Financial implications**

The estimated budget required for 2014/15 to proceed with the ITTFG's recommended implementation approach is in the region of £259,000. Further details of the costs of different options are provided in the paper. The future scenario it is possible to cost suggests a further total of £370,000 should be budgeted for the subsequent two years – 2015/16 and 2016/17.

### **Other Committee / Groups**

The Planning and Innovation Committee reviewed the draft strategy on 14 March.

An analysis of the costs associated with the IT Strategy in the context of an overall CCG IT budget was reviewed and approved by the Finance and QIPP Committee on 19 March.

It is envisaged that the IT Task and Finish Group will form the basis of a Steering Group to oversee implementation of the IT Strategy. Governance arrangements will be finalised following a decision by the Governing Body.

# **Waltham Forest Clinical Commissioning Group**

## **Final IT Strategy Governing Body Decision**

### **1. Background**

A draft IT Strategy has been developed by the IT Task and Finish Group (ITTFG), chaired by Dr Mayank Shah, with support from Prederi.

This draft strategy was issued for formal consultation with member practices, and discussions have taken place at Locality meetings, the February 2014 CCG Governing Body meeting and the Planning and Innovation Committee on 14 March.

An analysis of the costs associated with the IT Strategy in the context of an overall CCG IT budget is being reviewed by the Finance and QIPP Committee on 19 March.

The ITTFG's expectation is that the Governing Body will now make a decision on the IT strategy and its proposed objectives and approach. This paper has been prepared by the ITTFG to inform the Governing Body's decision making and includes:

- a summary of feedback from the consultation and the IT Task and Finish Group's perspective on the feedback
- for the Governing Body approval, a refreshed statement of Objectives for the IT strategy, set in the context of the CCG's new Commissioning Strategic Plan for 2014/15 to 2019/20
- a recommendation that the Governing Body delegate decisions to be made now and over the coming years on how the Objectives should be implemented to an IT Strategy Implementation Steering Group, which could be a successor to the ITTFG
- the ITTFG's recommended initial approach to implementation, taking account of member practice feedback and set in the context of latest developments in the local health economy.

Assuming a decision is made on the Objectives and Approach, the ITTFG will develop a final business case and implementation plan for 2014/15.

### **2. Feedback from the Consultation**

The ITTFG is pleased at the level of debate on IT generated by the consultation exercise and would like to thank member practices for their comments and committee and locality chairs for the time they have devoted to the topic.

A broad range of feedback was received, and feedback points are listed, together with comments in response by the ITTFG at Appendix 1.

In summary, some respondents supported the logic described in the draft IT Strategy of collective migration to a single system. Of these, some supported the choice of EMIS Web and others saw SystemOne as a valid alternative.

Other respondents questioned the requirement for a single system. Of these, some asserted the right of GPs to choose their own system. Others maintained that new technology would emerge that would enable the CCG's integration requirements to be met and render a hurried change of GP IT systems unnecessary.

There were also concerns about controls and Information Governance in a highly connected health system.

In addition to the member practices, some of whom participated in developing the IT Strategy, we also consulted with the LMC, Barts Health, the Local Borough of Waltham Forest and NEFLT.

### 3. Decision for the Governing Body: Objectives

Since the IT strategy was drafted, the CCG has developed a Commissioning Strategy Plan for 2014/15 to 2019/20, which has five priorities:

- **Integrated Care and Care Management**, building a model of integrated care that looks at the whole person i.e. physical and mental health and social care needs, to include rapid response, case management and self care.
- **Integrated Commissioning** with the local authority to make best use of the Better Care Funding which will be spent locally on health and care to enable closer integration to improve outcomes for people with care and support needs.
- **Community Health Services**, developing new service specifications for community nursing that will support the delivery of integrated care.
- **Urgent Care**, designing a more primary-care centric service model to include Ambulatory Care and fit with integrated care programme and the Whipps Cross Urgent and Emergency Care Centre.
- **GP Provider Networks**, developing them to 'scale up' primary care to enable it to meet the challenges it faces in delivering a wider range of co-ordinated services, that are closer to patients.

Refined to align with these strategic commissioning priorities, the IT strategy's objectives are to put in place:

1. **Modern IT systems for individual GP Practices**, enabling them to be efficient and effective local healthcare providers
2. **Connectedness across the local health economy** to enable the integration of care, such that:
  - a. patients get safer, more effective and more personalised care
  - b. the right care can be provided in the right place at the right time because clinicians are able to view/update patient records as needed across organisational boundaries for the role they are there to fulfill
  - c. GPs are able to have oversight and control of all care provided for their patients, because their IT allows them to view details of acute, community and mental healthcare provided beyond the practice and to plan and monitor managed care proactively
3. **An IT foundation for GP Networks**, enabling them to consistently and efficiently plan, deliver and account for care provided across multiple GP practices

4. **A vehicle to analyse, benchmark and report on activity and outcomes** across GP practices as a means for clinicians to improve quality in primary care, capturing the data needed with the lowest possible overhead
5. **A confident user community** (clinicians, managers, support staff), able to make best use of the IT they have to do a better job and thereby get better value from the CCG's continuing IT investment

The Governing Body is asked to approve these Objectives

#### **4. Decision-making on Implementation**

Decision-making on implementation of the strategy will require detailed attention, taking account of multiple factors, including continuing changes in technology, developments in the local health economy, and lessons learnt in Waltham Forest and elsewhere.

Furthermore, the IT Strategy covers a 5-year period, and it is not feasible or sensible to define any firm implementation plan for the full period.

Implementation of the strategy should be started with a clear direction and then governed actively, with frequent checkpoints, to keep the CCG on the optimum track towards delivery of the strategy Objectives.

The ITTFG recommends therefore that the Governing Body delegate decisions to be made now and over the coming years on implementation to an IT Strategy Implementation Steering Group, membership of which could be based on that of the ITTFG.

#### **5. Implementation Approach – Recommended Direction, for Information**

This section presents the ITTFG's conclusion on how implementation of the IT strategy should be approached, taking account of the consultation feedback. It sets out:

- as context, the latest IT-related developments in the local health economy
- considerations leading to recommended approach
- a description of the recommended approach, along with the three alternatives which were considered
- estimated 3-year costs of the recommended implementation approach and alternatives.

Assuming the Governing Body delegates decision-making on implementation to an Implementation Steering Group, this section is included for Information.

##### Latest context – developments in the health economy

*Newham and Tower Hamlets CCGs* are continuing to push further to exploit their investment in a single GP system and opportunities to connect with other parts of the health economy. Examples being progressed include:

- Continued work with the Clinical Effectiveness Group to put in place consultation guidelines, EMIS Web data capture templates and invoicing support for extended

primary care services being delivered by GP Networks; patient list search facilities for call and recall; and outcomes dashboards by practice, Network and borough for long term conditions; see Appendix 2 for further details of the CEG service scope

- Implementation of EMIS Web at the Newham Urgent Care Centre, enabling streaming of patients back into primary care, transparency of the primary care patient record for UCC clinicians and of UCC care provided for GPs
- The provision of EMIS Web to London Ambulance Service drivers, enabling them to view the patient's primary care record to identify patients with a care plan and on an end-of-life pathway
- The introduction of online booking and repeat prescription ordering.

North East London Foundation Trust (NELFT) is close to selecting a new strategic IT platform for its mental health and community services provided to patients in Waltham Forest, ONEL boroughs and Essex. The trust is not yet in a position to announce a preferred provider, but SystmOne did not tender for the work and therefore are not in the procurement process. NELFT has also secured Tech fund money to look at developing integration links with local trusts and GP practices and is keen to discuss with Waltham Forest and other CCGs how to take that work forwards.

Barts Health is continuing to implement Cerner Millennium as its strategic IT platform, with the Whipps Cross site now fully live. It is continuing to invest time and effort in achieving connectedness with GP practices in Newham and Tower Hamlets using EMIS Web via the Medical Interoperability Gateway (MIG).

### Considerations

The Governing Body may find it useful to know what factors the ITTFG has considered in reviewing its recommendation for implementation approach in the light of consultation feedback. These are:

- a) Each GP practice must have a modern Level 4 IT system capable of improving internal practice efficiency and effectiveness
- b) Equally, the CCG must accelerate its focus and investment in IT to enable its commissioning objectives around integrated care and urgent care to be achieved and improvements in patient care delivered within a constrained commissioning budget
- c) The implementation approach should seek to achieve maximum benefit as per both (a) and (b) as early as possible, while being mindful the risk of expenditure which might be rendered unnecessary in hindsight by further development in IT integration solutions
- d) Any change of GP IT system should be of clear benefit to each practice involved, considering both (a) and (b), given the effort involved in conversion and potential risk of disruption to patient care
- e) Opportunities to take advantage of know-how and tools developed elsewhere and any financial incentives should be grasped so as to deliver benefits more quickly.

## Recommended Approach

Given the technology available today, the ITTFG has concluded that only adoption of a single GP system across the Borough is proven to provide the level and quality of IT integration required to meet the CCG's objectives.

Developments in the local health economy have led the Group to the conclusion that the lowest cost, lowest risk choice of single system is EMIS Web.

With these considerations in mind, the ITTFG's recommended approach to implementation is referred to as "Watchful Migration to EMIS Web".

Under this approach, GP practices that need an urgent upgrade of their GP IT move to EMIS Web in 2014/15, as this technology is the lowest cost, lowest risk route to meeting the CCG's requirements.

There would be a formal checkpoint in around 18 months time to assess how implementation should continue, taking account of lessons learnt, developments in technology and any changes in the business context. At this stage, the Group sees two possible forward scenarios.

The most likely scenario is "Continue and complete migration to EMIS Web", under which all practices migrate to EMIS Web by the end of 2016/17 in a sequence that best suites the needs of individual practices and GP Networks.

This scenario should be pursued unless strong and proven integration technologies emerged, which could enable a multi-system economy (multiple GP IT systems to work with each other) to meet the CCG's requirements at an affordable cost. If such technologies did emerge, the onward implementation approach could be "Connect a Multi-System Economy with new Integration Technology", under which non-EMIS Web users would have the option to remain with an existing Level 4 product (e.g. SystemOne).

Three alternative approaches were assessed as alternatives for the implementation of the IT Strategy as part of the considerations undertaken by the ITTFG:

- Alternative 1 – A Three System Economy, whereby GP Practices stay with, or migrate to, any of the EMIS Web, SystemOne or Vision Level 4 products. This option assumes that technology solutions will eventually emerge (e.g. "portal" solutions) to enable the CCG's integration requirements to be met and to support the businesses of GP. Under this alternative, there is a higher risk that the CCG's required level of integration will not be achieved, that investment in some GP system upgrades in 2014/15 may turn out to be misplaced and that, overall, operating costs will be higher.
- Alternative 2 – A Two System Economy, whereby GP Practices stay with, or migrate to, either of the EMIS Web and SystemOne Level 4 products, including those on the Vision Level 4 product. This option assumes that technology solutions will eventually emerge (e.g. "portal" solutions) to enable the CCG's integration requirements to be met and to support the businesses of GP. Under this alternative, there is a higher risk that the CCG's required level of integration will not be achieved and that, overall, operating costs will be higher.

- Alternative 3 – Rapid Migration to EMIS Web as the lowest risk and fastest route to delivery of the CCG’s requirements. Under this option, all GP practices would migrate, at the most feasible rapid pace, to EMIS Web, including those that already utilise other Level 4 GP IT products, within 12 to 18 months from April 2014. Under this alternative, there is increased implementation risk and the possibility that the cost of converting non-EMIS Level 4 users might be rendered unnecessary in hindsight by further development in integration solutions

### Costs

In the table below, we summarise the 2014/15 estimated costs and the combined estimated costs for 2015/16 and 2016/17 for the recommended implementation approach and three alternatives. These costs are costs in addition to those already budgeted for by the CCG for IT support from NEL CSU and BHR CCGs and the cost of Health Analytics.

<b>Recommended Approach and Alternatives</b>	<b>Est'd Costs 2014/15</b>	<b>Est'd Combined Costs for 2015/16 &amp; 2016/17</b>
Watchful Migration to EMIS	£258,800	-
Forward Scenario (a) – Continue and complete Migration to EMIS Web		£366,780
Forward Scenario (b) – Connect a Multi-System Economy with new Integration Technology		Unknown Costs
Alternative 1 – Three System Economy	£254,650	Unknown Costs
Alternative 2 – Two System Economy	£401,080	Unknown Costs
Alternative 3 – Rapid Migration to EMIS	£586,060	£88,600

Note that for Alternative 1, Alternative 2 and the recommended option Scenario (b) “Connect a Multi-System Economy with new Integration Technology”, the costs of future technologies assumed in these options are unknown as is the time frame in which they may become available and therefore no costs for 2015/16 and 2016/17 can be estimated for these variants/options. However, each scenario listed above includes costs for identifying, reviewing and evaluating improved integration technologies.

The relatively high costs for Alternative 3 assume that a rapid migration would involve doubling up of licence fee costs. It is assumed that a more moderately paced migration (the recommended route) would enable this to be avoided.

The costs show that, subject to the assumptions used for estimating, the recommended “Watchful Migration” option, is no more expensive than the other alternatives presented based on the known costs but represents the option likely to deliver benefits most quickly and avoid unnecessary cost.



### Consultation Feedback with IT Task and Finish Group Responses

#### *Feedback supporting the idea of a single system and considering how this might be achieved*

Consultation Feedback	ITTFG Responses
<p>Having a single system is likely to be a critical success factor for 7 day urgent care (i.e. PM challenge fund bids)</p>	<p>At this point there is no business ready technology solution (IT product) available that will allow the mixed Level 2, 3 &amp; 4 GP IT systems, in use by Waltham Forest GP Practices, to allow electronic access to patient records for a patient from another practice nor is there any technology solution to enable remote “update” of these patient records. There are no “off the shelf” IT products to support integration across the variety of systems in use in WF. It is not unreasonable to assume that an IT company at some point may develop such a product. But there is no evidence of this happening in the next 12 months. In addition, when such a product is released, there will be a period of proving and further development. Therefore, realistically it may be about another 2 years before a working technology solution to integrate with all the different types of GP IT products is ready for adoption.</p> <p>As the feedback suggests, the lowest risk and most rapid route to support for 7-day urgent care would be the adoption of a single system.</p>
<p>Promote the benefits that a well supported single good clinical system can and should bring to workforce development training and education</p>	<p>The IT Strategy has focused on the benefits of integration and the role a single system solution has in enabling effective integration as this aspect is seen as being critical to improving health care, improving patient safety and enabling practice-level efficiencies.</p> <p>We understand, for instance, that the Clinical Effectiveness Group at QMUL has been working for several years with GPs in Newham and Tower Hamlets, and that the CEG now provides through EMIS Web the ability to identify patients proactively who may benefit from prevention and support interventions, templates which help GPs to follow NICE guidance and dashboards which help groups of GPs monitor outcomes collectively and learn from their peers.</p>

<p>The strategy whilst refreshingly open about its direction of thinking does underline the importance of solutions suiting the people on the ground and the need for things to be "bottom up as well as top down".</p>	<p>The strategy aims to give equal weight to both the needs of individual GP practices as providers, and to the needs of GPs collectively as the owners of their patients' care across the health economy.</p> <p>The strategy proposes practical assistance for all practices "bottom up" to help them exploit their existing systems to improve patient care and improve practices' efficiency. This is key to increasing user confidence, which will promote achievements of the "top-down" agenda.</p>
<p>We need to look at this vital decision as an opportunity for a formative exercise for us as (a) Network(s) within the CCG, and work with the CCG to make the best decision for our individual patients and our populations and not least our long suffering staff and businesses.</p>	<p>The IT Strategy attempts to identify and balance the benefits and impacts for all players in the WF health system. No one group is unaffected, but the overall impact of adopting the IT Strategy we believe will have positive impacts on the operation of the health system and more importantly the population in WF.</p>
<p>We want to be sure that when we finally agree to a single solution we will have training, and necessary support that practices that are migrating to a new system will not be disadvantaged.</p>	<p>The strategy places a strong emphasis on competence and confidence in the use of IT systems. It proposes to invest fully in training and support, not only for practices when they move systems, but also to help practices make best use of the systems they already have. The strategy proposes that peer support arrangements be established such that practices are able to benefit from system-related know-how developed by other practices.</p> <p>In the case of a move to EMIS Web, practices will be able to move forward rapidly by, as they see fit, taking advantage of know-how developed in Newham and Tower Hamlets, such as the search facilities, templates, dashboards and invoicing tools available through the Clinical Effectiveness Group and improved connectedness with the local hospital.</p> <p>The IT Strategy recommends that GP Practices with the least modern IT (those on Level 2 &amp; Level 3 GP IT systems) should migrate first, bringing a significant benefit.</p>

There are two systems that the majority of GPs use in Waltham forest which are EMIS and SystemOne. Whichever system we go for, the other will struggle for a while. This is why it is essential for there to be a ballot for us to choose the final solution.

The two leading GP systems are broadly equivalent in functional support to individual practices. The key decision criterion for the CCG in selecting a single solution is which GP IT system offers the lowest risk, lowest cost and fastest route to meeting the CCG's requirements, which are for connectedness to support integrated care, urgent care and the operation of GP Networks in the Waltham Forest and wider health economy. Different GP systems are able to support this wider connectedness to different degrees. For example, only EMIS Web at the moment supports integration with Barts Health using the Medical Interoperability Gateway (MIG).

For this reason, the ITTFG recommends the decision be taken by the CCG Board, taking account of member practice views through this consultation exercise.

At the same time, the strategy aims to support all practices, whichever system they use, to get best use from their IT system, and those which are struggling with their current IT systems would receive a new GP system first.

**Feedback advocating a two-system or multi-system Economy**

Consultation Feedback	ITTFG Responses
<p>Implementing a unitary computer system may not be good use of our already stretched and depleted resources. Surely, each of the two systems has its advantages particularly with regards to integrating with other CCGs and agencies. Having a multitude of computer systems is clearly not efficient but I am sure that we can carry on with two, encouraging those on other systems to adopt one of the two major ones.</p>	<p>Overall, the two major GP IT systems, EMIS Web and SystmOne, are now (after many years of development) very similar in terms of functionality for supporting individual GP practices. Also, both, as single system solutions across the CCG, would enable sharing of patient records between GP practices as would be needed to operate GP Networks and 7 day urgent care.</p> <p>From the perspective of the CCG and Networks, however, a two systems economy would potentially have disadvantages.</p> <p>First, integration between neighbouring GP practices with different systems is not yet workable, it is not clear when that integration would be possible, and it is unlikely that the quality of integration (being able to see records on a single screen) would ultimately be as high and workable in daily use as with a single system solution.</p> <p>Second, running with two systems would be more expensive in time and money. For CCG-, Locality- and Network-level data capture and reporting, two solutions would need to be designed, implemented and maintained. For information exchange between GP practices and other providers (NELFT, Barts Health, PELC etc.), two sets of interfaces would need to be designed, implemented and maintained.</p> <p>Third, a single system solution would give Waltham Forest more leverage with the system supplier to demand a higher level of service and receive a higher priority for enhancements requested. A WELC-wide user group for EMIS Web would be the biggest single customer group in England.</p>
<p>I humbly urge you to support a two-system approach because System One really is an excellent IT system and we are very happy with it. There is nothing it can't do - things like</p>	<p>The two leading systems and candidates for a single system solution are EMIS Web and SystmOne. These are both have very "rich" functionally.</p> <p>The IT strategy addresses not just the requirements of individual practices, but also the CCG's requirement for IT which will enable the information exchange between GPs and the other organisations within the local health economy needed to make integrated care and urgent care work.</p>

Consultation Feedback	ITTFG Responses
<p>email communications, text messaging, intra-practice and inter-practice operability and communications, etc. are well developed and everything is so intuitive. They are even developing an app that will link it to Android phones and tablets!</p>	<p>Looking at proven technology, the lowest risk, lowest cost and swiftest route to meeting the CCG's requirement is to adopt EMIS Web as a single system solution. This is because GP colleagues in Newham and Tower Hamlets, who are all EMIS web users, have already demonstrated the capability to exchange information between local practices, with Barts Health (using the Medical Interoperability Gateway, the MIG) and with their local Urgent Care Centre, and receive a sophisticated EMIS-based patient search, care template, quality reporting and invoicing service from the Clinical Effectiveness Group.</p> <p>It is possible that future integration solutions may make a two system economy workable, but it is not clear when that integration would be possible, and it is unlikely that the quality of integration (being able to see records on a single screen) would ultimately be as high and workable in daily use as with a single system solution. This route is also likely to be more expensive for the CCG.</p> <p>Finally, the IT Strategy recommends that sophisticated users of Level 4 SystmOne should be the last to switch in a migration to a single system solution and that the benefits of this switch should be compelling.</p>
<p>I know that connectivity with Barts Health is important, but I think they need to adapt to meet our requirements and not the other way round. Barts is quite capable of working with two systems.</p>	<p>In principle, Barts Health could certainly work with two or more systems, but this would raise their costs and could potentially slow the pace with which they develop the richer information exchange on which integrated care is reliant.</p> <p>Barts Health's strategic IT choice is to adopt Cerner Millennium across all sites, with the MIG as the interface to GP Practices. This is a proven model being adopted by approximately 145 GP practices across Newham and Tower Hamlets, and improvements in information exchange can be rolled out quickly and at low cost across this user base. Waltham Forest CCG could petition for, and negotiate with, Barts Health to develop a second set of interface solutions for SystmOne users. However, SystmOne has not yet been proven to work with the MIG, additional expenditure would be involved, and the SystmOne users would most likely have later access to solutions than their EMIS Web user counterparts.</p>

<p>We do not wish to change from the GP IT we are used to.</p>	<p>Changing a key component of a GP business, the GP IT, can be very disruptive for the practice and the GPs, and the ITTFG knows that many practices will have had a poor experience of system transitions.</p> <p>The IT strategy does not propose change for change's sake. First and foremost, it proposes training, support and know-how to help practices make best use of their existing GP IT. Second it advocates a change of IT where this is the best way of delivering better care for the patient across the health system, as per the CCG's commissioning strategy, and to enable GP Networks to operate effectively as providers. Where change is proposed, the change would be accompanied with a significant level of training and support, with attention to the individual needs of each practice.</p>
<p>Let's not forget that DOH has spent millions if not billions on this to-date and failed to come up with an integrated IT solution.</p>	<p>Previous national investment under the National Programme for IT (NPFIT) has promoted the implementation of an integrated solution across England. The IT strategy's recommendation of a single system solution and a preference for EMIS Web is based on evidence of progress towards local integration solutions in Newham and Tower Hamlets (for example, EMIS Web interface to Barts Health through the MIG). The IT Strategy recommends adopting IT technologies that are already working and are proven to work and the benefits of the integration are known. The IT Strategy does not recommend developing any special technologies or solutions for Waltham Forest.</p> <p>The IT strategy builds on a key lesson from the NPFIT. The NPFIT focused first on acute hospitals with the most sophisticated IT, offering them a step back in functionality. This IT strategy prioritises the offer of a new systems to those with the weakest IT solutions and advocates that those with the most sophisticated solutions should migrate only as and when the business benefits are evident and significant.</p>
<p>The GPs can choose their own IT and this is enshrined under GP Systems of Choice (GPSoC).</p>	<p>The first objective of the IT Strategy is that individual GP Practices have modern IT systems, enabling them to be efficient and effective local healthcare providers. A second objective, of equal if not higher weight, is to achieve connectedness across the local health economy to enable the integration of care.</p> <p>The ITTFG considers that the second objective currently requires GP practices' system choices to be co-ordinated, on the basis that early integration will be of benefit to patient care and facilitate the more rapid development of GP Networks' ability to deliver care collectively.</p>

**Further Comments about Implementation Approach and the general Role of IT in Patient Care**

Consultation Feedback	ITTFG Responses
<p>It would be good to have a look at EMIS Web more closely and get EMIS to come and give a demonstration; the same is true for SystemOne.</p>	<p>Agreed. In Newham, “education” events are already being delivered to help GPs and Practice Managers increase their proficiency in the use of EMIS Web; we could use this resource to improve the knowledge of what EMIS Web is capable of within Waltham Forest, and this could also include a demonstration of how it links with Barts Health’s IT systems. We may be able to find something similar within another CCG/CSU in relation to SystemOne.</p> <p>The IT Strategy recommends having a stream of work that reviews and assesses new IT developments from a clinical perspective. This includes tracking developments for integration technologies. We will use this aspect of the future work in IT to ensure we keep ourselves abreast of developments with SystemOne compatible integration technologies to help inform future decisions on GP IT.</p>
<p>The idea of having IT systems linked from Primary Practice through to Hospitals is attractive but we all know what happens when Projects of this kind are attempted. It should be trialled in specific areas first to iron out any potential problems.</p>	<p>Agreed. The IT Strategy recommends using the Medical Interoperability Gateway (MIG), which has been fully tested by Newham and Tower Hamlets CCGs. Barts Health has made a strategic decision to use this product to interface with GP IT. At the moment only EMIS Web and Vision work with the MIG.</p> <p>The IT Strategy recommends all “new” IT integration options and opportunities (e.g. portals) should be fully assessed and piloted by a combined team of clinicians and IT professionals to ensure the technology is fully functional before being introduced into primary care.</p>

<p>Online/interactive/IT booking and communicating mechanisms for GPs should not become the default gateway and that patients should still be able to access services through effective phone and text systems, and in-person.</p> <p>Particular consideration will need to be given to:</p> <ul style="list-style-type: none"> <li>- how those with visual impairment, deafness, learning disabilities and others communicate and access booking and other facilities.</li> <li>- The need for clear protocols for patients to be informed about, be assured and understand who has access to their records and which sections</li> <li>- The need for clear protocols around sharing of particularly sensitive information such as HIV status, MH status etc.</li> <li>- Clear access of patients to their own online records.</li> </ul>	<p>Agreed.</p> <p>The IT Strategy recommends a multi-channel approach to engagement with patients.</p> <p>The IT Strategy recognises the need to deal with Information Governance and patient consent.</p>
<p>Patients already report being unsatisfied with GPs looking and talking at their computer, rather than them, during consultation. Will the joining up of patient notes result in more notes for GPs to check through? Is this manageable in the short appointment slots?</p>	<p>This is an important point.</p> <p>The current situation is that there is a lot of unnecessary administration in scanning and uploading test results and other information that could easily be transmitted and added to the patient record electronically. Also there are many instances of duplicated tests because IT systems are unable to talk to each other across providers, so overall the patient experience will be improved through improved integration and GPs should see a reduced need for chasing-up the local hospital for test results and patient information.</p> <p>The IT Strategy aims to increase significantly GPs' confidence in using their systems, which should enable them to focus more on the patient.</p>



### CEG Improving Quality and Performance with Data: Service Scope

The Clinical Effectiveness Group, based at Queen Marys, University of London, provides a range of services to GP practices in Newham, Tower Hamlets and City & Hackney.

The adoption of EMIS Web by all practices in Newham and Tower Hamlets means that the CEG's services and tools described below are built to work with this particular system.

Current services are:

1. Development and delivery of a primary care data quality improvement plan with customer including ongoing data accreditation services, system optimisation, data management
2. Practice Improvement Quality and Income (PIQI)
  - Annual report identifying QOF improvement areas, increased prevalence rates, practice profile, key local targets e.g. smoking obesity etc.
  - Suite of EMIS Web searches to allow practices to review patients directly
  - Fully facilitated in practices
3. Annual CEG 'health check visit'
  - Multidisciplinary training focused on locality objectives and roll out of new services
4. A suite of smart clinical templates designed to structure consultations and ensure full data capture
  - Updated twice yearly
  - Automatically updated via EMIS so no installation
  - Covering the following services:
    1. 6 week Baby Check CEG 1.1
    2. Admin & Recall Template CEG 1.0
    3. Adult Immunisations CEG 2.0
    4. Alcohol Misuse NTV1.1 CEG
    5. Antenatal Care CEG 1.3
    6. Asthma CEG N1.1
    7. Atrial Fibrillation CEG 2.1
    8. Bowel Cancer Screening CEG 1.0
    9. Cancer CEG 1.0
    10. Cervical Smear CEG 1.4
    11. CHD CEG 1.3
    12. Child At Risk CEG 2.0
    13. Childhood Immunisations CEG 2.2
    14. Chlamydia NTV1 CEG
    15. CKD CEG 1.2
    16. COPD CEG N1.3
    17. Dementia CEG 2.1

18. Depot MH CEG N1.0
19. Depression CEG 1.1
20. Diabetes CEG N2.1
21. Diabetes Monitoring CEG N1.1
22. Epilepsy CEG 1.1
23. Ethnicity and language CEG 1.0
24. GLP-I Initiation and Follow Up CEG N1.0
25. Heart Failure CEG 1.1
26. High Risk Drugs CEG 1.0
27. HPV CEG 1.0 - Previously HPV NTV1 CEG
28. Hypertension CEG 1.3
29. Hypothyroid CEG 1.1
30. Insulin Initiation CEG 2.0
31. LARC CEG N1.0
32. Learning Disabilities CEG 1.1
33. Mammography CEG 1.0
34. Minor Surgery CEG 2.0 - Previously Minor Surgery NTV1.1 CEG
35. MMR Catch Up CEG 3.0 - Previously MMR Template CEG 2.0
36. New Patient Check CEG 1.0 (This template not currently available for practices on Version 3.5.11)
37. Newly Diagnosed Diabetes CEG N1.2
38. NHS Health Check CEG N2.1
39. Oral Contraception CEG 1.2
40. Oral Nutritional Supplements CEG N1.0
41. Osteoporosis Secondary Prevention CEG 1.0
42. PAD CEG 1.2
43. Palliative Care CEG 2.0
44. Physical Activity CEG 1.0
45. Rheumatoid Arthritis CEG 1.2
46. SMI CEG 1.4
47. Smoking Cessation NTV1 CEG
48. Smoking History CEG 1.0
49. Stroke CEG 1.2
50. Substance Misuse CEG N1.1 - Previously Substance Misuse CEG N1.0

## 5. Dashboards and reports

Diabetes	Dashboard	Monthly	Pre-diabetes	Dashboard?	Monthly
LDP	Dashboard	Monthly	Nursing home	Report	Quarterly
Flu coverage	Dashboard	2 weekly	SMI & diabetes	Report	Monthly
Childhood imms	Dashboard	Quarterly	TB	Report	Monthly
LD	Dashboard	Quarterly	CVD	Dashboard	Monthly
Palliative care	Report	Quarterly	Integrated care	Dashboard	Monthly

Risk profiling	Report	Monthly	COPD	Report / dashboard	Quarterly
			Eating	Report	Quarterly
SMI	Report	Monthly	Online Appointments	Report	Quarterly
Diabetes ad-hoc reports – excluding pre-diabetes	Report	6 monthly	Childhood Imms uptake	Report	2 weekly

6. Other Practice and Cluster reporting

- Medicines Management
- KPI searches for PMS
- Clinical support tools e.g. Atrial Fibrillation
- Recall lists for extended primary care services

7. Invoicing Tools for all extended primary care services

- Enables practices to automatically generate invoices for services in the format required by commissioners - utilises EMIS web data practices will submit when they are satisfied the data reflects activity

8. Locality and Practice Level Analysis tool

- Enables practices and localities as commissioners to easily digest data regarding achievements across a range of extended primary care services and to target areas in need of further support.

9. Education and training

- Accredited courses for data quality improvement and entry
- Educational seminars on agreed clinical topics
- Practice based mentoring and support