Information Management & Technology Strategy

July 2015

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1. INTRODUCTION

Sheffield Clinical Commissioning Group (Sheffield CCG) is one of the largest CCG’s in England, comprising of 87 GP practices and a registered local population of approximately 580,000 people which is rising. We have engaged extensively with clinicians, patients and the public in the city to develop commissioning plans which will improve health and well being for the people living in Sheffield.

Our priorities are based upon our local populations need and the areas where service improvement is most needed are identified as:

* Life expectancy
* Premature death due to Cancer, Cardiovascular and Liver disease
* Mental Health
* Long Term Conditions
* Child and Maternal Health

Given our aging population, significant increases in the prevalence of long term conditions / co-morbidities and greater austerity on public finances, our NHS cannot meet the challenges of the future and remain sustainable through incremental improvements and efficiency alone. We must adopt a transformational approach which utilises technology innovation to empower patients and enable health and care staff to deliver high quality, safe, consistent and equitable services

We have engaged with leading clinicians and other key stakeholders in order to produce this IT strategy to ensure it embodies the values, themes and plans which lie at the heart of our commissioning ambitions

The purpose of this strategy is to set out the direction of travel for IM&T over the next 2-5 years and how it will enable us and our partner organisations to deliver a holistic health and care service around the needs of our patients, through technology innovation, integrated care records and greater online access for patients.

The strategy embodies innovation, collaboration and leadership which are all recognised as key success factors. The success of this strategy also depends as much on culture change and how we engage with healthcare professionals and patients as it does on technology and information systems.

The strategy is set out over the following chapters:

* Our Vision
* Influence and Drivers
* Innovation Through Technology
* Roles, Responsibilities and Relationships
* Strategic Ambitions
* Delivering the Strategy
* Information Governance
* Finance
* GP IT – The Development of Primary Care

1. OUR VISION

To enable the delivery of safe, efficient, high quality, accessible and equitable integrated health and social care services to individuals in Sheffield by supporting fully integrated operational health and care systems across Sheffield (this means sharing health and care records across primary care, hospitals and social care organisations), and enabling patient access to their care records as well as relevant support and guidance to enable them to self-manage their conditions.

1. INFLUENCE AND DRIVERS
   1. National Perspective

The *NHS Call to Action* identified a number of challenges the NHS will face over the coming years. Increases in demand combined with rising costs threaten the financial stability and sustainability of the NHS. With a pressure to do more with less, to innovate and deliver further efficiency gains; technology and information sharing is seen as a key enabler.

*Personalised Health and Care 2020 – Using Data and Technology to Transform Outcomes for Patients and Citizens* sets out a framework for action by 2020 – this is closely referenced in this strategy

The strategy takes into account a number of national priorities that have an impact on the IM&T agenda:

* *Personalised Health and Care 2020 – Using Data and Technology to Transform Outcomes for Patients and Citizens – A Frame work for Action (Nov 2014) –* National Information Board
* Better Care Fund and Integrated Commissioning
* NHS England Vision and Priorities
* *Health and Social Care Act (2012)*
* *The Care Act (2014)*
* *The Information Revolution (August 2011)* describing the information people need to stay healthy, take decisions and exercise more control over their care
* *The Power of Information* *(May 2012)* sets out a ten-year framework for achieving higher quality care and improved outcomes by the use of new technologies
* *Everyone Counts: Planning for Patients 2013/14* provides the underlying principle to empower clinicians to deliver better outcomes, increase information for patients and to demonstrate greater accountability to the Communities the NHS serves
* *The Caldicott Review 2.0* recognises the need to ensure an appropriate balance between protecting patient confidential data and securely sharing the same information in order improve patient safety, quality and integrated care
* *Five Year Forward View*
  1. Local Perspective

From a local perspective this strategy sets out a vision as an enabler of our strategic ambitions over the next 2-5 years:

* + 1. Our Strategic Commissioning Intentions
* **Integration**. Of Health and Social care in the provision of services and support to people outside of hospital
* **Care closer to home.** ‘Care closer to home’ will become the setting of choice and as a result patients in Sheffield will receive as much of their care as possible within a community setting
* **High quality care and triage.** The care and services people receive will be of high quality delivered by fully supported clinicians, with seamless transfer to expert hospital-based secondary care when and if that is needed
* **Collaboration between professionals and patients.** Primary and secondary care clinicians will be enabled to work together with the patient, using technology to support communication and ensure input is provided at the appropriate time, in the most appropriate setting and by the most appropriate professional for the patient
* **Empowering patients.** Patients will be supported in the self-management of their conditions where appropriate and we will seek to ensure technology is fully utilised in order to support patient care and monitoring without the need to travel to a hospital setting
* **Service integration.** Where appropriate services will be integrated to meet the needs of the patient and partners and co-commissioners will work collectively and collaboratively to achieve this
* **High quality care.** We use strong commissioning principles to deliver the best clinical outcomes for all our patients and we ensure services provide the highest quality of care while representing best value for money
  + 1. Our Health Ambitions
* All those who are identified to have higher emerging risk of admission through risk stratification, are offered a care plan, agreed between them and their clinicians (potentially 15,000 people)
* To have integrated primary and community based health and social care services underpinned by care planning and a holistic approach to long-term conditions management to support people living independently at home, reducing emergency admissions by up to 20% and emergency department attendances by up to 40%
* Care requiring a specialist clinician will be brought closer to home, changing the place or method of delivery for a significant proportion of current hospital attendances
* We will reduce the number of excess early deaths in adults with serious mental illness to be in line with the average of the best three core cities in England, and achieve similar improvements in life expectancy for people with learning disabilities
* We will have put in place support and services that will help all children have the best possible start in life
  + 1. Corporate Perspective

From a Sheffield CCG organisational perspective the strategy sets out our vision as an enabler of our back office and corporate objectives:

* Mobile / Agile working
* Greater collaboration
* Greater online presence

1. INNOVATION THROUGH TECHNOLOGY
   1. Innovation Capability

We recognise transformation of services will require more than incremental changes and efficiencies. Innovation lies at the heart of step change and must be forethought in everything we do.

As a commissioner we must position ourselves at the forefront of technology innovation through partnerships/collaboration with other technology innovators including provider organisations, suppliers, universities, health and care professionals and the public to discuss innovative ideas and collaboratively work on research, development and technology pilots. It will allow us to evaluate technology in a holistic way and in alignment with our overall ambitions.

As a system leader we intend to develop our partnership arrangements across our health and social care community in 2015/16 to accelerate progress.

* 1. Emerging Technology

NHS England carried out an analysis in August 2014 of our commissioning ambitions and how technology could support it’s delivery. The Analysis concluded a greater use of technology could facilitate integrated team working, enable informed remote communications with patients and promote self-care. A number of technologies were highlighted as potential key enablers:

* Telehealth (including Self-care tools)
* Technology and Infrastructure to support Multi-Disciplinary Teams (MDTs)
* Integrated digital care record solutions
* Electronic Discharge Summaries and Alerts
* e-Referral
* e-Consultations
* e-Correspondence
* Order Communications
* Medicines Management

For further information on these technologies and the full report please see *Sheffield CCG Commissioning Intentions & New Technologies v3.0* authored by Tim Ellis (NHS England Programme Director for New Technologies)

1. ROLES, RESPONSIBILITIES AND RELATIONSHIPS
   1. Our Responsibilities

We will take a leadership role, providing the strategic direction, governance and resources to deliver our shared vision

We also have a responsibility to encourage our health and care providers to identify what is required from a patient and service perspective and work together to develop integrated services enabled by technology integration, information sharing and appropriate governance arrangements

In commissioning health care for the population, we will use the standard NHS Contract which will set out the contracted activity levels, penalties, incentives and financial arrangements. We will also actively encourage all providers across health and care to work together to develop technology integration plans and information sharing protocols which allow for a more comprehensive, accurate and up to date patient record at the point of care

In Primary care, GP’s will have to ensure that they meet the standards set out in the Quality of Outcomes Framework using the Calculating Quality Reporting Service (CQRS) to assess their achievement. We will continue to implement national GP IT projects, promote adoption and explore ways to optimise delivery to enable primary care providers to achieve their targets – See Appendix A

* 1. Partnerships

No one organisation can transform the delivery of health and care services in Sheffield, a joined up approach is required which combines information, knowledge, practices and processes across care settings, delivering a consistent and high quality service to patients. We already have established partnership working groups making positive steps towards integration and improvement and we should build on this utilising expertise from other organisations including Providers, Local Authority, Universities

To achieve integration plans and ultimately, innovation and improved quality across services, greater inclusion and participation is required. We will take a leading role in setting the standards and terms of reference for our collaborative working. We will actively encourage, support and monitor participation across primary, secondary, third sector and other partner organisations across the Sheffield community. We will leverage online facilities to create and further promote discussion and feedback groups

Greater collaboration and information sharing will present new IM&T challenges across infrastructure, information governance and business intelligence services. Our strategic plan sets out to address these challenges and leverage existing resources and capabilities where possible

The greatest challenge will be in changing the culture within our NHS. We will need to work closely with partner organisations clinicians, staff and patients to align IM&T strategy with core NHS values

* 1. IT Delivery Partners

We will utilise the Leader Provider Framework (LPF) in order to assess value for money, create competition and procure services where appropriate.

In order to find innovative ways to deliver services using technology, we will actively engage with innovators and best-of-breed suppliers. We will drive forward an innovation agenda and capability across care settings, led by clinicians and staff, supported by technology events and pilots, with clearly defined benefits realisation plans and governance arrangements

* 1. Integrated Health and Care Partners
     1. GP Providers

Our ambitions are tightly coupled with primary care development and how we engage with GP practice is paramount. Our shared plans will create new challenges around information sharing and infrastructure. We will ensure primary care is at the heart of IM&T strategy and debate, with clinical leadership at the forefront. Our GP Provider Board was recently established to drive forward plans and initiatives to deliver services closer to people’s home and provides GP’s with a voice on IT development

* + 1. Sheffield City Council

Sheffield City Council is a key strategic partner and has a vital role to play in achieving our shared ambitions. If we are going to commission holistic services closer to the patient’s home, reduce the number of non-elective hospital visits and improve efficiency, our health and care staff will need to be better supported through mobile technology and access to integrated digital records. The latter poses the greatest challenge which will require us to work closely together to explore and where appropriate procure enabling technology together. We will take further steps to ensure Sheffield City Council is an equal partner in technology discussions and decisions. We must also jointly ensure IM&T is considered early on in strategic planning and pathway design, by developing stronger programme management and business analysis

* + 1. Providers

We are also strengthening our partnerships with Foundation Trusts in Sheffield, so that contractual relationships are set in the context of our shared aims such as reducing the pressure on acute and mental health hospitals by transferring urgent care into primary and community settings. We also recognise the vast amount of knowledge and experience our Acute IM&T staff have in managing complex systems and integration projects and we will utilise this for the benefit of all.

* + 1. Health and Well being Board

Our Health and Well being Board will play an integral part in integrating health and social care as our strategic commissioning partnership. We must ensure tight coupling between the Health and Well being board and our Informatics Steering Group

1. STRATEGIC AMBITIONS

We have grouped our ambitions into the following 5 overall themes

The relevant *Personalised Health and Care 2020* proposals are shown prefixed by PHC2020:

* 1. Patients and Public

1. Enable patients to make more informed decisions about their own health
2. Online services which empower patients to take responsibility for their own health and well being, and which are just as secure and easy to use as online banking and travel booking websites
3. Support meeting the needs of the most vulnerable in society
4. PHC2020 ‘enable me to make the right health and care choices’ – citizens to have full access to their care records and access to an expanding set of NHS accredited health and care apps and digital information services
5. PHC2020 ‘make the quality of care transparent’ – publish comparative information on all publicly funded health and care services, including the results of treatment and what patients and carers say
   1. Sheffield City Wide Working
6. Enable Integrated Care
7. Staff across care settings will be empowered to work together in best interests of their patients through shared electronic care records within a common user interface
8. Our staff can connect with their customers, partners and patients through agile communication and collaboration tools, securely anytime and anywhere
9. PHC2020 ‘give care professionals and carers access to all the data, information and knowledge they need’ – real-time digital information on a person’s health and care by 2020 for all NHS-funded services, and comprehensive data on the outcomes and value of services to support improvement and sustainability
10. PHC2020 ‘bring forward life-saving treatments and support innovation and growth’ – make England a leading digital health economy in the world and develop new resources to support research and maximise the benefits of new medicines and treatments, particularly in light of breakthroughs in genomic science to combat long-term conditions including cancer, mental health services and tackling infectious diseases
11. PHC2020 ‘support care professionals to make the best use of data and technology’ – in future all members of the health, care and social care workforce must have the knowledge and skills to embrace the opportunities of information
    1. General Practice IT
12. Maximise value of IT for General practices
    1. Sheffield CCG organisational IT
13. Enable corporate staff to be highly productive
14. Powerful business intelligence tools underpinning excellent risk stratification, future commissioning and personalised care plans
    1. Governance
15. To effectively manage IM&T resources, projects and information governance arrangements in line with our strategic needs within clinical and corporate settings, leading to improved patient outcomes across health and social care in Sheffield
16. PHC2020 ‘build and sustain public trust’ – ensure citizens are confident about sharing their data to improve care and health outcomes
17. PHC2020 ‘assure best value for taxpayers’ – ensure that current and future investments in technology reduce the cost and improve the value of health services and support delivery of better health and care regardless of setting
18. DELIVERING THE STRATEGY

This section describes the aims, objectives, and expected outputs for each theme

Each theme will potentially be delivered through different vehicles eg integrated commissioning programme, providers, internal CCG teams etc. An overarching delivery model is required with progress overseen by the CCG’s Executive Team

See Appendix B for the national timelines from the *Personalised Health and Care 2020* framework

* 1. Patients and Public

Aim

To enable patients to make more informed decisions about their own health and to have access to online services which empower patients to take responsibility for their own health and well being

Objectives

1. Maximise web and online technology to provide patients with equitable access to their records and services to help make more informed decisions about their health
2. Engage more effectively and widely with the public through a greater online presence
3. Support meeting the needs of the most vulnerable in society

Outputs

1. Development of an integrated Unified Communications strategy which connects healthcare professionals and patients reducing cost and delivering health and care services directly to the patients home
2. Promote the adoption of self-care applications, social media interest groups and patient opinion portals
3. Support meeting the needs of the most vulnerable in society (eg using IT / records sharing to enable more effective Safeguarding)
   1. Sheffield City Wide working

Aim

To enable Integrated Care

Objectives

1. A Sheffield wide digital strategy and technology roadmap which is integrated, inclusive of all delivery partners and transforms the way in which services are delivered

Innovation

1. Explore ways to increase efficiency and reduce duplication through the use of innovative technology
2. Create an innovations culture which is clinically led
3. Encourage established and emerging technology innovators to pilot their technology within the Sheffield health economy
4. Embed technology innovation into commissioning design and planning considerations

Service Transformation

1. Support the development and provision of IM&T leadership across all partner organisations involved in the delivery of patient care in Sheffield
2. Drive forward the system integration agenda and the vision of an integrated digital care record
3. Working closely with delivery partners and innovators; evaluate and pilot new technologies which directly support commissioning intentions
4. Establish a shared procurement model which ensures technology procurements support integrated IM&T strategy
5. Maximise the adoption and use of national IT systems and shared resources across organisations
6. Educate and raise awareness on data sharing and information governance

Infrastructure and Service Delivery

1. A shared vision and delivery of a Sheffield wide infrastructure that supports and promotes integration, efficiency and innovation

Outputs

1. In collaboration with partner organisations, we will develop a technology roadmap which clearly sets out objectives and benefits, is financially supported and properly governed

Innovation

1. Further develop existing local groups within the Integrated Commissioning Programme to ensure representation across primary, secondary, social and third sectors and provide leadership and alignment to our commissioning plans
2. Work with IT delivery partners, national experts and key partner organisations to develop innovative approaches

Service Transformation

1. Support the use of interoperability systems and application portals which help deliver an integrated digital care record accessible across care settings
2. Work closely with mental health and third sector clinical systems suppliers to develop their roadmaps towards integration and the NHS Interoperability Toolkit (ITK)
3. Working closely with partner organisations to leverage existing investments such as wireless and video conferencing to enable staff to seamlessly work across care settings
4. Engage with other Commissioners and health and care organisations on Telehealth and establish pilots across the city
5. Develop and implement a robust information sharing policy which appropriately balances sharing and protecting information

Infrastructure and Service Delivery

1. Further develop existing local partnership groups to ensure representation across primary, secondary, social and third sectors and provide leadership and alignment to our commissioning plans
2. Work with IT delivery partners, national experts and key partner organisations to develop an infrastructure strategy which delivers common architecture standards and maximises resources
3. Working closely with IT delivery partners, evaluate existing WAN contracts against new Public Services Network (PSN) and N4 propositions
   1. General Practice IT

This section is to be read in conjunction with the previous Sheffield City wide working section

Aim

To maximise value of IT for General practices

Objectives

Infrastructure and Service Delivery

1. Delivery of high quality GP IT support and robust infrastructure, improving service delivery across practices
2. Actively explore and promote GP ‘add-on services’ and how they might enable the integration and the integrated digital care record agenda
3. Educate, promote awareness and provide support to practices in respect to their business continuity responsibilities
4. Ensure all practices broadly understand the services they receive, the responsibilities of all parties and have a mechanism to feedback on performance and improvement opportunities

Business Intelligence

1. Ensure robust data quality processes are developed for primary care and across all health and social care information settings.

Outputs

Service Transformation

1. Deliver national IT projects within national and local timeframes: eg EPS 2.0, GP2GP, Patient Online, EDS, e-Referrals
2. Work closely with IT delivery partners to develop a GP Practice Blueprint i.e. the model IT-enabled practice
3. Support the city-wide use of interoperability systems and application portals which help deliver an integrated digital care record accessible across care settings

Infrastructure and Service Delivery

1. Working closely with primary care healthcare professionals, partner organisations and IT delivery partners to develop GP IT add-on services, where benefits clearly support our vision and commissioning plans
2. Ensure IT delivery partners have the necessary capability and resources to deliver service as outlined in the GP IT Operating model e.g. 7am-7pm coverage
3. Develop a primary care engagement plan which sets out to educate, inform and support practices in understanding GP IT services, opportunities to innovate and standardise GP IT configurations
4. Develop standard practice clinical templates

Business Intelligence

1. Reporting to Primary Care users supporting identifiers for patients with whom the clinical user has a legitimate ‘consent’ relationship
2. Risk Stratification and risk profiling built into the clinical dashboards
3. Primary Care data quality reports supporting enhanced service initiatives and improving consistency and quality of Sheffield GP Practice data
4. Secondary Care data available to primary care clinicians and linked with data from other health care settings
5. Support the provision of data to practices for CCG initiatives (eg QIS) where possible

* 1. Sheffield CCG Organisational IT

Aim

To enable corporate staff to be highly productive

Objectives

Organisational Development

1. Adoption and use of technology to develop agile and flexible approaches to work that improves collaboration and staff satisfaction
2. Embed technology into commissioning design and planning considerations
3. To engage users across all our employee groups and our partner organisations to improve collaboration in the commissioning of health care services
4. To maximise the opportunities for collaboration, communication and knowledge management by helping employees to quickly find the information they need to do their jobs, manage their lives as employees, connect other users, and improve employee engagement

Infrastructure and Service Delivery

1. An integrated approach to the provision of corporate and clinical infrastructure solutions that maximises the opportunities for innovation, quality and value for money that improves out comes for patients
2. Commission a corporate IT service which is responsive to our staff and meets agreed service levels

Business Intelligence

1. Maintain all data and information in a flexible secure cloud store consistent with national guidelines
2. Improvement in accessibility of data, information, intelligence and analytical reporting to support business decision through single system development that is used as routine.
3. Develop a robust architecture for data warehousing, reporting and intelligence layers
4. Implement fully integrated information governance arrangements to ensure there are robust processes for dealing with Patient level data, linking datasets and managing Patient Confidential Data issues
5. Ensuring business intelligence reporting is available from relevant sources, but based upon a single consistent view of Sheffield health and care data

Outputs

Organisational Development

1. Implementation and evaluation of an online communication and collaboration tool allowing staff to post, debate, follow and chat to each other in a professional environment
2. Implementation of a Unified Communications Tool for corporate staff
3. Evaluate Virtual Desktop Infrastructure (VDI) as an option for secure anytime, anywhere access to desktop applications for staff
4. Evaluate and rollout online workflow tools automating internal business processes and administration e.g. Microsoft Sharepoint, LifeRay
5. Further develop corporate website making best use of the latest digital online marketing, media and communications technology. Consider further adoption of online video presentations and seminars

Infrastructure and Service Delivery

1. Working closely with IT delivery partners, develop a performance management framework to ensure all core IT services are delivered consistently to a high standard
2. Working closely with IT delivery partners, develop a standardisation plan to ensure maximum value and efficiency in the delivery of technology and infrastructure services

Innovation

1. Update commissioning strategy and planning process to ensure new and emerging technology is properly considered during concept and design stages

Business Intelligence

1. Develop a Business Intelligence strategy to support risk stratification and cross setting intelligence
2. Patient level data stored in a single-version-of-the-truth repository accessible to reporting users
3. Consider an Enterprise Architecture for Data-warehousing and Business Intelligence services e.g. RAIDR platform
4. Develop and implement reporting in support of CCG commissioning portfolios, programmes and the Better Care initiatives in association with Sheffield City Council
   1. Governance

Aim

To effectively manage IM&T resources, projects and information governance arrangements in line with our strategic needs within clinical and corporate settings, leading to improved patient outcomes across health and social care in Sheffield

Objectives

1. Effective use of programme management of IT in order to better manage risks relating to transformation projects and improve benefits realisation
2. An innovative approach to information governance supported by robust data sharing agreements and a sensible balance between information sharing and confidentiality
3. Ensure our IM&T governance framework is aligned with the IT strategy, with its commissioning intentions, measuring performance, managing finances and providing assurance to all stakeholders on IT investment
4. Ensure financial transparency, KPI performance and value for money across all IT delivery partners
5. Development of an integrated funding and review process which is properly supported through our leadership
6. Develop strategic partnerships which support innovation and delivery of our commissioning plans
7. Ensuring all partners are compliant with laws and regulations such as the Health and Social Care Act (2012), The Data Protection Act (1998) and IG Toolkit (IGT)

Outputs

1. Development of robust, but proportionate information sharing agreements across partner organisations
2. Actively develop financial transparency, service definition, service catalogues, contracts and KPI’s for all IM&T delivery partners
3. Actively develop strategic partnerships with best-of-breed suppliers which promote innovation, excellence and value for money
4. Lead a process which promotes information sharing, sets out confidentiality guidelines and appropriate use, and instils confidence in staff using sensitive information to carry out their duties
5. Ensure all IT delivery partners, GP practices and partner organisations can demonstrate IGSoC level 2 compliance
6. INFORMATION GOVERNANCE
   1. The Information Evolution

As our commissioning strategies evolve, so do our information governance obligations and challenges. We must set free information to allow for richer electronic patients records, new research and intelligence, but we must achieve this within our personal and organisational obligations to keep patient data confidential

We must position Information Governance as an ‘enabler’ of patient safety and confidentiality and demystify what is a complex subject

* 1. The Challenges
* A culture of anxiety towards Information Governance
* Information silos inhibit advanced analytics across health and social care
* Patients have limited access to their health and care records
* Duplication & fragmentation of data & records
  1. Managing Anxiety and Achieving Balance

Information governance remains a complex and mystifying subject for most whom come into contact with and are authorised to process patient data. We recognise the efforts being made nationally and with support from the Information Commissioner (IC) to demystify information governance, but barriers still remain which are preventing our health and care professionals from sharing information with confidence, whilst understanding their information governance responsibilities

We must develop an approach which clearly articulates this complex subject in ‘plain english’ and carefully balances confidentiality and the need to share information across care settings. We must recognise information sharing within the context of patient safety and service quality. The real challenge is as much cultural and policy based, ie we need to instil a culture of good information governance in all staff and develop an information governance framework which is aims to support enablement.

* 1. Information Sharing Agreements & Consent

We establish clear information sharing agreements with partner organisations based on the standard three tier model. These must support organisations and practices in their compliance with the current Data Protection Act.

We recognise the importance of informed patient consent in record sharing and that it will have precedence over organisational information sharing systems and models. Wherever possible informed consent should be the basis of patient record sharing.

* 1. Data Management and Business Intelligence

Following the implementation of Health & Social Care Act 2012 the legal position of commissioner’s right of access to patient identifiable data has been clarified.

We will work closely with our BI & DSCRO delivery partners to find effective solutions to work with patient data in a suitable anonymised or pseudonymised format which allows us as commissioners to delivery and innovate on behalf of our community population in a safe and legal manner.

* 1. Culture & Responsibilities

Good information governance requires leadership commitment to embed individual responsibilities in managing patient data into our organisation’s culture. As a commissioner not only will we ensure this is part of our own organisation’s ethos we will expect the same from our primary care contractors and commissioned providers. Successful information sharing will depend on trust between multiple data controller and data processor organisations who all need to commit to the same high standards.

1. FINANCE

CCG’s across the country are operating within tighter public finances and budgets which will remain largely static over the next 5 years (adjusted for inflation only). We also recognise that local authority partners are under significant financial pressures. In the context of rising need these factors pose a significant challenge. We must make sensible decisions on financial sustainability and seek out innovative financing arrangements if necessary.

We will need to carefully consider our overall priorities and if we could utilise retained non recurrent resources for IT investment. Given the rise of Cloud Computing and respective ‘pay-as-you-go’ charging models and benefits; we must consider the impact of this as the market moves more towards recurrent IT spend models

We must also fully exploit national funds such as the Integrated Digital Care Fund and the Prime Ministers Challenge Fund by working closely with our partner organisations and IT delivery partners to develop bids for transformative and integrated technologies

We must also ensure services which we outsource provide us with value for money and operate with maximum efficiency. We will benchmark services and fully utilise national procurements frameworks which offer best value and economies of scale

1. Appendix A – GP IT - THE DEVELOPMENT OF PRIMARY CARE
   1. Paradigm shift

Our NHS must change on a transformational level if it is to remain sustainable. Our primary care model has been established for many years and so has the culture. If we are to realise our shared ambitions to further empower GP practice and build integrated services across health and social care, a paradigm shift is required. Together we will fundamentally transform our community and primary care model, transferring in a number of patient services traditionally delivered within a hospital setting and creating new urgent care and intermediate services beyond the GP practice. This will require professionals across settings to work more closely together and share more information

Patient information will need to flow across different systems and across care settings, whilst ensuring there is one version of the truth i.e. electronic care records owned by the patient and accessible by those involved in the delivery of the patients care. This will pose new challenges around information governance which we will address in a robust and practical way

* 1. The Challenges
* Change anxiety
* Patient information disjointed across care settings
* Not enough understanding and adoption of GP IT
* Too much variation and standardisation across practices
* Limited online patient interaction
* Funding constraints
  1. Demystifying GP IT

Given the legacy and major restructuring the NHS has faced, it’s not a surprise healthcare professionals, staff and commissioners do not fully understand what GP IT is, what services are on offer, how much they cost and perhaps most importantly how to exploit this as an opportunity to underpin technology led transformation.

* 1. What is GP IT?

GP IT systems in England are reputed globally and continue to support our GP practitioners and healthcare professionals to deliver safe and high quality care for patients

GP IT services consist of the clinical systems, infrastructure, IT support, hardware and add-on services which allow healthcare professionals to manage patient consultations, prescribe medications, have access to medical advice, refer patients into specialist care and more.

There are also a number of national upgrade projects devised by Health and Social Care Information Centre (HSCIC) and delivered through our IT delivery partners which set out to improve mobile access, integration and security. At the time of writing, the following key projects are in the process of being rolled out:

* Patient online
* GP2GP
* Electronic Prescription Services (EPS 2.0)
* Summary Care Record (SCR)

The following projects are scheduled to begin April 2015:

* e-Referrals

e-Referrals is expected to replace Choose and Book in April 2015. We recognise adoption and use of Choose and Book in Sheffield is lower than the national average. We must step up our engagement and remove the barriers preventing our health and care professionals using electronic booking services. Whilst we recognise Choose and Book services are technically well established, more effort needs to be made to encourage use and develop and maintain a consistent Directory of Services (DoS). This will be essential if we are going to ensure existing services and new services (e.g. urgent and intermediate care) are to be utilised effectively through electronic referral

* + 1. GP Systems of Choice (GPSoC)

We will commission approved services using the new GP Systems of Choice (GPSoC) procurement framework. GPSoC is clinically led and has innovation, integration and standardisation at the heart of its ambitions, therefore aligning very closely to our commissioning plans. Through GPSoC we will provide our partners organisations with the necessary assurance and value for money with respect to GP IT Services

* + 1. Core GP IT Services

These services are funded nationally, commissioned by us and largely delivered through our IT delivery partners. We commission these core services to enable practices to manage secure, accurate and contemporaneous patient records through clinical systems such as SystmOne and EMIS Web. Whilst these core systems are maturing towards an integrated model, we recognise our vision of an integrated digital care record cannot be achieved in full without further investment in GP ‘Add-on’ services covered in the next section

* + 1. GP Add-on Services

These are services which go much further in achieving our ambition to integrate systems across care settings and provide health and care professionals with a single integrated digital care record reflecting a patient’s journey through the wider system. These services are already available via GPSoC and are gaining traction throughout the NHS, but require investment beyond national funding

* + 1. The Model Practice

We are acutely aware of how much variation and inconsistency there is across GP IT implementations. We recognise this is largely due to a lack of vision and leadership which we intend to instil. We must work closely with our IT delivery partners and clinical system vendors to develop a blueprint for GP practice. We must present a clear picture of what benefits the model GP practice presents, demonstrate how it aligns to local objectives and endorse through clinical leadership. The model GP practice gives us an opportunity to standardise GP IT services, create greater efficiency and improve quality of services

* + 1. GP IT Funding

Given tighter public finances and greater austerity measure, we must deliver efficient and safe GP IT Services within a largely static budget based on a new per head per population funding model. We must carefully examine existing GP IT Services (delivered largely by our IT delivery partners) to ensure maximum efficiency and value for money.

We must also look to invest, where possible, in innovative solutions if we are going to achieve transformational levels of change. As an enabler, we will establish a number of technology pilots and engage with existing and emerging innovators to evaluate new solutions and assess respective Return on Investment (ROI)

* + 1. Engagement, Education and Awareness

We must actively engage more with GP practice on IM&T development to increase confidence and reduce anxiety related to IM&T complexity and change. We have a responsibility to clearly demonstrate the link between our primary care ambitions, the expected benefits and IM&T as a key enabler.

We will create a formal engagement strategy and deliver more education and awareness workshops supported by our IM&T delivery partners and endorsed by our clinical leadership team. We will launch pilots to demonstrate the exciting new development’s in technology and give our health and care professionals the opportunity to experience it first hand and provide feedback

Appendix B – NIB Framework Milestones

