

PROJECT MANDATE

Project name Summary Care Records

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PRINCE2

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Document History

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Revision date	Previous revision date	Summary of Changes	Changes marked

Approvals This document requires the following approvals.
Signed approval forms are filed in the project files.

Name	Signature	Title	Date of Issue	Version

Distribution This document has been distributed to:

Name	Title	Date of Issue	Version
Mike Jones	AD IM&T		

Purpose

To trigger the process, 'Starting up a Project'. Should contain sufficient information to identify at least the prospective Executive of the Project Board and indicate the subject matter of the project.

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Customer(s), user(s) and any other known interested parties	

Authority responsible

Mike Jones Associate Director IM&T

Background

- The Summary Care Record (SCR) is a centrally stored health summary, initially it is created from a person's general practitioner (GP) record.
- The information is stored in the secure NHS database The Spine on the NHS N3 Network
- Initially, only details of medication, allergies and adverse reactions will be uploaded, but the GP will have the option to include details of other conditions at a later date.
- Patients will have the right to opt out of the SCR, in which case an empty record will be uploaded and stored. This is called the consent to create.
- Patients will be asked each time a clinician wants to view the patient SCR. This is called the consent to view.
- The SCR forms part of the NHS Care Records Service initiative, which aims to have a national electronic care record for every NHS patient by 2010.

- It is intended that NHS Manchester and Trafford PCT will be managed as a 'single' project.
- It is the intention that once SCR's have been created, access will be provided to healthcare professionals in unscheduled care settings such as Out of Hours, Accident and Emergency, Walk-in Centres, Ambulances and Community Nursing.
- Access will be via a secure web application, Summary Care Record Application, or via interfaces to existing systems in OOH and A&E systems.
- Access to the SCR is restricted to healthcare staff with assigned roles recorded on their smartcard, and the patient has to give their permission every time the SCR is accessed. A full audit log is kept of all accesses, and where the patient is unable to give their permission (e.g. if unconscious), an alert is sent to the PCT's Privacy Officer to investigation.
- The SCR is intended to support care when other records are unavailable or incomplete (e.g. emergency and unscheduled care).
- HealthSpace™ is a separate, Internet-accessible technology that allows patients to record and organise their own health data, and via which they will be able to view their SCR. HealthSpace is a voluntary service, and patients must opt in, and provide proof of identity in order to be registered. People with no Internet access may wish to view their SCR by asking their GP for a printout.
- The SCR and HealthSpace™ projects are part of a wider programme within the Department of Health, known as the National Programme for IT (NPfIT), which is delivered centrally via NHS Connecting for Health (CFH) and locally by Strategic Health Authorities and Primary Care Trusts. The SHA has confirmed its commitment to the SCR in the Operating Framework Requirements.
- Several Early Adopter trusts have implemented Phase 1 of the SCR, and Connecting for Health are now planning the rollout of Phase 1 of the Service to all PCTs.
- The Early Adopters have identified benefits from use of the SCR including;
 - The appropriate treatment of patients with long time conditions, who arrive at A&E, such that clinicians can deliver speedier diagnosis and treatment, resulting in greater clinical effectiveness and increased patient safety.
 - Improvements in patient safety by preventing the risk of duplication of prescribing and avoiding adverse drug interactions
- It is suggested that the local deployment would be based around a number of phases; an initial pilot of x surgeries of approximately n patients, followed by further groups of surgeries, based on cluster, clinical system and location to acute providers. The actual timescale has yet to be established, but is likely to be between 18-24 months, depending on resource availability.

- On completion of the Pilot phase, a review will be undertaken to examine:
 - How the production of the SCR will be extend to the remaining GP patients
 - How the use of SCR will be publicised and supported in unscheduled care settings
 - What resources will be required to support GP practices in terms of patient advice, process change and ongoing administration of the SCR
 - How to promote the use of the HealthSpace account to patients

Project objectives

- To produce a SCR containing basic information (allergies, medication, adverse reactions) for at least 80% of all patients registered with a GP in Trafford and Manchester PCT areas, within 24 months of the beginning of Phase 2
 - To promote the take-up of Healthspace amongst citizens of Trafford and Manchester PCT
 - To promote the use of SCR in all unscheduled care settings with the Local Health Community
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Scope

- To produce a SCR containing basic information (allergies, medication, adverse reactions) for at least 80% of all patients registered with a GP in Trafford and Manchester PCT areas, within 24 months of the beginning of Phase 2
 - To promote the take-up of Healthspace amongst citizens of Trafford and Manchester PCT
 - The Project Board will be required to decide on a number of fundamental issues, before the project can commence:
 - Should the project scope be limited to an initial pilot project based on the ISOFT (Synergy) practices? Synergy is the only clinical system currently validated for SCR upload. A further project mandate would then need to be produced for the full rollout, once the pilot had been reviewed.
 - Will the project include the promotion of the Healthspace service
 - Will access to the SCR via mobile devices be included in the scope of the project
 - Will the project include the promotion of use of the SCR by clinicians, and monitoring of clinical benefits – need a lead officer from Business side to be on project
 - Will a LES scheme be introduced to support the project
 - How will the deployment be planned in terms of a phased approach, or pilot and then PCT wide deployment?
 - The SCR will be generated for all patients meeting the relevant criteria for a SCR and within the scope of the project.
 - The promotion of the SCR to the Local Health Community will trigger, once the number of SCR reach the threshold (80%).
 - All GP practices will be expected to participate in the project, based over a number of phases.
 - The SCR will be provided to the Phase 1 specification. Phase 2 (Update Summary from non primary care organisations) is not included in the scope of the project.
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Constraints

- Availability of SCR upload facilities in GP systems
 - GP Practices Component Two of the IM&T DES
 - Availability of SCR application in A&E, OOH etc
 - Availability of GP practice staff may be limited to practice hours
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Interfaces

- Trafford PCT
 - Connecting for Health
 - GP Practices
 - LMC
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- Quality expectations**
- 80% of Patients in GP Practice have SCR available on the Spine App
 - 90% GPPs meet required IM&T DES standards
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- Outline Business Case**
- Expected cost £920k
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- Resource Requirements**
- Project Manager FT
 - Project Administrator FT
 - Clinical Lead PT
 - Technical Lead FT
 - Communications Lead PT
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- Project tolerances**
- +/- 10% Budget
 - +/- 3 months
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References

Executive and Project Manager Project Executive: Dr Tariq Chauhan (Associate Medical Director)
Senior Supplier: Mike Jones (Associate Director of IM&T)
Project Manager: Paul McQuaid

- Interested Parties**
- GPs and Practice Staff
 - MPs
 - LMC
 - OSC/Councillors
 - Voluntary Sector
 - NHS Staff
 - PCT Staff
 - Local Media
 - Caldicott Guardians
 - Local Medical Committee
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