# A DIGITAL ROADMAP FOR KENT & MEDWAY

*"An Electronic Health Record is no longer a digital typewriter but an* **interactive medium** *for practicing medicine (and delivering care) based on the highest standards in the world"*

*We will use technology to improve outcomes through robust, secure and seamless use of information and systems*

*Version: 1.0 Date: 31/10/16*

# Contents

# 1. OVERVIEW

- Purpose
- Governance
- Stakeholders

# A Kent & Medway LDR supporting the single STP

- There is a single STP for Kent & Medway

- Originally there were 4 LDRs for Kent & Medway:
  - DGS & Swale
  - East Kent
  - Medway
  - West Kent

- There was agreement that each LDR should support the same 7 Kent & Medway visions and outcomes

- This version unifies the 4 original LDRs to ensure that the STP is supported by the required digital components

- The main considerations in unifying the LDRs were:
  1. How do the LDR vision outcomes map onto the STP strategic themes?
  2. What should the priority for implementation of the LDR outcomes be?
  3. Are there any digital components missing from the LDRs that are necessary to deliver the STP strategic themes?
  4. What implementation approaches are each of the 4 LDRs taking to deliver the outcomes?

- This unified LDR includes:
  - Updates and changes to the original 4 LDRs
  - Responses to the feedback received from NHS England on the initial LDRs

# Purpose of a Kent & Medway LDR

- Support the delivery of the Kent & Medway Sustainability and Transformation Plan, specifically to address:

  - The care and quality gap

  - The finance and efficiency gap

  - The health and wellbeing gap

- Ensure there is a digital component to all appropriate transformation initiatives

- Take advantage of technology to support new care delivery models

- Identify the board, clinical and informatics digital champions in all Kent & Medway care delivery organisations

- Where appropriate, take advantage of existing national and local investments in technology to maximise the benefit from these investments

- Exploit funding opportunities

- Support local strategic decisions, prioritisation and investment

- Reveal, explore and exploit potential for common approaches to deliver underpinning infrastructure and solution architecture

- Clarify deployment schedules, critical paths, risks and constraints, opportunities for building networks and forming collaborations, common knowledge management and benefits realisation approaches

- Facilitate national investment prioritisation, identifying 'economies of scale' opportunities within a region, and supplier product roadmap development

- Ensure robust on-going governance of delivery

# Kent & Medway LDR Strategy Steering Group

## Steering group remit

A Kent & Medway LDR Strategy Steering Group has been established to oversee the delivery of a single LDR for Kent & Medway. It will report into the STP which will be the overarching decision making board. The LDR Strategy Steering Group will oversee the activities of the 4 LDR Groups already established to ensure that the digital needs of the STP are supported.

## Membership

The chair of the group is:

- Sue Acott – Chief Executive, Dartford and Gravesham NHS Trust

The 4 LDRs  are represented by:

- Andy Barker – ICT Director, East Kent Hospitals University Foundation Trust
- Andrew Brownless – CIO, West Kent CCG
- Dan Campbell – Head of IM&T, Dartford, Gravesham and Swanley CCG
- Iain Anderson – Medway CCG

The LDR steering group will link to the STP Clinical Strategy group to ensure that the LDR fully supports Clinical and Care services

# Stakeholders – East Kent

The project scope is inclusive of all the key stakeholders and organisations in East Kent responsible for care delivery including:

- Ashford Clinical Commissioning Group (CCG)
- Canterbury & Coastal Clinical Commissioning Group (CCG)
- South Kent Coast Clinical Commissioning Group (CCG)
- Thanet Clinical Commissioning Group (CCG)
- MCP Vanguard
- East Kent Hospitals University Foundation Trust (EKHUFT)
- Kent and Medway Partnership Trust (KMPT)
- Kent Community Health NHS Foundation Trust (KCHFT)
- Kent County Council (KCC)
- South Coast Ambulance Service (SECAmb)

Serving a population of around 750,000 people
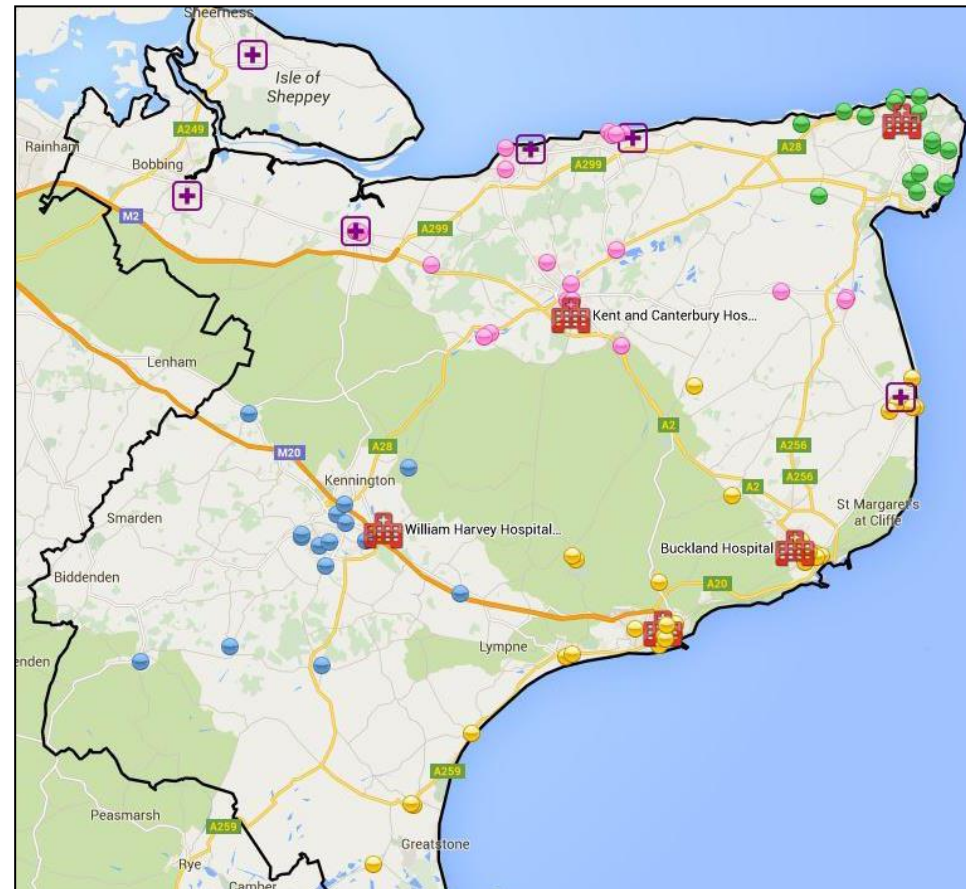
# Stakeholders – West Kent

The project scope is inclusive of all the key stakeholders and organisations in West Kent responsible for care delivery including:

- NHS West Kent Clinical Commissioning Group
- Kent County Council
- 61 GP practices
- Mid Kent GP Alliance
- SWKH – GP Federation for South West Kent
- Maidstone and Tunbridge Wells NHS Trust
- Kent & Medway Partnership Trust (KMPT)
- Kent Community Health NHS Foundation Trust (KCHFT)
- South Coast Ambulance Service (SECAmb)

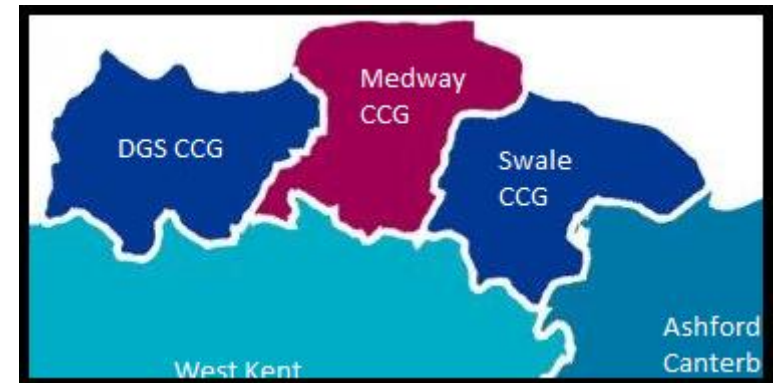Serving a population of around 470,000 people

# Stakeholders – DGS & Swale

The project scope is inclusive of all the key stakeholders and organisations in DGS & Swale responsible for care delivery including:

- DGS Clinical Commissioning Group (CCG)
- Swale Clinical Commissioning Group (CCG)
- 54 DGS/Swale member GP practices

- Dartford & Gravesham Hospitals Trust (DGT)
- Medway Foundation Hospitals Trust (MFT)
- Kent & Medway Partnership Trust (KMPT)
- Kent Community Health NHS Foundation Trust (KCHFT)
- Virgin Care (VC)
- Medway Community Health Trust (MCH)
- IC24 Out of Hours Service (IC24)
- South East Coast Ambulance Service (SECAMB)
- Kent County Council (KCC)
- Medway Borough Council (MBC)
- Ellenor Lions Hospice (ELH)

Serving a population of approx. 500,000 people

# Stakeholders – Medway

The project scope is inclusive of all the key stakeholders and organisations in Medway responsible for care delivery including:

- Medway Clinical Commissioning Group
- 53 Medway member GP Practices
- Medway and Swale Centre for Organisational Excellence (MaSCOE)
- Medway Foundation Trust (MFT)
- Medway Community Health (MCH)
- Kent & Medway Partnership Trust (KPMT)
- Medway On Call Care (MedOCC)
- South East Coast Ambulance Service (SECAmb)
- Medway Borough Council (MBC)
- Kent Fire and Rescue Service (KFRS)
- Medway 3rd Sector Organisations
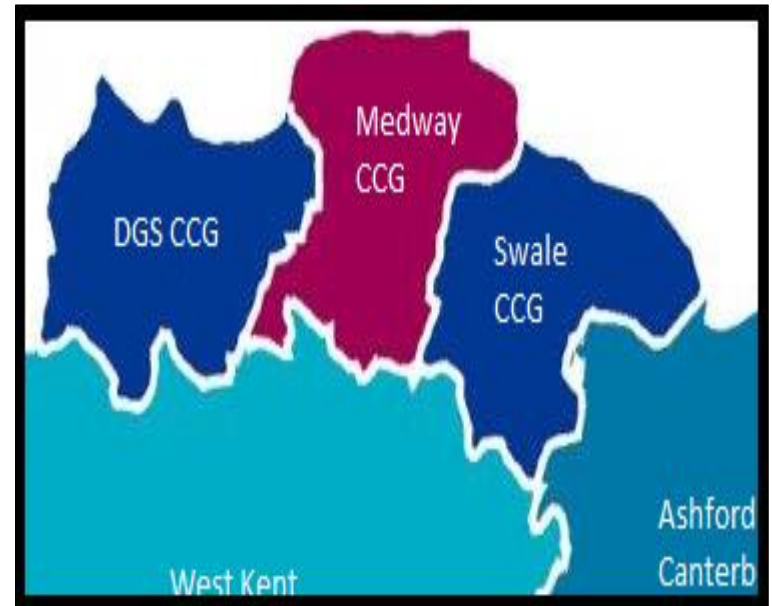
Serving a population of around 303,000 people.

# 2. VISION AND OUTCOMES

- STP focus
- Vision and outcomes

# Four main focus areas of the Kent & Medway STP

1. Self-care and prevention (public health departments have developed the Kent & Medway plan) with identified health and finance benefits

2. Strengthened primary care and integrated out of hospital care (including mental health and social care)

3. Acute hospital strategy (including mental health):
   a. East Kent Strategy Board
   b. A21 / A229
   c. Pan Kent and Medway services (e.g. hyper acute stroke and vascular surgery)

4. Cost reduction measures (including "Carter" efficiencies)

✓ Move from reactive to proactive

# Kent & Medway LDR Vision

- This will:
  - Facilitate and encourage the Kent & Medway population in improvement of their health and care,
  - Support self care and support carers,
  - Join up health and social care and other providers of care services by transforming the way care professionals record information, transact and communicate with patients and staff.
  - Enable more informed decision making
- Digitally enabled transformational change will address the three national challenges of closing the health and wellbeing gap, closing the care and quality gap and closing the finance and efficiency gap.

- The LDR encourages service user empowerment through technology and will drive the use of familiar consumer technology to support greater self-care, improvements in health and wellbeing, and access to services.

- The LDR advocates the use of real-time and historic data to support predictive modelling and improvements in clinical service delivery at point of care. Population health analysis and information management will support effective commissioning. It will promote clinical surveillance and improvements in intelligence through research programmes.

- The LDR will enable the replacement of all paper based care professional to care professional clinical and social care correspondence with digital communications

*We will use technology to improve outcomes through robust, secure and seamless use of information and systems*

# Vision and outcomes

The overall vision comprises 7 outcomes and vision statements.

| Outcome | Vision |
|---|---|
| Universal patient record | Health and care professionals have immediate access to all relevant information about a patient's care, treatment, diagnostics and previous history, for all patients across Kent & Medway; with each digital footprint area determining their own delivery approach. |
| Universal clinical access | Health and care professionals can operate in the same way independent of their geographic location. |
| Universal transactional services | Health and care professionals can access a common directory of services and make arrangements for the appropriate referral to the next stage of the care pathway |
| Shared management information | Health and care professionals have the management information they require to run an efficient and effective service for patients e.g. details of bed occupancy and compliance with targets. |
| Online patient services | Patients can access their medical and social care records online and use other online services e.g. book a GP appointment or ask a clinician a question. |
| Expert systems | Health and care professions and patients have access to knowledge bases to support the care processes |
| Personal digital healthcare | Patients can use personal technology to support their healthcare e.g. a device can automatically send data to alert their GP. This can be collated and used to inform population health management. |

# Universal patient record

- Vision
  - Health and care professionals have immediate access to all relevant information about a patient's care, treatment, diagnostics and previous history, for all patients across Kent & Medway; with each digital footprint area determining their own delivery approach.

- Key outcomes
  - Establishment of a shared electronic "Kent & Medway Universal Patient Record" which all health and social care professionals treating a patient have access to e.g. clinicians in an Acute setting can access GP information, GPs can access information about inpatient episodes and Social Care can access critical data on adults and children.
  - Access to a shared electronic "Kent & Medway Universal Patient Record" expanded to include groups such as community pharmacies, optometrists and care homes who currently have no access to information.

- Key requirements
  - Interconnected health and social care systems where:
    - No user has to re-enter the same patient data twice across Kent & Medway.
    - The provenance and timeliness of patient data is clear to users and patient data available in real time if required.
    - Users do not have to "look for important patient data" it should be presented to them in a suitable form e.g. flag to indicate critical data available or data sorted semantically.
    - Health and care professionals across care settings can access patient medications, allergies and adverse reactions.
    - Clinicians, GPs and community pharmacists can utilise electronic prescriptions.

# Universal patient record

- Key principles

  - To be enabled for patients across Kent & Medway, with each digital footprint area determining their own delivery approach.

  - Key identifier is the NHS number, but each system should be able to handle situations where this is unavailable.

  - All data sharing is read only at present, this must change.

  - Have agreed patient consent models and Information Governance in place.

  - Committed to open and common standards where possible e.g. open architecture (e.g. Open EHR), open integration (e.g. Open APIs and GP Connect), open governance (e.g. information sharing and information governance) and other healthcare standards (e.g. SNOMED CT and dm + d).

- Current position

  - Systems generally developed  separately by each organisation and so there is a lack of system integration across Kent & Medway.

# Universal clinical access

- Vision
  - Health and care professionals can operate in the same way independent of their geographic location.

- Key outcomes
  - Support the "digitally enabled clinician" through the availability of consistent, high quality health and social care systems that are interconnected and available round the clock.
  - More use made of mobile services, bringing care to the patients' community rather than travelling to a hospital or to tertiary care (specialist care providers such as dedicated children's' hospitals).
  - Effective and efficient care so that patients can get the right care in the right place by professionals with the right information the first time.

- Key requirements
  - Improve performance (including outcomes) and efficiency of healthcare activities by:
    - Providing users access to the patient data they need to be able to make the right clinical decision.
    - Providing users access to all relevant patient data in emergency situations (if appropriate).
    - Allowing staff to easily roam between sites and social care settings and still access the patient data they need.
  - Patient data presented as user centric and not be dependent upon the service or underlying system.
  - Support evidence based practice by helping clinicians to rapidly identify each patient's unique health state and diagnosis, their individual risks and benefits of potential interventions.

# Universal clinical access

- Key principles
  - System "easy to use" e.g. should work seamlessly when a clinicians is with a patient.
  - System "proactive rather than reactive/informational" so truly assist users with their work.
  - System platform (desktop or mobile devices) and location (Hospital, GP surgery or patient home etc.) independent.
  - IT service is flexible enough to support new models of care.
  - Support the development of the "Digitally enabled clinician" through professional development/education.
- Current position
  - Staff cannot easily roam between sites and social care settings and access is generally limited to their own systems. Wi-Fi whilst improving is not always available at community locations. Access from patient and nursing homes is far from guaranteed.

# Universal transactional services

- Vision
  - Health and care professionals can access a common directory of services and make arrangements for the appropriate referral to the next stage of the care pathway

- Key outcomes
  - Support the "digitally enabled clinician" by enabling them to make the appropriate electronic referral to the next stage of the care pathway.
    - GPs can refer electronically to secondary care.
    - GPs receive timely electronic discharge summaries from secondary care.
    - GPs can seek advice and guidance from specialists
    - Social care receive timely electronic admission, discharge and withdrawal notices from secondary care.
    - Children service professionals are notified of unscheduled care attendance.
    - Professionals across care settings made aware of end-of-life preference information and information on learning disability and communication preferences.

- Key requirements
  - Improve performance (including outcomes) and efficiency of healthcare activities by:
    - Providing users with the timely referral notifications they need to be able to make the right clinical decisions (especially in emergency situations).
    - Allowing staff to easily roam between sites and social care settings and seamlessly make referrals and seek advice from specialists.
  - Referral data presented as user centric and not be dependent upon the service or underlying system.
  - Support evidence based practice by helping clinicians to rapidly identify each patient's unique health state and diagnosis, their individual risks and benefits of potential interventions.

# Universal transactional services

- Key principles
  - System "easy to use" e.g. should work seamlessly when a clinicians is with a patient.
  - System "proactive rather than reactive/informational" so truly assist users with their work.
  - System platform (desktop or mobile devices) and location (Hospital, GP surgery or patient home etc.) independent.
  - IT service is flexible enough to support new models of care.
  - Support the development of the "Digitally enabled clinician" through professional development/education.
- Current position
  - Use of disparate systems across the health and care environment, partial use of eReferrals service

# Shared management information

- Vision
  - Health and care professionals have the management information they require to run an efficient and effective service for patients e.g. details of bed occupancy and compliance with local and national targets.

- Key user outcomes
  - Access to, and manipulation of, data to enable sophisticated management and forward planning of the healthcare system to be able to:
    - Respond to immediate pressures.
    - Do trend analysis.
    - Plan bed occupancy.
    - Support audits.
  - Staff have a single view of management information across East Kent.

- Key requirements
  - Data architecture agreed e.g. data mart layer and integrated data warehouse/data lake
  - How data hosted and sharing agreed e.g. cloud, shared service or existing solutions
  - Data quality requirements agreed e.g. how up to date and accurate it needs to be.

# Shared management information

- Key principles
    - Data sources across Kent & Medway opened up e.g. most data is already available in the current externally hosted data warehouse but is in silos.
    - Expanded and simplified access is required that also allows live or near live time access.
    - Information governance in place to allow opening up of data sources.
- Current position
    - Over recent years access to management information has improved enormously but has tended to be only available in the individual organisations rather than across Kent & Medway.
    - Access tends to be through business intelligence specialists rather than directly accessible by manager and care professionals.
    - Little ability to see the exceptions that require management or clinical intervention.
    - A significant amount of data is already available in the current Kent Integrated Dataset warehouse.

# Online patient services

- Vision
  - Patients can access their medical and social care records online and use other online services e.g. book a GP appointment or ask a clinician a question.

- Key user outcomes
  - Patients have electronic access to view their records if they consent
  - Patient can take responsibility for managing their care if they consent:
    - Use an online GP appointment service.
    - Monitor a chronic condition using a mobile app.
    - Ask a clinician a question.
  - Patients can get access to general information and guidance
    - Improve knowledge and health literacy
    - Look up medical jargon.

- Key requirements
  - Have a single portal so patients experience a seamless service.
  - Have secure access so that patients are confident that only they (or those they give consent to) have access to their data.

# Online patient services

- Key principles
  - Patients get a better service
    - Improve patient access and convenience.
    - Improve patient communication with health and care professionals.
    - Increase patient satisfaction.
  - Avoid patient inequalities through lack of access to technology and information
- Current position
  - Over recent years the culture of health care has change from a paternalistic model of care to one which is a partnership between the health care professional and the patient, and where the patient has a responsibility for their own health.
  - GP practices offering online patient access to comply with their contracts.

# Expert systems

- Vision
  - Health and care professions and patients have access to knowledge bases to support the care processes
- Key outcomes
  - Staff have access to authenticated sources of information to support the care basis
  - Patients have access to sources of information that empower them to undertake self care
- Key requirements
  - Patient self health information should be presented as user centric and not be dependent upon the service or underlying system.
  - Users should only have access to the knowledge data they need to be able to make the right clinical decision.
- Key principles
  - System "easy to use" e.g. should work seamlessly when a clinician is with a patient.
  - System "proactive rather than reactive/informational" so truly assist users with their work.
  - System platform (desktop or mobile devices) and location (Hospital, GP surgery or patient home etc.) independent.
  - IT service is flexible enough to support new models of care.
  - Support the development of the "Digitally enabled clinician" through professional development/education.

# Personal digital healthcare

- Vision
  - Patients can use personal technology to support their healthcare e.g. a device can automatically send data to alert their GP. This can be collated and used to inform population health management.

- Key user outcomes
  - Support the digitally connected patient
    - Use of health promotion and self-management tools to support ability of patients to manage their own conditions
    - Support care of patients within their own environment through proactive monitoring of long term conditions, management of early warning triggers, telehealth
  - Support the digitally enabled clinician
    - Tele-education and tele-training for remotely supporting clinicians
  - Providers can improve both clinical and financial outcomes through use of population health management.
  - Staff can use the availability of aggregated patient data to support health research.

- Key requirements
  - Use of the full range of current technologies as appropriate to promote self-care and prevention to differing age groups including wearable's, smartphone applications and  assistive technologies.
  - Identification of systems to support pathway management
  - Incorporation of use of technology into provider specifications
  - Provide an IM&T infrastructure that supports all these requirements 24 x 7 and can flex and grow to accommodate new requirements
  - Aggregate patient data across multiple health information technology resources.

# Personal digital healthcare

- Key principles
  - Reduce the rate of urgent care intervention within secondary care through supporting ability to manage patients within their own environment
  - Support patients with self management of their condition
  - Support integrated care delivery within the community
  - Support evidence based practice by providing the best available research evidence bearing on whether and why a treatment works.

# 3. MAPPING THE VISION

- Against the STP

- Priorities

- Implementation approach

# How do the LDR outcomes map onto the STP strategic themes?

The 7 LDR vision outcomes have been agreed at a headline level across the 4 Kent LDR footprints and are categorised below, using the MoSCoW method of prioritisation (Must have, Should have, Could have, and Would like but won't get) against the STP strategic themes.

| | Universal Patient Record | Universal Clinical Access | Universal Transactional Services | Shared Management Information | Online Patient Services | Expert Systems | Personal Digital Healthcare |
|---|---|---|---|---|---|---|---|
| Transformation of out of hospital care | M | M | M | S | S | S | C |
| Transformation of acute hospital care | M | C | M | M | C | S | C |
| Prevention at scale | C | C | W | S | M | S | S |
| Delivering parity of esteem | C | C | W | M | M | S | S |
| Develop integrated commissioning proposals that transform how commissioning is delivered and review the organisational configuration of NHS providers | M | M | S | M | W | S | S |
| Delivery of organisational and cross organisational cost efficiencies | M | M | M | M | M | S | S |

# What should the priority for implementation of the LDR outcomes be?

Using a simple scoring system  (10 x M, 5 x S, 3 x C, 1 x W) gives the following relative priorities.

| | Universal Patient Record | Universal Clinical Access | Universal Transactional Services | Shared Management Information | Online Patient Services | Expert Systems | Personal Digital Healthcare |
|---|---|---|---|---|---|---|---|
| Relative priorities | 46 | 39 | 37 | 50 | 39 | 30 | 26 |

# Are there any digital components missing from the LDRs that are necessary to deliver the STP strategic themes?

It would appear not at this stage, however, priorities may change as the STP develops a greater level of detail.

However we plan to include activities on Population Health Management learning from the work of Wirral and Salford e.g. Cerner Health e Intent and Allscripts equivalents (dBMotion) across developing chain.

Also we plan to include activities supporting R&D e.g. FarrSite in NHS North West. Their work around the Lung Study is "awesome, recruited over 11,000 patients electronically".

# What implementation approach is each of the 4 LDRs taking to deliver the outcomes?

Part 1. Progress made to date and the intended future direction that each of the LDRs are taking to deliver the agreed outcomes.

| | East Kent LDR | West Kent LDR | DGS & Swale LDR | Medway LDR |
|---|---|---|---|---|
| **Universal Care Record** | Currently developing an outline business case to identify the preferred solution for East Kent. This will be followed by a full business case to evaluate the preferred option and secure funding. | Implementing a shared care record based on the Orion Health portal with feeds from GP clinical system (via MIG) with batch feeds being developed from major health and care providers | Have delivered full GP record (read only) into Darent Valley Hospital, and about to go live with Ellenor Hospice. Deploying MIG to align with other CCGs/providers. Evaluating InPS Vision360+ as a fuller solution to UCR. Have evaluated West Kent's Orion solution. Plan to evaluate potential East Kent solution when available, and potential extension of CRIS. | Developing OBS, building around PACE(Proactive Assessment Clinic for Elderly) test of change. We are in discussion with EMIS regarding EMIS Community functionality as EMIS web. Plan visit to West Kent for Orion demonstration November 2016. |
| **Universal clinical access - infrastructure** | No firm plans yet, but being addressed as part of the N3 replacement (SEEN) and through LPF procurement | No firm plans yet, but being addressed as part of the N3 replacement (SEEN) and through LPF procurement | Initial plans in primary care to implement single Wi-Fi SSID across practices, and giving unified access to patient records via use of Vision360 interoperability platform. Likely solution delivered by SEEN / HSCN. | Commencing discussions with potential providers. Draft OBS to be complete 30th November,2016. The solution will fully comply with HSCN guidelines. This is a high priority due to the impending deployment of services to our Healthy Living Centre's. |
| **Universal transactional Services** | Plan to expand the use of eRS. KCC to implement the national child protection system and the National Adaptor for accepting notifications into the KCC Management system. | Using Kinesis to support advice and guidance and expanding the use of eRS, directory of services provided through DORIS | Using DXS in DGS for support, guidance and DOS. Evaluating potential RMC to drive up use of eRS. Evaluating DXS & Map of Medicine in Swale. | Deploying Strata Pathways/eRS to deliver whole system referrals . Test of change around EMIS web, Map of Medicine and Strata Pathways integration. Deploying Lightfoot and Eclipse to reduce waste , harm and clinical variation. |

# What implementation approach is each of the 4 LDRs taking to deliver the outcomes?

Part 2. Progress made to date and the intended future direction that each of the LDRs are taking to deliver the agreed outcomes.

| | East Kent LDR | West Kent LDR | DGS & Swale LDR | Medway LDR |
|---|---|---|---|---|
| **Shared management information** | Currently at an organisational level, future direction to explore how common BI solutions can be implemented, possibly based on the Kent Integrated Dataset (KID). | Currently at an organisational level, future direction to explore how common BI solutions can be implemented, possibly on the back of the LPF procurement that the CCG is engaged on. | Using Shrewd to gather organisational KPIs as most provider organisations in Kent have deployed. Joint BI procured through LPF does present opportunities to enhance. | Building visual dashboard within PACE test of change via Strata IQ, utilised QlikView. Vision is to have real time analytics around whole system asset (MDTs, Beds and Assistive Technology) |
| **Online Patient Services** | Patient access to GP records provided through the GP systems to comply with the GP contract. KMPT patient portal recently deployed. EKHUFT to re-visit providing online patient access. | Patient access to GP records provided through the GP system, KMPT patient portal, CPMS has potential to provide a patient portal. | Patient access to GP records provided through the GP system, KMPT Patient portal available for applicable patients, iPlato also offering patient facing services for booking, cancelling, and repeats. Considering iPlato expansion into Darent Valley Hospital to provide unified approach in DGS. | Current trawl of UK pioneers and vanguard sites. In depth analysis of Modality Birmingham, West Wakefield and The Hurley Practice in London. In discussion with EMIS regarding present and future functionality. |
| **Expert Systems** | Plan to review the use of expert systems, develop requirements and investigate potential suppliers. Produce a business case to secure funding. | Needs further definition to develop requirements, limited community wide expert systems in place, need to look a kite marking to approve and standardise | Agree with West Kent - Needs further definition to develop requirements, limited community wide expert systems in place, need to look a kite marking to approve and standardise. | Medway and Swale Centre for Organisational Excellence developing multi-media knowledge platform to support QI programmes. Beta site 12th November 2016. |
| **Personal digital healthcare** | Plan to review the use of personal digital healthcare, develop requirements and investigate potential suppliers. Produce a business case to secure funding. | Limited facilities in place at present, needs further definition and the development of business case to secure funding, solutions such as askmygp or webgp being looked at to provide signposting to personal digital healthcare services | Limited facilities in place at present, needs further definition. Possible developments (patient data capture) being explored with iPlato. | Scoping a 'test of change' with Yecco which includes 'facebook type' interface for both patients and care professionals. ETTF bid submitted. |

# 4. CAPABILITIES & PLANS

- Digital maturity

- Capabilities

- Current initiatives

- Deployment trajectories for national capabilities

- Universal capability plans

- Information sharing plans

# Digital Maturity – Kent & Medway providers

| Footprint | League Position* | Highest Score | Lowest Score |
|---|---|---|---|
| East Kent Hospitals University Foundation Trust | 116 | Orders results management | Medicines management optimisation |
| Kent and Medway NHS and Social Care Partnership Trust | 36 | Enabling Infrastructure | Orders results management |
| Kent Community Health Foundation Trust | 43 | Strategic alignment | Medicines management optimisation |
| Maidstone & Tunbridge Wells NHS Trust | 85 | Leadership | Medicines management optimisation |
| Medway Foundation Trust | 188 | Governance | Records assessments plans |
| Dartford & Gravesham NHS Trust | 65 | Leadership | Decision support |

* Out of 239 Trusts

# Capabilities – Kent & Medway providers

The capability group requiring the most improvement is medicines management and optimisation. Each provider is actively looking into how the maturity of this group can be increased e.g. EKHUFT and MTW both have business case developed and awaiting approval from their respective Trust boards.

| Capability Group | EKHUFT | KMPT | KCHFT | MTW | MFT | DGT | Average |
|---|---|---|---|---|---|---|---|
| Records, assessments and plans | 46 | 81 | 54 | 48 | 0 | 37 | **44** |
| Transfers of care | 59 | 72 | 52 | 53 | 47 | 38 | **54** |
| Orders and results management | 87 | 13 | 50 | 65 | 40 | 80 | **56** |
| Medicines management and optimisation | 1 | 25 | 25 | 17 | 10 | 31 | **18** |
| Decision support | 44 | 75 | 53 | 44 | 3 | 11 | **38** |
| Remote care | 17 | 33 | 75 | 58 | 42 | 50 | **46** |
| Asset and resource optimisation | 35 | 70 | 45 | 35 | 15 | 40 | **40** |

# Updated summary of current initiatives – Kent & Medway providers page 1

| Organisation | Details of initiatives moving towards paper-free at point of care |
| --- | --- |
| EKHUFT | • Replacing legacy patient administration system with Allscripts PAS<br>• Implementing an open source Ophthalmology system (OpenEyes)<br>• Implementing an A&E system (eCasCard) in majors<br>• Business case being developed for an integrated electronic health record system including electronic prescribing (for approval by the Trust Board)<br>• COIN re-procurement and NHS Mail 2 |
| KMPT | • Implementing one-click summary care record.<br>• Considering other opportunities to implement integration between Rio and systems such as order communications and e-prescribing.<br>• Considering the implementation of an e-referrals system<br>• Clinical documentation implementation |
| KCHFT | • Implementing DocMan hub to conduct clinical correspondence with GPs<br>• Make available SKC CCG GP clinical apps so nurses can view patient data on mobile devices<br>• Pilot in Thanet in 1 practice to identify opportunities to use GP system (EMIS) for recording clinical information<br>• Discuss integration opportunities with Vanguard to implement deeper integration (talking to middleware suppliers) |
| MTW | • Implementing new patient administration system with order communications (Allscripts),<br>• Implementing new A&E<br>• Business case developed & presented to Trust Board for integrated electronic health record system including electronic prescribing<br>• Refresh of infrastructure<br>• GS1 – purchase to pay and inventory management<br>• COIN re-procurement and NHS Mail 2 |
| DGT | • Implementing Electronic Health Records throughout the trust (EHR)<br>• Implementing Shrewd for Management data sharing with DGS & Swale CCGs<br>• Enhancing electronic ordercomms to include Radiography<br>• Linking pathology labs with MFT |

# Updated summary of current initiatives – Kent & Medway providers page 2

| Organisation | Details of initiatives moving towards paper-free at point of care |
|---|---|
| Ellenor Lions Hospice | • Implementing Vision 360 for patient record viewing in DGS CCG area |
| Medway Foundation Trust | • Good progress now being made with CCG to integrate MIG viewer to ED and Outpatients Systems within the hospital<br>• Collaborative working with CCG to potentially enhance use of MIG as "Hub" for all communications<br>• Order Comms Programme moving to tender Phase<br>• Bed Management and Electronic Observation Programme moving towards contract award<br>• Technical Specification in scoping phase for Electronic Document Management Solution<br>• Continued support of Chemo E-Prescribing programme<br>• Ongoing expansion of E-Referral<br>• Early scoping activities for a potential Paperless Maternity solution<br>• Early scoping activities for the implementation of an E-Prescribing solution |
| Kent County Council | • Investigating whether to make GP records available via the MIG to Kent Social staff<br>• Set up project for mobile working for specialist children's services<br>• Reviewing adult social care management system with a view to replacement<br>• Encourage partners to use PSN-Roam<br>• Implementing the national child protection information system<br>• Increase number of adult's records with matched NHS number to 95% |
| Medway Community Health | • Continued development of Community Based Patient Record<br>• Working with CCG/Medway Council on whole system referral solution for 'out of hospital' services, including Intermediate Care.<br>• Developing Telehealth solutions to support MDT's in delivering care in the right place at the right time.<br>• MIG supporting MedOCC services. |

# Updated summary of current initiatives – Kent & Medway CCGs page 1

| Organisation | Details of initiatives moving towards paper-free at point of care |
|---|---|
| Thanet CCG | • MIG – go-live with KCHFT and SECAmb<br>• EMIS Mobile – pilot with one practice community nursing team, rollout across health and social care, all practices to be using EMIS Mobile and plan to give access to other providers<br>• iPlato – rollout text messaging and "MyGP" app (self-check in within certain radius of practice, online access to records/appointments, medication, reminders, some self care/self management in certain areas)<br>• Digitalisation of medical records – allow more objective/efficient transfer of records and free up space within practices to increase clinical capacity<br>• Infrastructure improvements – implement Wi-Fi in every practice, improve connectivity i.e. fibre in every practice and support e-consulting/remote consultations (video consultations) |
| Canterbury CCG | • In June MIG go-live with other providers (KCHFT, KMPT, IC 24, SECAMB and Pilgrims Hospice)<br>• In July start to use MIG Care Plans and move away from Share My Care<br>• Plan to incorporate EMIS into community teams operational specification<br>• iPlato roll out |
| Ashford CCG | • In June MIG go-live with other providers (KCHFT, KMPT and SECAMB)<br>• In July start to use MIG Care Plans and move away from Share My Care<br>• Plan that Community start to use EMIS<br>• iPlato roll out |
| SKC CCG | • MIG – go-live with KCHFT and SECAmb<br>• In July start to use MIG Care Plans and move away from Share My Care<br>• Plan to support mobile working for all practices<br>• KCHFT to introduce electronic discharge transfers<br>• Introduce electronic "buff sheet" with KCHFT<br>• Rollout WiFi to all practices with potential to upgrade to N3 if pilot successful<br>• Plan mobile working in Deal including access to KCHFT to clinical systems and paramedic practitioners<br>• Scoping for digitalisation of medical records |

# Updated summary of current initiatives – Kent & Medway CCGs page 2

| Organisation | Details of initiatives moving towards paper-free at point of care |
|---|---|
| West Kent CCG | • Extension of Care Plan Management System as a electronic shared care record system<br>• Further development of the advice and guidance system between primary and secondary care<br>• Provision of a single directory of services across primary care<br>• Urgent care dashboard – Shrewd<br>• Extension of patient messaging, following evaluation of iPlato and other solutions<br>• Implementation of services to support federated working between GP practices by the deployment of Vision 360<br>• Implementation of WiFi in primary care<br>• Development of business case to support the new models of primary care |
| DGS & Swale CCG | • Implementing MIG for delivery of patient records to provider orgs (Expected go live Dec 2016)<br>• Moving all practices in DGS to GPSoC L4 hosting (Vision LAN to Vision Aeros)<br>• Moving all practices in Swale to Emis Web (currently 16 of 19)<br>• iPlato – rollout text messaging and the 'pending GPSoC approval' "MyGP" app (self-check in within certain radius of practice, online access to records/appointments, medication, reminders, some self care/self management in certain areas |
| Medway CCGs | • Standardisation of GP system footprint (90% Emis Web)<br>• MIG live in Medway Foundation Trust ED, planned for OP and Wards.<br>• Federated GP system operating model – phase 2 planning<br>• SMS services – I plato solution being implemented.<br>• Telehealth: reviewing solution for Dermatology / Opthalmology (GPwSI )service.<br>• Prescribing decision support fully implemented, implementing Eclipse to drive medicines optimisation (Quality and Safety).<br>• Implementing whole system referral management, including GP system/Map of Medicine interoperability. Test of change around Community Geriatric Service.<br>• Innovation hubs: room facilities for Improvement Science MDT working established at all Healthy Living Centre's.<br>• Standard communication & collaboration tool NHS Mail 2 services established.<br>• Establish Medway COIN model : planning and consultation with network providers KPSN pilot site linked.<br>• Out of hospital OPD clinics integrated with primary care services.: record sharing / risk stratification.<br>• Reviewing primary care analytics services.<br>• Reviewing technology solution to support Integrated Urgent & Emergency Care.<br>• Quality Improvement health intelligence analytics to support QI breakthrough collaborative (Frailty, OP and Front Door).<br>• Referral and knowledge management services with Kent Fire & Rescue service (Focus on Frailty Pathway). |

# Updated summary of current initiatives – Other Kent & Medway organisations

| Organisation | Details of initiatives moving towards paper-free at point of care |
|---|---|
| KCC Social Care | • Further development of the Kent Integrated Dataset<br>• Implement sharing of social care data with Care Plan Management System<br>• Implement CP-IS<br>• Initiate project for mobile working in Specialist Children's Services<br>• Reviewing Adults Case Management case system with a view to replacement<br>• Encouraging partners to use PSN-Roam to promote flexible and joint working<br>• Increase number of adult social care records with a matched NHS number |
| SECAmb | • Providing paramedics with access to CPMS (West Kent)<br>• Sharing IBIS data with other care professionals via CPMS<br>• To be confirmed |
| Ellenor Lions Hospice | • Implementing Vision 360 for patient record viewing in DGS CCG area |
| IC24 (Out of Hours) | • Providing care professionals with CPMS<br>• Sharing CLEO (Clinical data) with other care professionals via CPMS<br>• To be confirmed |
| Medway Council | • Implementing portal for professionals to access and contribute to education, care and health care plans for SEN<br>• Planning online self assessment for adult social care as part of wider review of model of access to care and triage<br>• Upgrade planned to electronic case management system (Framework i) Spring 2017 which will give mobile functionality for social workers<br>• Council reviewing its technical roadmap corporately, including collaboration tools and Office 365<br>• Scoping citizens account for council services (potential to develop one account across council and health)<br>• Working with whole system to develop standardised assessment forms for e referrals. |

# Kent & Medway deployment trajectories against national capability group

The national capability trajectories for the Kent & Medway providers are given in the chart below. The embedded Excel sheets give details of the underlying capability scores and schedule.
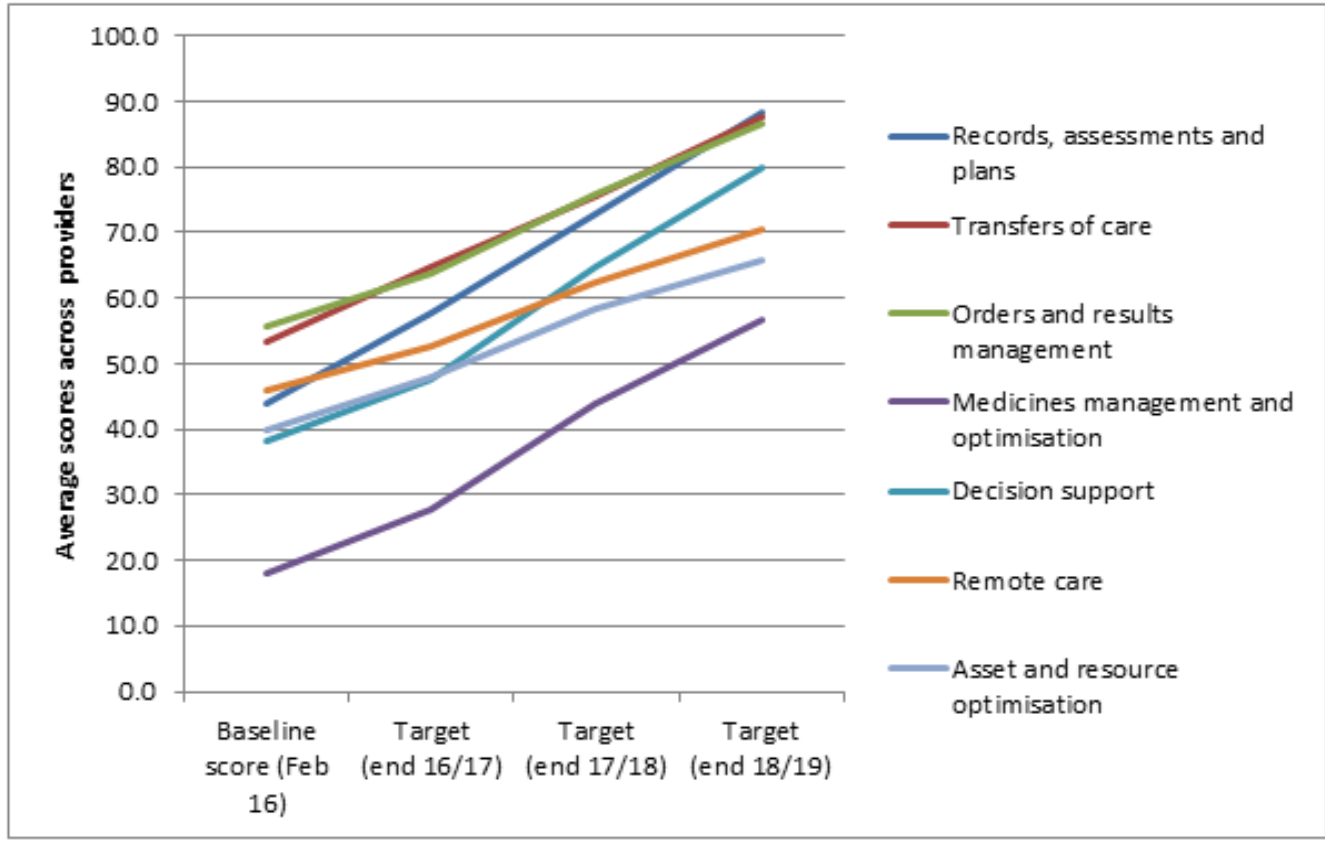


Capability scores

Microsoft Excel Worksheet

Capability schedules

Microsoft Excel :ro-Enabled Worksl

# Updated universal capability plans

## 10 universal capabilities

1. Professionals across care settings can access GP-held information on GP-prescribed medications, patient allergies and adverse reactions

2. Clinicians in U&EC settings can access key GP-held information for those patients previously identified by GPs as most likely to present (in U&EC)

3. Patients can access their GP record

4. GPs can refer electronically to secondary care

5. GPs receive timely electronic discharge summaries from secondary care

6. Social care receive timely electronic Assessment, Discharge and Withdrawal Notices from acute care

7. Clinicians in unscheduled care settings can access child protection information with social care professionals notified accordingly

8. Professionals across care settings made aware of end-of-life preference information

9. GPs and community pharmacists can utilise electronic prescriptions

10. Patients can book appointments and order repeat prescriptions from their GP practice

## Universal capabilities plans

- Details of the plans for universal capabilities are given in the embedded document below:

- East Kent

  Microsoft Word Document

- West Kent

  Microsoft Word Document

- DGS & Swale

  Microsoft Word Document

- Medway

  Microsoft Word Document

# Updated information sharing plans

- Background
  - Health and care professionals will need to access and share information, alert, task and notify across care settings.
- Key requirements
  - GPs receive structured clinical documents from acute hospitals at patient discharge [Transfers of care]
  - Clinicians can perform medicines reconciliation and contra-indication checking at point of patient admission [Medicines management and optimisation]
  - Care professionals are prompted take proactive action for deteriorating patients [Decision support]
  - Professionals involved in the care of a patient in crisis can co-ordinate their care through a shared care plan [Records, assessment and plans]

- Information sharing approach
- East Kent

  Microsoft
  PowerPoint Presentat

- West Kent

  Microsoft
  PowerPoint Presentat

- DGS & Swale

  Microsoft
  PowerPoint Presentat

- Medway

  Microsoft
  PowerPoint Presentat

# 5. NEXT STEPS

- Implementation plans

- Funding

- Next steps

# Kent & Medway high level programme plan

| Kent & Medway LDR plans | 2016/17 | | 2017/18 | | | | 2018/19 | | | | 2019/20 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 |
| Establish Kent & Medway governance | ▓ | | | | | | | | | | | | | |
| Develop Full Business Case (FBC) | | ▓ | | | | | | | | | | | | |
| Agree Kent & Medway approach | | ▓ | | | | | | | | | | | | |
| Present FBC for approval | | ▓ | | | | | | | | | | | | |
| *Following depend on agreed approach* | | | | | | | | | | | | | | |
| Expand MIG implementation | | | ▓ | ▓ | ▓ | ▓ | ▓ | ▓ | ▓ | ▓ | | | | |
| Kent & Medway solution – procurement | | | ▓ | ▓ | ▓ | ▓ | | | | | | | | |
| Kent & Medway solution - configuration etc. | | | | | | | ▓ | ▓ | ▓ | ▓ | | | | |
| Kent & Medway solution – rollout | | | | | | | | | | | ▓ | ▓ | ▓ | ▓ |
| | | | | | | | | | | | | | | |

# Kent & Medway initial financial estimates page 1

| Scheme | Estimate (£000) | Region | Target Funding Source |
|---|---|---|---|
| Records, assessments and plans | | | |
| • Continuing development of CPMS, supporting universal capabilities and universal patient record | 2,000 | West Kent | Estates and Technology Transformation Fund |
| • Support for GP Federated working | 100 | West Kent | CCH Revenue |
| • Adults Case Management System to support Adults Transformation and Integration with Health | 7,500 | West Kent | Digital fund |
| • Continuing development of MIG | 1,100 | Kent & Medway | TBD |
| • New Kent wide solution for shared case record | 10,000+ | Kent & Medway | Digital fund |
| • GP system standardisation | 600 | Medway | ETTF 52405 |
| • Federated GP working | 350 | Medway | ETTF 52406 |
| • GP system standardisation | 50 | DGS/Swale | ETTF |
| • Federated GP working | 250 | DGS/Swale | ETTF |
| Transfers of care – development of APIs within existing clinical applications (meeting national specification) | Initial Scoping estimates – 500 (details to be developed) | West Kent | Digital fund |
| Whole system referral and matching (e RS integration) ToC | 300 | Medway | ETTF 52413 |
| As above across Kent and Medway | 1,200 | Kent and Medway | Digital Fund |
| Orders and results management | To be developed | All | Digital fund |

# Kent & Medway initial financial estimates page 2

| Scheme | Estimate (£000) | Region | Target Funding Source |
|---|---|---|---|
| **Medicines management and optimisation** | | | |
| • ePrescribing in MTW | 2,000 | West Kent | Digital fund |
| • Paperless project in EKHUFT | 15,000 over 10 years | East Kent | EKHUFT funding |
| • Proactive Management of Safety (Primary Care) | 500 | Medway | Digital Fund |
| • ePS in DVH | 1,000 | DGS/Swale | Digital Fund |
| • Pharmacy on Demand Hub (interoperability) | 100 | DGS/Swale | Digital Fund |
| **Decision support** | | | |
| • QI Whole System Measurement and Monitoring | 500 | Medway | Digital Fund |
| **Remote care** | | | |
| • Improving communications with patients | 100 | West Kent | Digital fund (secondary care to be developed) |
| • Improving digital access for clinicians | 500 | West Kent | Estates and Technology Transformation Fund (primary care) |
| • Transformation of Primary Care Infrastructure to support wireless and mobile working | 1,800 | West Kent | |
| • Umotif personal healthcare management | 1,000 | East Kent | NHS Digital sponsorship. |
| • Universal Clinical Access | 250 | DGS Swale | ETTF |
| **Asset and resource optimisation** | | | |
| • Whole system resource matching (Healthy Living Centres and Locality MDT's | 500 | Medway | Digital Fund |

# Kent & Medway LDR – Next steps

1. Establish Kent & Medway LDR Delivery Board to oversee implementation of the Kent & Medway LDR.

2. Engage with care professionals and other stakeholder groups

3. Take forward the strategy by overseeing the development of a Full Business Case and submitting it for approval

4. Develop Kent & Medway LDR programmes for major transformational change including deliverables, costs and milestones.

5. Identify and obtain funding, approvals and initiate design and procurement process.

6. Agree memorandum of understanding between organisations on the priority and focus for implementation

7. Embed the Kent & Medway LDR as a core foundation of our **Sustainability and Transformation Plans.**

# 6.LDR FEEDBACK RESPONSES

- Feedback responses for each original LDR

# East Kent - Specific responses to NHS England feedback page 1

| Overarching themes | Specific feedback requiring response | Response |
|---|---|---|
| Alignment with STP | None | Digital Work stream has been now been established within the STP with DVH Acute Trust CEO as SRO.  Work stream delivery plan based on the Kent & Medway wide LDR (this document) and being structured by the 4 nominated LDR leads. |
| Engagement | Kent County Council and SECAMB not represented | Both were actively represented in the production of the LDR as indicated on pages 8, 9 & 11 of the LDR v1.0 |
| | Very little mention of patient & public engagement | Some patient engagement with Jacob's story on page 61 of LDR v1.0 and have been discussing including patient representation on the IT Strategy Group. Patient Engagement will form part of the wider STP patient / public engagement work stream. |
| Universal Capabilities Delivery Plan | More specific details of actions and deliverables needed | Plans updated for this version to include specific details of actions and deliverables. |
| Governance | None | Digital Work stream has been now been established within the STP with DVH Acute Trust CEO as SRO. |
| Mental Health (MH) | None | - |

# East Kent - Specific responses to NHS England feedback page 2

| Overarching themes | Specific feedback requiring response | Response |
|---|---|---|
| Interoperability/ info sharing | For improvement: 1C) Cross border information sharing is recognised across the STP but limited beyond that. Despite reference to tertiary care (but the focus is on the mobile tech to support care in the community (presumably via remote working) but doesn't articulate how information will be shared between them. | 1C) East Kent LDR now part of a Kent & Medway LDR and so information sharing will be part of any solution developed to support the STP. |
| | 1D) Does not reference the TechUK interoperability charter or Newcastle declaration as a core set of principles to be supported | 1D) Members of the team were aware of the TechUK interoperability charter and indeed were present for the Newcastle declaration and they will be part of the core set of principles to be supported. |
| | 1E) Does not consider how the Code4Health interoperability community will be harnessed to support definition and design of new capabilities required by the roadmap | 1E) The group is completely committed to adopting open standards and indeed open source software wherever possible. |
| | 2) Interoperability approach is not very detailed, however does acknowledge move away needed from read only and move to semantic data (use of snomed ct/dm+d alongside other standards) indicating maturity. However speaks about system consolidation as long as interoperability layer - do not necessary need to do both? | 2) Outline business case (OBC) produced that takes into account the opportunities enabled by interoperability and considers which shared care record systems can exchange data, and interpret that shared data:<br>• The team has engaged with the NHS England Interoperability team to ensure that all plans are consistent with national ambitions.<br>• IG agreements are already in place between all parties e.g. between all GPs in East and West Kent. These are under constant review. |

# East Kent - Specific responses to NHS England feedback page 3

| Overarching themes | Specific feedback requiring response | Response |
|---|---|---|
| Interoperability/ info sharing | 3A)-3C) LDR does not address information sharing architecture areas but detail not given so they may have just not included in LDR rather than not be thinking about these areas | 3A)-3C) Our ambition is to create an underlying dataset or "data-lake". This would allow information to be collected for defined purposes (within Information Governance regulations) in a more flexible way than is currently possible. One option would be to expand the scope of the Kent Integrated Dataset (KID) which is currently limited to management of public health and robust IG agreements are in place between organisations that limit usage. Patient level data is included and updated monthly and so the KID could be the basis for a UPR |
| | 4) Links to access and use of structured GP information unclear in terms of integrated workflow beyond sharing of the record information itself | 4) Significant use is already made of the MIG, which has enabled between sharing of a GP Detailed Care Record from GP Clinical Systems with Acute provider (EKHUFT), Community care provider (KCHFT) Mental Health care provider (KMPT), Out of Hours, and Hospice and care homes. Also working with social care service in KCC to connect them and to start sharing information. Will continue to expand the use of the MIG to share patient data. As part of the Kent & Medway wide LDR are investigating other options as already mentioned (OBS already produced). |
| Additional Comments | -  No reference to specialised commissioning<br>-  No reference to additional NHS commissioned services | Specialised commissioning and additional NHS commissioned services needs to be covered as part of the evolution of the Kent & Medway wide LDR in support of the STP. |

# West Kent – Specific responses to NHS England feedback page 1

| Overarching themes | Specific feedback requiring response | Response |
|---|---|---|
| Alignment with STP | Aspiration for governance link into STP is cited but no clear plan for LDR representation in governance of STP; formal governance relationship needs to be established<br>Although several references to STP, no description of interdependences and governance link is not extant | Digital Work stream has been now been established within the STP with DVH Acute Trust CEO as SRO.  Work stream delivery plan based on the Kent & Medway wide LDR (this document) and being structured by the 4 nominated LDR leads. |
| Engagement | Care professional, service, and patient engagement will be addressed in future iterations of the LDR, almost no account of patient engagement<br>All key providers appear to be covered in the CDS - apart from reference to South Coast Ambulance and Kent County Council | KCC have been heavily engaged in the development of the LDR through ST Infrastructure Business Partner – Social Care Health and Wellbeing, the initial submission was endorsed by the KCC Social Care DMT (management team) who where concerned about the impact of having multiple LDRs across Kent.<br>SECAMB have been consulted during the production of the LDR but not actively engaged.  However they have been actively engaged in the CPMS project and ambulance data is now available to other care professionals.<br>Patient Engagement will form part of the wider STP patient / public engagement work stream |
| Local Endorsement | Specific provider endorsement has not been stated | Given the move to a Kent & Medway wide LDR as part of the wider STP development, provider endorsement of the LDR has not been taken forward at this time.  The West Kent programme board terms of reference have been produced and presented to provider IT strategy groups for endorsement |
| Universal Capabilities Delivery Plan | | See separate update on universal capabilities;  the 4 capabilities that were rated as "insufficient information" have been updated, the remaining 6 capabilities were rated as "Meets expectations" |

# West Kent – Specific responses to NHS England feedback page 2

| Overarching themes | Specific feedback requiring response | Response |
|---|---|---|
| Governance | Effective IM&T governance but links with strategy and STP not established | See note about STP alignment above |
| Interim Proforma Feedback | Need for greater clarity on STP links was fed back but not been sufficiently addressed | See note about STP alignment above |
| Risk Management | Further clarity around the following quote is needed: "Robust plans, policies and procedures to address cybersecurity risks are in place for organisations across West Kent to minimise risks to patient safety and organisational reputation associated with the use of technology. All stakeholder organisations have robust individual plans, policies and procedures in place, organisations are signed to HSCIC (NHS Digital's) CareCert programme" | All providers represented in the West Kent LDR have strategies in place to manage the inherent risks of using information technology to support the delivery of care. These strategies include user training, firewall and antivirus management and business continuity plans. |
| Interoperability/ info sharing | Implementation of "Document Organisation, Referral & Information Service" (DORIS) providing access standard documents to all West Kent practices<br>An information sharing contract has been agreed with stakeholders and contributors to CPMS.<br>The NHS number is used as the common patient identifier across West Kent, in all health and care providers. | DORIS remains in use by all West Kent practices<br><br>The information sharing contract has been further developed to cover access to CPMS by the CCG's safeguarding team |
| Additional Comments | No reference to specialised commissioning<br>No reference to CHIS, DESP, other additional NHS commissioned service | Specialised commissioning needs to be covered as part of the evolution of the Kent & Medway wide LDR in support of the STP. Discussions with NHS England regarding CHIS have become (although at a very high level) |

# DGS & Swale – Specific responses to NHS England feedback

| Overarching themes | Specific feedback requiring response | Response |
|---|---|---|
| Alignment with STP | • Vision doesn't reference STP; links with STP currently very weak | • Digital Work stream has been now been established within the STP with DVH Acute Trust CEO as SRO. Work stream delivery plan based on the Kent & Medway wide LDR (this document) and being structured by the 4 nominated LDR leads. |
| Engagement | • Dartford & Gravesham NHS Trust, SECAS, GP's and Medway NHS FT are not mentioned<br>• SECAS, Integrated Care 24, MedOCC, Medway Community Health are not mentioned. Local authorities aren't mentioned. | • The providers and trusts were mentioned in the last roadmap, and have been mentioned in this iteration. |
| Universal Capabilities Delivery Plan | • Although ten universal capabilities are stated, information appears incomplete throughout with some text being highlighted in yellow and red, and no capabilities have activities against them. | • Comment was in error. No Yellow highlights or red text were included in the submission, and EVERY capability had activities against them. |
| Governance | • Effective governance in place for IM&T but no effective links into strategy or STP | • Digital stream established within the STP as per Alignment with STP. |
| Interoperability/ info sharing | • Information sharing approach is still to be agreed (page 37)<br>• No mention of Open API's, Tech UK or Newcastle Declarations, Code4Health interoperability<br>• Using the NHS number as the single patient identifier has been mentioned, but there's a requirement of the system to handle situations where this is unavailable. | • A data sharing agreement (DSA) has been established in DGS covering the sharing of data between GPs, and from GPs to providers. This will be further developed to support the expansion of data sharing.<br>• Open APIs, etc., needs to be covered as part of the evolution of the Kent & Medway wide LDR in support of the STP |
| Additional Comments | • No reference to specialised commissioning<br>• No reference to CHIS, DESP, other additional NHS commissioned service | • Specialised commissioning needs to be covered as part of the evolution of the Kent & Medway wide LDR in support of the STP. Discussions with NHS England regarding CHIS have begun (although at a very high level) |

# Medway – Specific responses to NHS England feedback page 1

| Overarching themes | Specific feedback requiring response | Response |
|---|---|---|
| Alignment with STP | Links with STP emphasised but not included in the Vision or Objectives.<br>Explicit plan to establish Programme Board reporting into the STP not yet established.<br>No reference in plan to STP requirements. | Digital Work stream has been now been established within the STP with DVH Acute Trust CEO as SRO. Work stream delivery plan based on the Kent & Medway wide LDR (this document) and being structured by the 4 nominated LDR leads. |
| Engagement | Details are present but more development required and no specific actions undertaken with providers.<br>No reference to Primary Care in Capability deployment schedule.<br>Medway Community Health (Social Enterprise CIC) not included and no reference to GP's in Capability Trajectory.<br>Almost no mention of public engagement. | The Medway system (including all appropriate providers) have adopted an Improvement Science approach to support sustainable transformation via MaSCOE (Medway and Swale Centre for Organisational Excellence). All appropriate providers are engaged in the developing breakthrough collaboratives. This is very much a person centred approach (patient, carers and families). Primary Care is at the heart of co-creating our 'out of hospital approach via the Healthy Living Centres, Child Development Centre and GP practices. |
| Universal Capabilities Delivery Plan | Only one capability mentions training and communications, the majority of others appear blank in detail. | As above, whole system currently undertaking QI training around Improvement Science tools and techniques. MaSCOE web site will be available November 2014. Comprehensive training for appropriate people will be available and align with agreed aims of prioritised collaboratives to ensure sustainable system outcomes. |
| Governance | IT group does not appear to include clinicians.<br>Reasonable governance in place for IM&T but no effective links into strategy or STP and unclear that effective clinical engagement/ownership. | Digital stream established within the STP as per Alignment with STP. We have strengthened clinical leadership across the system. Dr Sharif Hossain has taken over as GP IM&T lead supported by Dr Pujara and Dr Moore. There are whole system clinical professionals leading our three developing collaboratives (Frailty, OP and Front Door). |

# Medway – Specific responses to NHS England feedback page 2

| Overarching themes | Specific feedback requiring response | Response |
|---|---|---|
| Interoperability and sharing | • No mention of Open API's, Tech UK or Newcastle Declarations, Code4Health interoperability<br>• Using the NHS number as the single patient identifier has been mentioned, but there's a requirement of the system to handle situations where this is unavailable. | The Kent and Medway LDR will adopt all existing and evolving standards and adhere to all appropriate declarations. Medway are looking out to existing vanguards and global digital exemplars to follow best practice on current digital test of change e.g Whole system referral and matching to right resource and asset. |
| Local Endorsement | • No confirmation given as to whether the LDR has been signed off and approved by the NHS Medway CCG governing body.<br>• LDR states the IT has been developed by a working group comprising of IT leaders from key providers, but endorsement hasn't been stated as received from them.<br>• No reference to the Health and Wellbeing Board | The Health and Wellbeing board are actively involved in the emerging Whole System Referral and Matching 'test of change' supporting the PACE deployment in Rainham Healthy Living Centre. They are a core stakeholder. |
| Additional comments | • No reference to specialised commissioning<br>• No reference to additional NHS commissioned service | This will now be addressed as part of the wider Kent and Medway LDR and fully align with the emerging STP. NHS Medway currently do not have any specialised commissioned service. Discussions ongoing at NHS England level. |

# 9. SUPPORTING SLIDES

- Document control
- Submission checklists

# Document Control

| Version | Date | Author | Change Summary | Document Status |
|---------|------|--------|----------------|-----------------|
| 0.1 | 29/09/16 | Tim Mottishaw/ Andrew Brownless | Initial Version created based on West Kent draft | Draft |
| 0.2 – 0.3 | 06/10/16 | Tim Mottishaw | Incorporate East Kent, West Kent and DGS Swale LDRs | Draft |
| 0.4 | 17/10/16 | Tim Mottishaw | Update after discussion with Andrew Brownless and Andy Barker | Draft |
| 0.5 | 24/10/16 | Tim Mottishaw | Minor updates | Draft |
| 0.6 | 26/10/16 | Tim Mottishaw | Updates from West Kent | Draft |
| 0.7 – 0.8 | 28/10/16 | Tim Mottishaw/ Dan Campbell/ Iain Anderson | Updates from DGS & Swale and Medway | Draft |
| 0.9 – 0.11 | 31/10/16 | Tim Mottishaw | Incorporate updates from Andrew Brownless, Dan Campbell and Iain Anderson | Draft |
| 1.0 | 31/10/16 | Tim Mottishaw | Final version created with input from all 4 LDR footprints | Final |

Check list for submission

Microsoft Excel Worksheet