



# Information Management & Information Technology Strategy (IIS) 2015 – 2020

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*Vision: For Bexley residents to stay in better health for longer, with the support of good quality integrated care, close to home and with the back-up of safe and expert hospital services when they need them.*

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## 1. INTRODUCTION

### 1.1 SETTING THE CONTEXT

Both Equity and excellence: “Liberating the NHS and Liberating the NHS: An Information Revolution” stressed the importance of good information being a key enabler to high quality health care services. Following on from this, a raft of guidance and initiatives have been released, such as the Caldicott 2 report, Integrated Care and Support: our Shared Commitment, Prime Minister’s Challenge Fund, London Health Commission and the 5 Year Forward View, all in support of creating an information rich Health and Social Care environment where a patients’ journey from health and care settings can be easily translated into one holistic view for healthcare professionals to provide seamless care.

The scale of national change and challenge to the NHS proposed by the 2012 Health and Social Care Act brought about the need for patients to be able to make informed decisions about their care, that and an emphasis on increasing efficiency requires unprecedented levels of detail in the information used to support commissioning activity. In recognition, the Department of Health published “The Power of Information”, which outlines how the NHS should use information to achieve the following:

- Information used to drive integrated care across the entire health and social care sector, both within and between organisations.
- Information regarded as a health and care service in its own right for us all – with appropriate support in using information available for those who need it, so that information benefits everyone and helps reduce inequalities.
- A change in culture and mind-set, in which our health and care professionals, organisations and systems recognise that information in our own care records is fundamentally about us – so that it becomes normal for us to access our own records easily.
- Information recorded once, at our first contact with professional staff, and shared securely between those providing our care – supported by consistent use of information standards that enable data to flow (interoperability) between systems whilst keeping our confidential information safe and secure.
- Our electronic care records become a key source of the health and care information used to improve our care, improve services and to inform research, etc. – reducing bureaucratic data collections and enabling us to measure quality.
- A culture of transparency; where access to high-quality, evidence-based information about services and the quality of care held by Government health and care services is openly and easily available to us all.
- An information-led culture where all health and care professionals – and local bodies whose policies influence our health, such as local councils – take responsibility for recording, sharing and using information to improve our care.
- The widespread use of modern technology to make health and care services more convenient, accessible and efficient.
- An information system built on innovative and integrated solutions and local decision-making, within a framework of national standards that ensures information can move freely, safely, and securely around the system.

It is from these core principles that the context of the Bexley CCG Information Management & IT strategy (IIS) has been developed.

Meanwhile, the shape of the CCG's commissioning intentions for the next five years has been informed by a matrix of frameworks; both local and national as follows:

- The Joint Strategic Needs Assessment (JSNA) driving the local population's health and social care needs;
- The Health and Wellbeing Board identifying the strategic goals for the population of Bexley and the vehicles for delivery;
- The national NHS England challenges driving the need for prevention, systems reforms, increasing quality and reducing A&E targets all within an increasingly challenging financial landscape;
- The 5 Year Forward View;
- Better Health for London
- The Our Healthier South East London strategy
- Securing Excellence in GP IT Services
- Integrated Digital Care Strategy
- Local Digital Roadmap 2020 – NHS England
- Transforming Primary Care in London: A Strategic Commissioning Framework
- The Primary Care Infrastructure Fund

The backdrop of the information revolution principles, the data integration agenda and the national drivers described above all provide the setting in which this IIS will attempt to deliver the CCG's Commissioning Intentions along with some of the key national drivers across England. The illustration below neatly encapsulates the CCG's Commissioning Intentions on a page and highlights the challenges, vision, values and focus areas over the next few years:

The Challenges	Vision	Values	Focus areas	Priority Schemes 2014+	Key Success Criteria:
Prevention: To support people to lead healthier lives & to reduce the years of life lost through treatable conditions	Our Vision is for Bexley's residents to stay in better health for longer, with the support of good quality integrated care, available as close to home as possible, back up by accessible, safe & expert hospital services when they are needed	We are accountable to our members, stakeholders, partners and ourselves	Preventing ill health	Working with the London Borough of Bexley, via the Health & Well Being Strategy on obesity (adults & children), diabetes, carers, smoking, cancer, dementia and cardio vascular disease	Improving the health of the population
System Reform & Service Improvement: Improving services through integration & implementing Community Based Care strategies – particularly for those living with long term conditions		We support our staff to be the best they can be, so we can deliver the best for our population	Queen Mary's & Erith Hospitals	Developing services on both sites – QMH as the health hub & Erith as the health spoke for Bexley – securing the sites for the future.	Avoiding unnecessary admissions
Reducing avoidable admissions & time spent in hospital. Increase the proportion of Older People living independently at home		We commission for quality to deliver improved outcomes for our patients	Unplanned & Urgent Care	Embed new Urgent Care Centre provision at QMH and Erith Expand Older People's Integrated Care Services with LBB to avoid admissions & secure independence "home is best" Embed new Urgent Care network and secure A&E targets with SE London Embed new Cardiology integrated care pathway (incs. planned care) Embed new Diabetes integrated care pathway (incs. planned care) Procure new integrated care pathway for palliative, cancer & end of life care 2014	New integrated services designed and introduced that improve patient care and experience
Increasing quality & ensuring the safety of all services		We encourage new ideas and innovation	Planned Care (inc. Community based services)	Embed new Musculoskeletal integrated care pathway Secure new integrated care pathway for ophthalmology services (2014) Embed new Community Consultant Clinic services	Financial stability maintained
Financial Sustainability: Including improving productivity, performance & Value for Money		We respect the diverse needs of our population and the expertise of our delivery partners	Children & Maternity	Review of maternity & paediatric pathways with SE London Procure new children's integrated care pathway with LBB (2015)	Improved quality and value for money in all our services
		We aim for excellence, working to high standards and increasing transparency	Mental Health & Community	Procure new integrated mental health pathways (2015) Secure greater VFM in our community services (2014)	Services matched to population needs
			Quality, Performance & Productivity	With SE London ensure delivery of the London Quality Standards by all providers With SE London ensure increased performance & productivity by all providers Continued focus on appropriate prescribing and medicines management	<b>Key Risks:</b> Provider's co-operation & ability Availability of finances Availability of providers Pace of change
		Better Care Fund	With LBB secure transfers, and focus on avoiding admissions, older people, dementia and community and intermediate care services 24/7		
		Primary Care	With SE London expand & enhance the primary care services for Bexley residents		
All our plans are underpinned by:	The 4 Key Pillars: 1) Population Needs Assessment (the JSNA) 2) Safety & Quality of Services 3) NHS Call to Action and 4) Financial Sustainability			The 6 Commissioning Enablers: 1) Clinical Engagement & Primary Care Development 2) Patients & Public Engagement 3) Transformation via QIPP 4) Integrated & Joint Commissioning 5) Organisational & Workforce Development and 6) Procurement, Contracting & Performance Management	

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The aim of this strategy is to deliver the requirements of each of the focus areas identified above innovatively, both from within the CCG and through its key delivery partners.

It is recognised that the majority of the analytical functions needed, to help the CCG deliver this strategy, will be provided by the South East CSU (SECSU) whilst the technical aspects will be delivered, in the main, by the in-house ICT team who will work collaboratively with all key stakeholders in the materialisation of this strategy. The core role of the SECSU is to validate, cleanse and provide timely pseudonymised data to the CCG so that it can carry out its business operations and achieve its strategic goals. The CCG analytics team in turn facilitate the interpretation and dissemination of this data throughout the CCG to support service redesign, benchmarking and the development of Quality, Innovation, Productivity and Prevention (QIPP) schemes. Additionally, the CCG also populates analytical tools designed in-house for use by the Commissioning directorate and General Practice in order to understand behavioural aspects of the CCG's data.

The strategic importance of information management and technology in enabling the ambitions set out in this strategy cannot be underestimated. Without good accurate information or technology the vision will not be realised. Therefore it is imperative that the growing importance of the role played by informatics and ICT in future strategic developments for the CCG is fully recognised.

### 1.2 PURPOSE OF STRATEGY

With a long and successful history of collaborative working across South East London's health economy, this strategy sets out a five-year vision for the CCG's informatics and ICT services across Bexley CCG and reflects the local requirements driven by improvements in the quality of care, patient health and care outcomes, the reduction of inequalities and increases productivity and efficiency.

This Strategy will identify the road map that the CCG needs to follow in order to achieve its vision. Of fundamental importance is that the strategy is not seen as a stand-alone document but one which supports the CCG's Commissioning Intentions and is aligned with the priorities and the resources available. Moreover, it is vital that ICT and Informatics services play a key enabling function and become very much part of the lives of everyone in the NHS and Bexley CCG specifically.

Of equal importance is that the CCG provides leadership and collaborative support with respect to the Informatics agenda as a whole, and works closely with service providers and other CCGs in ensuring that the CCG's direction of travel is in alignment with that of its partner organisations. This includes neighbouring CCGs via the Our Healthier South East London Strategy and their own IIS strategies.

Providing the technological means to enable good ideas to be put into practice is not always easy. We must therefore be vigilant in recognising innovation when and where it presents itself by creating an environment that encourages and supports new ideas which have the potential to improve the health and care for our patients, carers, service users and staff.

This strategy focuses on information in its broadest sense, including the support people need to navigate and understand the information available. This is about ensuring that information reduces, not increases, inequalities and benefits all. The success of this strategy depends as much on the way patients and professionals think, work and interact as it does on ICT and information systems. It depends on making the shift to give patients more control of their health and care, and on recognising that professionals collecting and sharing good

information is pivotal to improving the quality, safety and effectiveness of patient care in Bexley and its surrounding areas.

### 1.3 ICT AND INFORMATICS

Whilst ICT is the technical driving force behind information; Informatics represents the knowledge, the skills and the tools to enable information and information systems to be used, managed and shared effectively.

The informatics agenda set out in this strategy relies upon effective relationships with partner organisations and investment in information management systems and ICT programmes which will provide firm foundations to facilitate effective use of technology. Achieving the ambitions of this strategy will have profound positive effects on patients, service users and staff, improving safety and quality. Furthermore, by understanding its data, patterns and trends the CCG can better plan for the future needs of its population.

*“High quality health and care services depend on good information. The right person having the right information at the right time can make all the difference to the experience of a patient, service user or carer. Good information also enables care professionals to make the process of care safer and more efficient. Information is a health and care service in its own right: it must be freely available to all who need it.” (Liberating the NHS: An Information Revolution – DH 18th August 2011).*

### 1.4 STRATEGIC BUSINESS OBJECTIVES

Set out below are the focus areas identified in the CCG's Commissioning Intentions in support of its population needs. These focus areas will inform the CCG's business decisions and significantly influence the development of the IIS:

1. Overview of the integrated whole system model for Our Healthier South East London
2. Primary & community based care (including Local Care Networks)
3. Planned care services
4. Urgent & emergency care services
5. Maternity services
6. Children & Young People's services
7. Cancer services (including End of Life Care)
8. Queen Mary's & Erith Hospitals (continued development of our health hub & spoke)

In addition mental health services features across all of the above clinical workstreams.

### 1.5 THE STRATEGIC AIMS OF INFORMATICS

In the context of Informatics, the strategic role of the CCG is to influence the direction of travel within the local health community and jointly agree strategic priorities across both provider and partner landscapes. These include for acute: Lewisham & Greenwich NHS Trust; Dartford & Gravesham NHS Trust; King's College NHS Foundation Trust, Guy's & St Thomas's NHS Foundation Trust; Oxleas NHS Foundation Trust (Oxleas) for Community and Mental Health Services; The Hurley Group for Out of Hours services; London Ambulance Service NHS Trust (NHS 111 and 999 services); South East CSU (corporate support services) and the London Borough of Bexley (LBB). Bexley CCG aims to ensure that organisational strategies for Informatics are aligned and gaps identified with clear plans to manage or act upon the areas where there is room for improvement.

## What will technology give us?

Historic strategic investment in local IT infrastructure and continued advancement of technology provides the potential for producing significant benefits to the local health and care system. It is important therefore that we capitalise on this position and realise the benefits in a timely and expedient manner and include:

- Facilitating shared access to clinical data, which can be either patient specific or collective data used to drive improvements in quality and in making evidence based decisions.
- Enabling patients to make use of their right to choose their care provider, location or type of care. Using technology to book appointments, rearrange and receive notification of appointments and get on-line access to their care records.
- Strengthening communication and the sharing of information between organisations, to ensure patients are cared for seamlessly across organisations or speciality boundaries. This will promote less duplication, improved quality and safer ways of working.
- Significantly increase information collected as a consequence of a patient's interaction with care services, reducing the need to repeatedly record the same patient information.
- Ensuring personal/sensitive data is kept securely and only used for the purpose it was collected in accordance with the 1998 Data Protection Act and the principles of the 1997 Caldicott report.
- Achievement of financial savings, through efficient working using technology to minimise duplication or ineffective administration.

Whilst Bexley CCG recognises the enormous added value attributed to what can be achieved to delivering the above objectives when the local health community works together; it does not underestimate the challenges of driving the Informatics and technology agenda forward, at a time of significant cultural change and challenge in financial, organisational and delivery model terms.

## 1.6 SCOPE

Whilst this strategy focuses in the main on Bexley CCG's informatics and technology provision, it also touches on the informatics provision affecting the health economy at large including national systems such as SUS, the National Spine, Care.Data and local Informatics plans for both Commissioners and Providers of NHS care as well as interfaces with Local Authorities. In addition, it will look at all areas of the CCG where information management and ICT systems and solutions can make a difference to those business areas playing a support role to the CCG's operations including Finance, Commissioning, Governance & Quality and Workforce.

## **2. DRIVERS**

### **2.1 NATIONAL DRIVERS**

As previously mentioned, this strategy takes into account a number of national priorities that have an effect on the informatics agenda as well as reviewing factors influencing strategic thinking at a local and regional level. The key drivers are summarised below.

#### **2.1.1 The Information Revolution – August 2011**

The Information Revolution describes a future state whereby people have the information they need to stay healthy, take decisions about and exercise more control over their care, and make the right choices for themselves and their families.

This will need to include accurate records of their care which will be available to them electronically. The information revolution is seen as transforming the way information is collected, analysed and used by the NHS and adult social care services which will be critical to achieving its main ambitions below:

- The Information Revolution benefits everyone and does not increase inequalities
- Information to improve outcomes
- Need for information to be linked across Health, Social Care and Public Health
- Patients have access to information held in their own records
- Information for Patients, Service Users, Carers and the Public
- The need for clear routes to information (help in sign-posting and navigation)
- Information for Autonomy, Accountability and Legitimacy
- The need for a single set of Information Standards

#### **2.1.2 The Power of Information – May 2012**

The Power of Information sets a ten-year framework for transforming information for health and care by harnessing the value of information and new technologies to achieve higher quality care and improve outcomes for patients and service users.

There is a focus on information in its broadest sense, including providing the support people need to navigate and understand the information that is available and ensuring that information reduces, not increases, inequalities and benefits all. The main ambitions of the Power of Information are:

- Information used to drive integrated care across all settings
- Information regarded as a health service in its own right
- “Nothing about me without me”
- Information recorded once at first contact
- Electronic care records to become the source for core information
- A culture of transparency
- An information-led culture

#### **2.1.3 Everyone Counts: Planning for Patients 2013/14**

The underlying principles of the national approach to Everyone Counts: Planning for Patients 2013/14 is essentially to empower local clinicians to deliver better outcomes, increase information for patients so that they can make informed choices and to demonstrate greater accountability to the communities the NHS serves. It does this by setting out five offers to help commissioners deliver to the public:

- Support for routine care 7 days a week
- Greater transparency of outcomes
- Mechanisms to enhance patient feedback
- Better data collection to drive evidence based medicine
- High professional standards

It also addresses two key challenges in guaranteeing no community is left behind or disadvantaged and treating patients respectfully as customers and putting their interests first.

Informatics Planning will play a key role in supporting Everyone Counts: Planning for Patients 2013/14 and will represent year one of this Strategy. The key messages comprise the following health Informatics themes:

- Integrated information across health and social care
- Smarter, more accurate data capture - Better data, informed commissioning, driving improved outcomes
- Real time patient/carer feedback and comment for any service by 2015
- Patient online access to their primary care records by spring 2015
- Promote the benefits of telehealth and telecare
- Move to paperless referrals by March 2015
- NHS number as the primary identifier across all providers by 2013/14

### 2.1.4 Safer Hospitals, Safer Wards: Achieving an Integrated Digital Care Record (IDCR) - July 2013

NHS England released guidance for trusts to achieve a fully integrated digital care record across all care settings by 2018.

Safer Hospitals, Safer Wards sets out the case for adopting safe digital record keeping, as a precursor to achieving integrated digital care records, across the health and care system.

The IDCR is described as the ability of local health and care services to use digital technology to ensure that vital patient related information and clinical decision and support tools can be viewed by an authorised user in a joined up manner in any single instance.

The intention is for local NHS providers to make investment decisions on the solutions which work best for their organisations, as long as they meet the national standards in vital areas such as data security and interoperability with other systems.

The most important standard for adoption will be that all NHS providers adopt the NHS Number as a primary identifier on all patient data.

A clinical digital maturity index will be developed to support local health communities to benchmark their capability to deliver meaningful use of IDCR.

The vision set out in this paper is for high quality care for all, now and for future generations.

The key messages in the paper are as follows:

- An information rich care system built on innovative and integrated solutions
- Local decision making within a framework of national standards
- Professionals and patients collaborating to ensure digital systems reflect the care planning process
- Care and treatment options that are data driven and evidence based
- Care that is constantly improving

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### 2.1.5 5 Year Forward View – October 2014

The 5 Year Forward View sets out a clear direction for the NHS – showing why change is needed and what it will look like. Some of what is needed can be brought about by the NHS itself. Other actions require new partnerships with local communities, local authorities and employers. Some critical decisions on investment, on various public health measures, and on local service changes will need explicit support from the government in order for this vision to materialise.

Some of the key messages from this paper include:

- A radical upgrade in prevention and public health
- When people do need health services, patients will gain far greater control of their own care
- The NHS to take decisive steps in breaking down barriers in how care is provided between family doctors and hospitals, between physical and mental health, between health and social care
- Supporting integrated out-of-hospital care with the Multispecialty Community Provider
- Supporting integrated hospital and primary care providers with Primary and Acute Care Systems
- Urgent and emergency care services will be redesigned to integrate between A&E departments, GP out-of-hours services, urgent care centres, NHS 111, and ambulance services
- The NHS will provide more support for frail older people living in care homes
- The foundation of NHS care will remain list-based primary care and over the next five years the NHS will invest more in primary care

### 2.1.6 Better Health for London – October 2014

The Mayor set up the London Health Commission in September 2013 to review the health of the capital, from the provision of services to what Londoners themselves can do to help make London the healthiest major global city.

***Better Health for London proposes tough measures to combat the threats posed by tobacco, alcohol, obesity, lack of exercise and pollution, which harm millions of people. Together the proposals amount to the biggest public health drive in the world. It contains over 60 recommendations and sets out 10 ambitions for the city with targets.***

The London Health Board has been refocused in response to the challenges set out in the London Health Commission's Better Health for London report and the NHS Five Year Forward View. The aim is to work together at all levels to make the best use of resources and build on best practice to improve the health and well-being of all Londoners, wherever they live in the capital. The plan is a good basis to explore how London could benefit from more autonomy to improve the future of the capital's' health.

Better Health for London: Next Steps sets out shared ambitions and how they will measure progress towards the following shared goals:

- Give all London's children a healthy, happy start to life
- Get London fitter with better food, more exercise and healthier living
- Make work a healthy place to be in London
- Help Londoners to kick unhealthy habits
- Care for the most mentally ill in London so they live longer, healthier lives
- Enable Londoners to do more to look after themselves
- Ensure that every Londoner is able to see a GP when they need to and at a time that suits

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them

- Create the best health and care services of any world city, throughout London and on every day
- Fully engage and involve Londoners in the future health of their city
- Put London at the centre of the global revolution in digital health.

NHS England and CCGs have formed the Healthy London Partnership in response. This currently covers thirteen work programmes including interoperability.

## 2.2 SETTING PRIORITIES

With CCGs taking on new responsibilities and operating in new ways there is a clear need for a set of core priorities. Putting Patients First: The NHS England Business Plan 2013/14 to 2015/16 sets the priorities for NHS England over the next two to three years that is measurable against an 11-point NHS England Scorecard and will measure progress against:

- Patient satisfaction
- Motivated, positive staff
- Preventing people from dying prematurely
- Enhancing quality of life for people with long term conditions
- Helping people to recover from episodes of ill health or following injury
- Ensuring that people have a positive experience of care
- Treating and caring for people in a safe environment and protecting them from avoidable harm
- Promoting equality and inclusion through NHS services
- Embedding the NHS Constitution in everything we do
- Ensuring the staff of NHS England understand their roles, are properly supported and are well motivated
- Living within our means whilst delivering our priorities

## 2.3 LOCAL DRIVERS

### 2.3.1 Local Aims and Ambitions

There is a long and successful history of collaborative working across Bexley, Bromley and Greenwich within the South London community with the common goals being to keep the population healthy, with a prevention programme targeted to attain maximum health benefits. Recently, in consideration of trust reconfiguration in South East London, Bexley, Greenwich and Lewisham are working collaboratively. There is recognition that there is still a great use of secondary care and that further opportunities exist to help patients with long term health conditions take some responsibility for managing their own care and treatment. There is also a need to drive up productivity through reducing duplication, improved job planning and organisation of workload, using technology to improve care pathways and to reduce administrative processes and share clinical information and good practice focusing on those areas already highlighted within the Commissioning Intentions:

- Overview of the integrated whole system model for Our Healthier South East London
- Primary & community based care (including Local Care Networks)
- Planned care services
- Urgent & emergency care services
- Maternity services
- Children & Young People's services
- Cancer services (including End of Life Care)

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- Queen Mary's & Erith Hospitals (continued development of our health hubs & spokes)

### 2.3.2 Flexible ways of working

Bexley CCG recognises the need for staff and members of the CCG to be able to work flexibly. With this in mind, technology deployed across the CCG, both within its' Head Quarters and within its' Primary Care estate, provides the mobility staff need to keep them connected to their email, calendars, phone, clinical systems (in the case of GPs) and information sources whilst travelling to meetings or working from home.

Staff are equipped with mobile devices to enable them to access emails and documentation on the move as well as to enable them to communicate with colleagues and CCG Partners whilst travelling between meetings or away from the office.

The CCG telephony system has been upgraded to provide a far more comprehensive service to all Bexley staff that can now make use of following system benefits:

- A flexible, robust, user friendly and ergonomic telephone system
- Supports flexible working and working away from the office enabling one number across any site or location
- Allows staff to control their phone via a mobile app, so that if they are away from their desk, they can remotely change their status settings and forwarding arrangements on their office phone to ensure that they do not miss any business related calls
- Ability for staff to make work calls from personal mobiles and home phones via the CCG telephone system
- Synchronises with Microsoft Outlook so that many functions can be controlled through a user's Microsoft Outlook account
- Supports easy to use conference calling

### 2.3.3 Mobile Computing using Wi-fi / VPN access

Mobile computing has been successfully implemented in Bexley for the last three years with clinicians being able to access their clinical systems from any member practice site, as well as at Bexley CCG and home through the use of Wi-Fi technology, mobile broadband and secure tokens. This has opened up a range of freedom and accessibility for clinicians and staff alike.

The CCG also benefited from a recent capital bid which has provided for the CCG Headquarters and all Bexley practices having business grade Wi-Fi services deployed throughout the premises to support on-going flexible and remote working requirements for the CCG and practice staff alike.

The CCG has terminal services deployed that enable staff to continue to access its network and secure N3 services through the use of VPN technology.

The recent deployment of an application called Filr also enables staff to access network files without the use of a VPN token.

The implementation of Vibe is a collaboration platform that serves as a knowledge repository, document management system and a project collaboration hub including workflows. Vibe will bring users, projects, and processes together in one secure place to enhance team productivity—no matter where the team is or what devices they use. The uses of Vibe is described further below.

The extended use of Omnijoin within the CCG now enables staff to be able to participate in meetings with each other or as part of any multi-disciplinary team meetings across organisations via the CCG's web-conferencing facilities.

Omnijoin has been well received by CCG and practice staff and it has recently been agreed to use Omnijoin technology as a key enabler of a virtual training hub being set up for the purposes of facilitating primary care training for primary care professionals enabling them to receive clinical services training from their own bases using Omnijoin to watch and listen key training sessions being delivered by specialist primary care professionals on health and care services.

In addition to the developments above, a new piece of software that has been procured to support convenience as well as a reduction in printing is the deployment of Boardpad. This software enables Committee members to receive their committee documents and papers via the Boardpad software. This will in turn allow users to annotate and review papers online as well as to easily navigate between documents and papers to refer to whilst within their meetings.

Remote Desktop Services enables users to securely access their system profile similar to their PCs whilst on the move or at home using either a mobile device such as a laptop, iPad or a desktop computer. Using remote desktop services allows the user to get access to all their files and folders on the move as well as get access to their emails, calendar entries, key CCG systems and the intranet remotely. It will also free up a user's desktop PC whilst they are out of the office so that it can be used by someone else if necessary.

### **3. ROLES, RESPONSIBILITIES AND RELATIONSHIPS**

#### **3.1 COMMISSIONERS RESPONSIBILITIES**

##### **3.1.1 Informatics**

As Commissioners, Bexley CCG has a dual role in terms of Informatics. Firstly, it has to secure effective and efficient systems and information provision in order to be able to manage its core business. Further information on these information systems can be found in section 3.2.7.

Secondly it needs to encourage its providers of health and social care to look beyond their individual business Informatics requirements, to look at what is required from a patient or service user perspective, e.g. to deliver care records, which can be made available in whatever care setting a patient attends and, where a patient wishes, also providing them online.

It is also a Commissioner's role to ensure that there is some alignment of priorities for investment/development or improvement across the health community in order to maximise the benefits of existing technology and to ensure that there is adequate governance arrangements in place to ensure good quality and secure data.

##### **3.1.2 Information Governance**

The CCG, as Commissioners, are also responsible for ensuring safe and secure patient information under the overarching framework of Information Governance (IG).

IG encompasses a framework of legal requirements, central guidance and best practice in information handling, including: The common law duty of Confidentiality, Data Protection Act 1998, Information Security, Information Quality, Records Management and Freedom of Information Act 2000.

Whilst a key focus of information governance is the use of information about service users, it applies to information and information processing in its broadest sense and underpins both clinical and corporate governance. The four fundamental aims of Information Governance are:

- To support the provision of high quality care by promoting the effective and appropriate use of information.
- To encourage responsible staff to work closely together, preventing duplication of effort and enabling more efficient use of resources.
- To develop support arrangements and provide staff with appropriate tools and support to enable them to discharge their responsibilities to consistently high standards.
- To enable organisations to understand their own performance and manage improvement in a systematic and effective way.

Achievements against information governance standards are undertaken using the Information Governance Toolkit.

The CCG operates a robust IG framework and in line with the requirements of an accredited safe haven has ensured that internal data flow processes have been reviewed and changed as necessary to comply with national guidance, which enables the CCG to receive

pseudonymised data from the CSU to support its analysis requirements for the commissioning of its services.

Bexley CCG's Information Governance (IG) toolkit has maintained a consistently high score from 2014/15 where it first achieved an overall level 2 score across all the IGT requirements, it then went on in 15/16 to achieve level 3 (the highest score available) on the IGT and will continue its best practice of the information governance agenda to maintain a continued level 3 score in future years.

### **3.1.2.1 Pseudonymisation of Patient Data**

National policy on the secondary use of patient data requires that patient level records should be used in non-identifiable form, except where there are valid and justifiable reasons for using identifiable data. The process of creating de-identified data is known as pseudonymisation which is carried out solely by centres held within Commissioning Support Units known as Data Services for Commissioners Regional Offices (DSCROs). This is supported further by providing additional derived data items instead of items that can be used to aid identification, such as age instead of date of birth and electoral ward instead of postcode.

The CCG will remain vigilant and will work with its partners to ensure compliance with the requirements of Pseudonymisation and to ensure that organisations from which care is commissioned comply in the use of pseudonymised data for purposes other than the direct care of patients.

### **3.1.2.2 Person Identifiable Information (Data) – PID**

The CCG takes its responsibility seriously in ensuring the storage and transit of all PID is managed safely and securely. The organisation continues through its IG management team to increase awareness of data protection issues amongst its own staff and through compliance reviews of its providers. Staff are made aware of their responsibilities in respect of Information Governance which is clearly set out in the CCG Information Governance Handbook. This comprehensive guide is a 'must read' for all staff which is reinforced by annual mandatory testing of knowledge and awareness via the eLearning programme. At an organisational level the minimum standard is achievement of the Information Governance Statement of Compliance (IGSoC), however the CCG expects its providers to go further and achieve the highest scores possible.

Where patient identifiable data is seen for invoice validation. The appropriate national HSCIC guidance is adopted.

### **3.1.2.3 Data ownership**

A fundamental principal of Equity and Excellence is that patient data belongs to the patient, and organisations that collect and process the information are the custodians responsible for its safe keeping, sharing it only when appropriate and in the patient's interest and only then with the consent of the patient.

It is likely that organisations that manage and store information as part of their contract to provide health and care services will change from time-to-time and there needs to be a mechanism to ensure the safe and expedient transfer of data from one provider to another.

Bexley CCG will ensure that all planned clinical and business developments involve ICT at the earliest possible stage of the process to ensure that appropriate processes involving

information and information governance are captured early and incorporated into contracts, commissioning intentions and/or business plans.

### **3.1.3 Disaster Recovery/ Emergency Preparedness Resilience and Response and Business Continuity Plan**

Technology is a fundamental day to day tool in the provision of clinical care management and administration. The CCG has to be confident that its own ICT service and that of its providers of care have robust disaster recovery processes in place to ensure they can continue business in the event of a computer system disaster. For the CCG this means that its in-house ICT team have a comprehensive Disaster Recovery (DR) Plan for both onsite and off-site recovery. Its Corporate Governance department maintains a robust Emergency Preparedness Resilience and Response and Business Continuity Plan detailing a complete computer system asset list together with the priority recovery list and how this has been agreed, as well as how it will take effect. An annual DR test also forms part of the routine processes embedded within the CCG to ensure safe continued operations are maintained of the CCG business.

Both the DR and Emergency Preparedness Resilience and Response and Business Continuity Plan need to be agreed and signed off by the CCG executive committee and should be subject to annual review to ensure it is kept up-to-date. The CCG's health and care providers should have similar arrangements in place and should be aware that the CCG can exercise its right to request an independent audit of their arrangements at any time.

### **3.1.4 Collaborative approach**

Good quality data and analytical expertise is a fundamental requirement thereby enabling strategic plans and decisions to be formulated based on evidence. Clearly, public health needs analysis is the start of the data flow and a close working relationship with Public Health will be crucial. However data repositories, governance, clinical and data validation, benchmarking and sharing of information, continues to be a key workstream. Bexley CCG realises the importance of collaborating with its partners in this regard and recognises that the CSU will play a key role in the management of Business Intelligence and facilitating the continued collaboration between it and the CCG. The next section provides further details on the CCG's partners and collaborative relationships.

## **3.2 PARTNERSHIPS**

### **3.2.1 Commissioning Support Unit (CSU)**

Bexley CCG is supportive of the use of the CSU arrangements for many of its back office functions which includes Business Intelligence. This arrangement is already in place with South East CSU and the use of a CSU is set to continue for the foreseeable future. Ensuring that the CCG and CSU Information & IT strategies are aligned will be essential as the CSU will need to deliver a large proportion of the CCG's informatics work plans with respect to its business intelligence requirements.

### **3.2.2 In house ICT Services**

The CCG's in-house ICT department has historically provided its ICT services and over time become involved in the informatics provision with respect to ICT systems. Within this context, the local ICT offering has an excellent understanding of the local health community in Bexley and has been recommended to continue to manage the provision of ICT via

independent consultants who recently reviewed this service against external organisations who were unable to match the same levels of expertise at the same cost.

The CCG currently enjoys a comprehensive local ICT provision and recognises the good work and investment made historically in the local infrastructure, the hosted GP clinical systems and well equipped and secure computer rooms.

### 3.2.3 Working with the London Borough of Bexley (LBB)

Integrated working between Health and Social Care requires joined up strategic planning and early identification of duplication or non-alignment of policies and care pathways. At a practical level, information needs to flow between organisations without losing meaning and context which is particularly relevant in areas of joint provision such as Adult Mental Health, Learning Disabilities, Children's Services, frail elderly and people with long term conditions.

However, both the Health and Social Care sectors have independent technology systems which inevitably bring challenges in terms of alignment of data, duplication and data security issues. Joint agreement of alignment and integration have improved over the last 5 years however there is still much work to do to bring the integration of health and social care systems together to overcome the challenges of information sharing.

The recent legislation update in the Health and Social Care Act – October 2015 mandates that health and social care systems should be using the NHS Number as the primary identifier of patients. This is something that LBB has been actively supporting through any new system procurements and implementations.

#### 3.2.3.1 Integrated Commissioning with the London Borough of Bexley

As commissioners, LBB and Bexley CCG are united in seeking to increase independence and enable people to live longer at home without the requirement for hospital admission or residential care. Achieving this relies on the ability to measure the outcomes of interventions for individuals and to track patient flows between and across organisations, in order to demonstrate impact of commissioning decisions and the commitment of resources. This is true across client groups including children and young people, people with mental health problems, older people and people with long term conditions. Therefore the CCG recognises in its Information Management strategy that integrated commissioning with LBB generates a different set of information requirements to those of health providers working in partnership with LBB. It is especially key to note the different roles of GPs as commissioners and GPs as providers in this integrated picture.

Looking ahead, both the LBB and Bexley CCG are actively exploring the possibilities of joining the Lewisham & Greenwich NHS Trust's (LGT) implementation of Connect Care. This is a joint LGT initiative which is seeking to connect health and social care data across the South East health and care providers.

Bexley CCG has agreed to participate in the programme once full integration with Bexley GP clinical systems is fully in place, however in the meantime, will engage with the LGT Connect Care Programme Board in readiness for the rollout of Connect Care within Bexley.

### 3.2.4 Independent Contractors and AQPs

Bexley CCG recognises the importance of information exchanges between the NHS and Independent Contractors' systems. This can be achieved through the joint use of services provided by National Health Application and Infrastructure Services which will help to facilitate independent health systems to integrate more closely such as the use of NHS Mail

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and the NHS Network (N3) for non-NHS organisations. The Interoperability Toolkit (ITK) will also help by providing technical standards and computer code fragments for interoperable messaging services between disparate systems.

### 3.2.5 Primary Care

#### 3.2.5.1 Clinical Systems

GP Practices within Bexley CCG have long ago consolidated onto two key GP Systems of Choice (GPSoc) compliant systems. Of the 27 practices within Bexley CCG, 24 practices are using INPS Vision and 3 are using EMIS Web. Both systems are hosted and provide the additional encryption and security benefits from the hosted clinical system platforms.

For some time now Bexley CCG has been ahead of its neighbouring CCGs with respect to national GP clinical system compliance. All Bexley practices enjoy the benefits brought about by the following national spine and local electronic initiatives:

- Summary Care Record (SCR)
- GP 2 GP (GP2GP)
- e-Referrals
- Electronic Prescribing Services (EPS2)
- Electronic Discharge Notifications (EDT)

Bexley practices have been ICT savvy for some considerable time and have most recently been making use of new technological advancements in Wi-Fi technology for accessing clinical systems across any practice and more recently the use of iPads to access emails and files as well as clinical systems.

With the knowledge that the Microsoft support for XP is imminently due to expire, the CCG's ICT team completed an upgrade programme in June 2014 to migrate all Bexley Practices to the Windows 2007 and Office 10 environment.

Additionally over time the major suppliers of GP Systems have recognised the need to work more closely with each other in areas of data exchange. It will be no surprise therefore that the CCG is keen to work collaboratively with its stakeholders, clinical systems providers and its GP Practices to maximise opportunities for interoperability between primary care and other healthcare systems.

More recently, since the role of CCGs has expanded into the Primary Care arena, Bexley CCG has embarked on a Primary Care programme, Bexley Linked Care, to support practices in the sharing of their information with each other and local providers. Vision 360 is the system which will be deployed to facilitate this programme and will connect both the Vision and EMIS sites together to provide phase one of this programme.

It is recognised that collaboration with healthcare providers, who are commissioned by the CCG that fall either outside its borders or are actively commissioned by the CCG, is crucial in the ongoing aspiration of achieving better care for the residents of Bexley. Dartford & Gravesham NHS Trust, Guy's & St Thomas's NHS Foundation Trust, King's Healthcare NHS Foundation Trust, Lewisham and Greenwich NHS Trust, The Hurley Group Ltd and Oxleas all form part of the CCG's services to its population and therefore need to be part of the wider sharing of patient data programme.

Therefore the connectivity of Bexley patient data into the relevant information systems hosted by the local acute hospitals and community providers will need consideration and

engagement from the outset. The deployment of Bexley Linked Care and Connect Care will deliver enormous integrated record sharing benefits for the population of Bexley.

By being involved in the South East London Strategy work, Bexley CCG can ensure that its own strategy and information systems fall in line with the wider work being undertaken across South East London with respect to connecting up the data flows of the London population as a whole.

Indeed, membership of the Healthy London Partnership (HLP) will provide an overarching view of the developments and strategic drivers across the whole of London, thereby enabling the SEL strategy work to become more holistic and joined up.

### 3.2.5.2 Practice Clinical Systems Training

Under the GPSOC Framework, the CCG's ICT Department is responsible for providing clinical systems training for all practice staff as necessary.

In executing this responsibility, the CCG's Primary Care Clinical Systems Manager, works closely with the practices to identify the training needs within the practice, and works with the clinical systems' providers to ensure the necessary training is delivered.

In order to make the training as engaging as possible, a variety of mediums are offered, from a trainer visiting the practice to provide tailored training, to webinars and small focus group sessions.

As a minimum, the CCG hosts 4 full day clinical system training sessions in the year where practices can attend to learn about any system enhancements, new functionalities and features.

### 3.2.5.3 QAdmissions Tool for Risk Stratification

The CCG has commissioned a risk stratification tool to support GP practices in identifying high risk patients presenting with repeat episodes of hospital care. QAdmissions has been deployed to assist the practices in recognising those patients that could be saved from repeat hospital episodes with earlier community care intervention. The tool is assisting the practices to identify the 2% of the population who are part of the NHS England Avoiding Unplanned Admissions Enhanced Service. A review of the tool's use has recently been undertaken which has shown that few practices are making regular use of the tool. The CCG is reviewing whether a different tool would be of more value and has plans to pilot the e-frailty tool. It is also unlikely that the Avoiding Unplanned Admissions Enhanced Service will remain next year so the CCG is reviewing plans for an alternative service to be in place, with risk stratification informing patient identification. There are also plans in place to pilot the e-frailty tool that has proven successful elsewhere at supporting clinicians to identify frailty.

### 3.2.6 The Role of Commissioners in Primary Care

From the 1 April 2015 NHS Bexley Clinical Commissioning Group (CCG), along with the five other CCGs in south east London, has taken greater responsibility and involvement in the design, shaping and commissioning of local general practices, in a joint commissioning arrangement with NHS England, known as co-commissioning. The CCG is currently level 2. This arrangement allows the CCG to work more closely with those responsible for securing the provision of general practice, NHS England, and will support local plans to improve primary care services in the borough. A Joint Committee meets regularly in public to consider and take decisions on local services.

### 3.2.7 Key CCG Information Systems

As highlighted in section 3.1, Commissioner Responsibilities, the CCG has invested time and resources in key operational systems to support effective day to day activities and operations.

#### 3.2.7.1 Governance & Quality Directorate

The key systems and applications in use within the Governance & Quality Directorate are predominately the Microsoft Office applications; however the specialist areas of the Directorate require additional software applications and systems as follows:

##### 3.2.7.1.1 Safeguard

The CCG's Safeguard system enables it to provide assurances over its corporate governance processes for risks and incidents management. This system enables all staff with appropriate access to record organisational and departmental risks as well as enabling all staff to be able to electronically record incidents. These are then cascaded through to the necessary governance channels via an electronic workflow process.

##### 3.2.7.1.2 Child Protection Information System

The Child Protection – Information Sharing (CP-IS) project is an NHS England sponsored work programme dedicated to developing an information sharing solution that will deliver a higher level of protection to children who visit NHS unscheduled care settings such as emergency departments and walk-in clinics. It proposes to do so by connecting local authorities' child protection social care IT systems with those used by staff in NHS unscheduled care settings. The information sharing focuses on three specific categories of child:

- Those with a child protection plan
- Those with looked after child status (children with full and interim care orders and voluntary care agreements)
- Pregnant women whose unborn child has a pre-birth child protection plan

The objective is to improve the assessment of children presenting in unscheduled care settings through access to better supporting information regardless of where the child lives or in what unscheduled care setting the child presents and to deliver more focused communication between social care and health concerning these groups of children.

CP-IS will be delivered by making upgrades and changes to current health and social care systems so that they are able to send a specific set of child protection data to the NHS Spine. NHS unscheduled and urgent care settings can then view the information via a web browser, or make changes to their local IT systems to integrate CP-IS into their patient administration system (PAS), electronic patient record or other local system so that it is able to pick up child protection information automatically from the secure central data store. It is expected that the London Borough of Bexley (LBB) will be providing child protection data to the central data store by early 2017. The NHS unscheduled care settings are making the required changes to their local IT systems so that they can access the child protection data. By 2018, integration of 80% of 1200+ unscheduled care settings is expected.

### 3.2.7.1.3 Quality Alerts System and PAMS

#### *Quality Alerts System*

The Quality Alerts Management System (QAMS) is a secure online software package for the management of quality alerts. It provides a consistent communication channel between the GP, commissioner and service provider regarding quality and safety issues which have been identified in general practice. QAMS also handles quality alerts being raised by a provider about another provider.

Currently only GPs raise quality and safety issues using QAMS. Once an alert is submitted it is received by the CCG. The CCG reviews the alerts, assigns a risk rating and notes the provider of the service that the alert refers to. The provider then receives the notification to investigate. Once the investigation is complete the outcomes are shared with the alert owner (GP).

The system allows for the transfer of patient identifiable information from the GP to a provider without the CCG being party to this information (maintaining patient confidentiality). The system also provides a comprehensive audit trail of actions and activities that have taken place as well as provides a robust governance process for the CCG.

#### *Provider Assurance Management System (PAMS)*

This system has been developed to facilitate KPI collection and contract management as part of the commissioning / contracting assurance process.

The proposal is to use this system for the collection of KPIs for all of Bexley CCG's small contractors and prime contractor models. King's College Hospital NHS Foundation Trust has agreed to be part of a pilot programme using the MSK service as the test service to be set up to enable collection and analysis of KPI data from all the sub-contractors associated to the MSK contract which will then provide an overall analytical view to commissioners.

The organisation dashboard is built automatically, so each organisation knows what is due and when. The dashboard is open for a defined number of days of the month and email reminders are sent if it remains unpopulated. All indicator values can easily be recorded, and updated as required up to the closing date for the month. Explanatory narrative can be entered for the recorded data for a given area by the submitting organisation.

### 3.2.8.4 Document Management and File Retrieval

Two internal systems designed to promote organisational efficiency are Vibe and Filr. Both of these systems are designed to enable multi-disciplinary sharing of information securely across organisational boundaries to individuals working on specific projects or programmes. This enables staff to share documents and set up task group forums in a virtual setting and frees up their time from travelling to meetings to discuss caseloads or project outcomes.

#### **Bexley Vibe**

The Vibe system also provides for a dynamic workflow tool for the management of the CCG's policies and procedures and has an inbuilt alerts system that automatically triggers a workflow process to indicate policies are due for renewal to the necessary officers.

As Vibe is built on a powerful, sharepoint type architecture, the CCG can harness its features and functionality in a variety of business processes that will alleviate the necessary

manual processes that are embedded into the organisational structure and replace these with a variety of automated workflow processes that can enhance efficiency within the organisation.

Besides using Vibe for the systematic management of organisational policies; the system has been welcomed by a number of CCG directorate teams including: the procurement team, contracting team, medicines management team, quality team and primary care team. It has more recently been developed to support practices with generic operational practice processes as well as to enable them to use it for their own storing and access of generic practice policies.

The primary care team have developed a primary care portal which is run from Bexley Vibe and is a tool for storing key generic practice information that all staff within practices can access.

Novell Filr is a sister product of Vibe and has the ability to enable all internal CCG staff to access the CCG's network directories without the need of additional tools such as VPN tokens. Whilst Vibe is similar to the Microsoft Sharepoint facility which will enable document storage and sharing to a range of health, social care and multidisciplinary settings based on role based access rights.

The CCG's Board Papers and Policies are examples of the types of documents that could easily be created via a workflow process, stored and shared across a wide range of individuals, both within and outside of the organisation, thereby enabling the CCG to save printing and postage resources.

Both the Vibe system and Filr have been deployed within the CCG, however it is recognised that this was originally only deployed to specific groups and has not been cascaded fully throughout the organisation. In order to realise the full benefits of these products a re-launch is required with the necessary promotional communications to all staff.

In addition to the developments above with Vibe, a new piece of software that has been procured to support convenience as well as a reduction in printing, is the deployment of Boardpad. This software will enable Committee members to receive their committee documents and papers via the Boardpad software. This will in turn allow users to annotate and review papers online as well as to easily navigate between documents and papers to refer to whilst within their meetings.

### **3.2.8.4 Digitalisation Agenda**

Both the Five Year Forward View and the National Information Board's Personalised Health and Care Framework 2020 describe a vision of a paperless NHS by 2020. The key deliverables of these strategies include a variety of digital outcomes:

#### **Offering digital services for patients and citizens**

To transform the patient experience and to enable citizens to make the right health and care choices.

#### **Offering digital services for professionals**

To give care professionals all the information they need to make the best decisions for their patients.

**Information sharing and transparency**

To help patients, health professionals and commissioners to improve services and patient outcomes.

**System leadership: The National Information Board**

To bring together the NHS with local government, clinical leaders, and civil society to oversee the delivery of core information priorities.

In line with the aims of a paperless NHS and in July 2016, the CCG took a decision to implement a digitalisation programme across the organisation where all records within the CCG need to be digitalised. This decision was prompted by the need for the CCG to move to new offices in February 2017 where the CCG will collocate in the Civic Offices with Bexley Local Authority.

This digitalisation programme will not only support the objectives outlined above, but will also enable the CCG to review its internal processes and systems with a view to streamlining its records management processes into a more efficient and easy to manage electronic process that will yield longer term benefits for the organisation. Some of these benefits will include the following:

- Saves money on storage of documents and files held off-site
- Less storage space needed internally for filing cabinets and shelving space
- More efficient access to documents and files
- Ability to access documents and files whilst off site
- Enables increased productivity
- Environmentally friendly
- Documents and files will have better protection from physical harm
- Convenient to store and retrieve

**3.2.8.5 Workforce**

The Workforce system is a corporate system that is externally hosted and has been procured by the CCG, via the CSU provision, to provide a system for all staff to use to record their annual leave and travel expenses claims. This system is able to provide additional services such as managing the organisations staff appraisals process and managing sick leave and return to work forms.

More recently, the CCG has also implemented the mandatory training module of the workforce system. This has provided staff with a more efficient system which identifies the training they need to do and when it needs to be done by. The system enables staff to record evidence of their training and manage accurate training records for future reference.

### **3.2.9 Finance, Informatics & ICT Directorate**

As with the Corporate Governance & Quality Directorate, the key systems and applications in use within the Finance, Informatics & ICT Directorate is predominately the Microsoft Office applications; however the specialist areas of this Directorate also require some additional software applications and systems as follows:

#### **3.2.9.1 Business Planning Systems (BPS)**

BPS is the system used by the Financial Management team to record annual budget data for the CCG. The system enables accurate calculation of payroll costs by increment point, and can record budget values, coding and descriptions by cost centre. BPS is an internally hosted system which is standalone from Oracle. It is not a general ledger system and is not used for recording of any actual income or expenditure incurred, or to provide variance analysis.

#### **3.2.9.2 Business Intelligence Portal – SLCSU & Local Data Management Information Centre (LDMIC)**

The business intelligence portal grants the CCG access to the data and information held by the South East CSU within their Data Management Information Centre (DMIC). Staff within the CCG analytics team have password access to the pseudonymised data held within the DMIC. Whilst this is a robust process, the downloading of pseudonymised data suffers technical issues caused by the use of Remote Desktop Procedure (RDP) for access and bandwidth capacity limitations. Therefore a Local Data Management Information Centre (LDMIC) was created solely accessed by the CCG analytics team. A Secure File Transfer Process (SFTP) provides backup of all the CCG data and information held in the CSU DMIC which is restored to the CCG LDMIC following the CSU standard monthly data collection and reporting cycle. The LDMIC is housed in a specific server “BEX01DMIC:\” with an overall capacity of 100GB.

Access to this data and information allows the CCG to plan, commission and redesign healthcare services, as well as to conduct benchmarking exercises and develop Quality Innovation Productivity and Prevention (QIPP) schemes. Additionally, the CCG uses the data and information to populate the analytical tools designed and developed for the Commissioning directorate and General Practice so that they can understand behavioural aspects of the CCG’s data and information.

#### **3.2.9.3 Single Financial Environment and Shared Business Services (ISFE / SBS)**

ISFE stands for Integrated Single Financial Environment and is the standard finance and accounting system in use across the UK for NHS England, Clinical Commissioning Groups and Commissioning Support Units. The use of ISFE was introduced to create basic cost-effective common infrastructure to enable adoption of best practice in business processes, ensure proper financial and corporate governance and proper risk management relating to transfer of financial information. The service is provided by NHS Shared Business Services, who are contracted by the NHS Commissioning Board Authority to provide and maintain the service. Standard contract costs are met by NHS England.

ISFE works on an Oracle platform and provides a number of modules to support general ledger, requisitioning and purchasing, sales invoicing, purchase ledger and financial reporting activities. This enables local users to create purchase requisitions, authorise invoices electronically through a workflow authorisation process, create sales invoice requests, and interrogate the general ledger for information.

Sitting alongside these modules is a Business Intelligence reporting suite, which provides budget holders with a dashboard reporting tool for monthly monitoring of financial performance, and for users to run financial statements and transactional reports to assist with financial analysis and interpretation.

#### **3.2.9.4 Service Desk**

Service Desk is the CCG's ICT call logging system which is externally hosted by Micro Focus. It conforms to the nationally recognised industry standards for service management and provides for a rich variety of functionality such as asset management, change control, knowledge management, remote accessibility for updating call logs and keeping abreast of incoming calls.

#### **3.2.9.5 Card Management Services – Smart Cards**

As an accredited Registration Authority (RA), the CCG's ICT department has to maintain nationally defined standards for the creation and issuing of smartcards for users accessing clinical systems integrated to the national spine.

In order to manage this process effectively, the CCG utilises the national RA systems which are externally hosted; namely the Care Identity Service (CIS). All users are now managed in Position Based Access Control (PBAC). In order to ensure access rights are adequately maintainable quarterly RA audits are conducted. To support pharmacies with their business continuity, a temporary access card issuance process is in operation.

### **3.2.10 Commissioning Directorate**

As with the other two directorates, the key systems and applications in use within the Commissioning directorate are predominately the range of applications within Microsoft Office; however the specialist areas of this directorate also require some additional software applications and systems as follows:

#### **3.2.10.1 Contracting**

Bexley CCG is accountable and responsible for the management of Acute, Independent, Community, Third Sector and Mental Health providers. In accordance with the NHS National Standard Contract, robust information management is key in order to effectively manage providers to ensure that the Bexley population receive high quality services. Bexley CCG also commissions the CSU to manage a part of the acute contracting portfolio, therefore, it is important that data flows between Providers, the CSU and CCG are robustly managed and in line with statutory obligations.

#### **3.2.10.2 Acute Contracting**

Acute Contracts are managed in line with the NHS National Standard Contract and the 2015/16 National tariff. The National Tariff system is designed to help commissioners and providers to address the strategic challenges facing NHS care in their localities. It does this in three ways:

- by offering more freedom, to encourage the development of new service models;
- by providing greater financial certainty to underpin effective planning;
- by maintaining incentives to provide care more efficiently.

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The National Standard Contract mandates providers to accord with monthly, quarterly and annual data submissions which are used to review the patient quality, service quality and financial performance in order to assure the local population that providers are performing as expected and healthcare outcomes are being delivered.

### **Patient Quality Performance**

Further to nationally mandated reports such as the Francis and Keogh report, increased scrutiny is placed upon providers to assure commissioners and the patient population around the improvement in patient experience, the reporting and resolution of near misses and incidents and the duty of candour exercised by providers. These are just a few of the key performance indicators listed within the contract, however, data flows exist to facilitate the reporting of these to commissioners in line with statutory guidance.

### **Service Quality Performance**

Acute providers are required to report data nationally as well locally to commissioners. For instance, all providers must ensure that 95% of patients are treated within 18 weeks of referral. Therefore, providers report this nationally on a monthly basis and will report this weekly to the commissioner (local processes) in order to assure the commissioner that the monthly target will be met. This will also apply to any incentive schemes or commission for Quality and Innovation (CQUIN) indicators.

### **Financial Performance**

Providers are required to submit patient activity and financial data on to SUS in order for commissioners to understand the health outcomes, needs and trends in the local population. This will also form the basis of validating invoices sent by providers, in order to ensure that provider's accord with best practice, agree clinical pathways and ensure patients receive high quality care and value for money. Information flows govern this process and many provides have in place 'Data Quality Improvement Plans' in order to achieve high quality data flows so that commissioners can adequately extract the necessary data for in year review and future planning purposes.

Where contracts are not in place, providers will charge for activity as Non-Contracted Activity (NCA), however, under the National Tariff rules, these are also subject to robust validation and application of statutory obligations such as data sharing protocols.

### **Deficiencies in Performance**

Where a provider fails a health outcome measure or performance target, the contract mandates that remedial action plans are agreed in order to rectify the performance deficiency and therefore further data flows will need to be agreed to facilitate the assurance process.

### **Information Needs of Acute Contracting**

Commissioners require the use of the following IT infrastructure:

- MS Office Suite for emails, meetings, data analysis on SUS/SLAM, reports and writing / drafting of contracts and any associated correspondence
- Link in with Business Intelligence team to extract data from SUS

- Oracle Invoice payment system

### **3.2.10.3 Community & Mental Health Contracting**

Community Health Services Contracts are managed using the National Standard Contract, however, pending the issues of the National Tariff system, most contracts are based on block agreements with few, contracted on Cost and Volume or Non contracted Activities (NCA ) basis.

These contracts require robust data and information flows which must be reported monthly and / or quarterly. The National Standard Contract mandates providers to accord with monthly, quarterly and annual data submissions which are used to review the patient quality, service quality and financial performance in order to assure the local population that Providers are performing as expected, healthcare outcomes are being delivered and that value for money is achieved on all services.

#### **Patient Quality Performance**

Further to nationally mandated reports such as the Francis and Keogh report, increased scrutiny is placed upon providers to assure commissioners and the patient population around the improvement in patient experience, the reporting and resolution of near misses and incidents, and the duty of candour exercised by providers. These are just a few of the key performance indicators listed within the contract, however, data flows exist to facilitate the reporting of these to commissioners in line with statutory guidance.

#### **Service Quality Performance**

Community providers are required to report data nationally as well as locally to commissioners. Due to the nature of Community health services, local quality requirements are tailored to each service specification, as such no two contracts would have the same set of quality requirements unlike acute contracts. Providers are required to report these local quality requirements on a monthly or quarterly basis to the commissioner in order to assure the commissioner that the agreed target has been met. This will also apply to any incentive schemes or commission for Quality and Innovation (CQUIN) indicators.

#### **Financial Performance**

For services contracted on a block basis, providers are required to submit non-patient identifiable activity and KPI reports to the commissioner via our in-house contract database. Invoices are paid on 1/12<sup>th</sup> of the agreed contract budget taking into account any adjustment as agreed with the provider.

For services contracted on a cost and volume basis, Providers are required to send non-patient identifiable detailed activity reports to the commissioner via the dedicated contract email address whilst invoices are submitted directly to SBS. This forms the basis of validating providers' invoices.

Where contracts are not in place, providers will charge for activity as Non-Contracted Activity (NCA). However, under the National Tariff rules, these are also subject to robust validation and application of statutory obligations such as data sharing protocols.

## **Deficiencies in Performance**

Where a provider fails to adhere to these requirements, the contract mandates via the General Condition (GC) 9 of the 2014/15 National Standard contract, that remedial action plans are agreed in order to rectify the performance deficiency and therefore further data flows will need to be agreed to facilitate the assurance process and ensure contract compliance.

### **3.2.10.4 Commissioning for QIPP Transformation**

To support the work of service redesign, including the identification and development of schemes to improve financial and clinical outcomes, informatics and IT systems are a key enabler. Due to changes in the Health and Social Care Act 2012, prevention of access to Patient Identifiable Information is a key barrier to identifying and measuring the impact of changes to pathways of care. Therefore, it is a key future development that greater access to PID, including the ability to link various datasets with a single identifier across primary and secondary care system outputs is required. It is clear that the work outlined elsewhere in this document to support the effective use of PID will greatly benefit the work of the service transformation team in maximising opportunities for redesign.

In addition, the CCG has a clear requirement to improve the outcomes and quality of care provided by Primary Care, notably GP practices. To this end, the work of the Informatics and IT team to ensure the joining of care records across various clinical systems in use across both primary and secondary care will facilitate more effective and safe care to be delivered by practices. Whilst GP practices are largely paper light or operate on a paperless basis, this is not currently the case for other community or secondary care providers. It would greatly streamline the work of the GP practices and therefore improve outcomes if there was greater seamless connection between GP systems and other implemented IT systems in other providers.

Finally, the CCG carries out a number of significant procurements and it is the intention that IT and Information requirements, including appropriate investment are scoped and included early on service redesign. The service redesign team is an active member of the CCG IT Steering Group to ensure that both departments work effectively as a team to ensure seamless transfers during service change.

### **3.2.10.5 Co-ordinate My Care**

Coordinate My Care (CMC) is a national system which has been developed to give people with chronic health care conditions and/or life-limiting illnesses an opportunity to create a personalised care plan in order that they might express their wishes and preferences for how and where they are treated and cared for. This care plan can be shared electronically with all legitimate providers of urgent care, especially in the emergency situation.

Bexley GPs are currently using CMC predominately for people with life limiting illness. In December 2014 only 219 patients were on CMC. As of September 2015, 926 people have registered their wishes. Queen Elizabeth Hospital and Darent Valley Hospital are in the process of obtaining a read only version.

Improvements to CMC for making the process easier and quicker are expected in November 2015 and from December 2015 an intraoperative system with EMIS will go live. It is anticipated that all GP systems will be intraoperative with CMC by the end of 2016. In the Spring of 2016, CMC is expected to launch a patient portal which will enable people to complete CMC themselves. The record is due to go live after a period of consultation and ratification by GPs.

### **3.2.11 Continuing Health Care – New System**

In order for the CHC team to become paperless, provide remote working as well as meeting all of the Information Governance requirements a CHC records Management system is required.

A CHC record management system is specifically designed for organisations managing NHS-funded continuing care; specifically it makes data collection, storage and retrieval quick and simple, even for users with minimal IT experience. It incorporates many standards and customisable reporting tools, task lists, weekly reports, invoices, DOH reports and letters.

Having reviewed the market for systems specifically for continuing healthcare services, the CCG made a decision to implement QA Plus. Implementation of this system is currently in progress and is due to be finalised and fully embedded by February 2017.

## **3.3 INFORMATION TO SUPPORT THE COMMISSIONER**

In order to commission efficient and effective services for Bexley's resident population, it is imperative that commissioning and service redesign decisions are based on robust data, supported by appropriate processes and governance, to facilitate the transformation and delivery of services centred around patients' needs.

### **3.3.1 Data capture and collection**

Access to good quality information is a very important part of the CCG's armoury with the Secondary Uses Service (SUS) and the Data Services for Commissioners Regional Offices (DSCROs) commissioned by the NHS Digital currently representing two of our key information systems. Once the data sets for CCGs accredited with ASH status has been fully scoped and agreed, this will provide an additional data source for the CCG.

In future information will be taken from patient records, combined and anonymised. This anonymous information will become a key source with which to:

- Assess clinical and professional performance
- To plan and target services
- Research new treatments
- Improve quality and safety of services
- Track improvements in outcomes and patient experience
- Monitor the delivery of innovations, increases in productivity and contracts and
- Ensure value for money

It is also envisaged that information will feed the HSCIC which will become the focal point of all collected feedback and health and care information.

It will be the place where information is kept and where everybody will look for information. A special secure service will be provided for health professionals to get general and anonymised information about the health of the population.

### **3.3.2 Data quality**

Bexley CCG recognises that all of its decisions, whether health care, managerial or financial need to be based on information which is of the highest quality. Data quality is crucial and the availability of complete, accurate, relevant and timely data is important in supporting patient / service user care, governance, management and service agreements for health care planning and accountability.

Data quality within practices has always been seen as a fundamental and key criterion of patient record keeping. However the emphasis on this becomes even more critical as practices start sharing their patient records with each other and with local providers. Whilst there has always been an on-going appreciation of the need to ensure good data quality within practices, the CCG will need to consider this as a crucial area of work with practices to ensure best practice processes are in place so that shared patient data is the best quality it can be.

### **3.3.3 Analysis and reporting**

The organisational model developed for the CSU and CCGs places all system analysts within the SECSU. The arrangement includes a named analyst who will work on behalf of and alongside Bexley CCG. A business intelligence function and data warehouse has been developed which will provide the vehicle for analysis and the dissemination of reports.

### **3.3.4 Performance Tools and Dashboards**

The CCG would like to see the development and use of intelligent dashboards that will facilitate a drill-down facility so that the information behind the indicators can be seen and investigated. Work has already taken place within the CCG to address this with the development of a Primary Care and Activity Reporting Tool (PCART), which is nearing completion for rollout in January 2016. This tool will be available via the internet, with all appropriate security protocols in place, to enable primary care professional to access the pseudonymised data.

## **4. VISION FOR THE FUTURE AND STRATEGIC OBJECTIVES**

### **4.1 OVERALL VISION**

The CCG fully supports the accurate recording, sharing and use of health and social care information to provide effective, safe and efficient care to its patients. It also embraces the notion that patients have the right to access their own health data and to receive support in understanding it. The CCG uses information to support the commissioning process in the knowledge that it is doing so to ensure existing services are performing optimally and that future services are designed with quality and efficiency in mind, both in a clinical and a financial sense. Health information will be used to assess the future needs of the Bexley patient population and to personalise care provided to the individual, where appropriate. Supporting healthcare professionals with high quality and timely information about how best to manage a patient within the local healthcare system is imperative and the CCG will therefore support them with the information resources they need to achieve this.

### **4.2 OUR STRATEGIC OBJECTIVES**

Liberating the NHS: Equity and Excellence and the Personalised Health and Care 2020 report, sets out the government's aims of providing a health service that puts the patient at the centre of the health and care system, by providing choice and involvement in the management of their own care.

Bexley CCG fully supports these principles, but does not underestimate the challenges facing the NHS in delivering them. It will require co-operation, collaboration innovation and creativity both from within the CCG and its health, care and IM&T stakeholders and partners.

Informatics is a key enabler in supporting the delivery of the CCG's strategic objectives which are closely aligned to the main ambitions set out in the Power of Information, the Five Year Forward View, Personalised Health and Care 2020 and the Strategic Commissioning Framework for Transforming Primary Care in London. As such, it is important to have a clear strategy that will contribute to both the CCG's integration of services agenda and whole system sustainability.

The CCG's Commissioning Intentions outline a range of priorities and challenges that it considers essential for delivery in order to ensuring that the population of Bexley receives high quality healthcare in the community and closer to home; whilst recognising the need to ensure high quality health services are provisioned in the secondary sector as an effective strategy for those that need hospital care. These priorities can be seen below:

- Overview of the integrated whole system model for Our Healthier South East London
- Primary & community based care (including Local Care Networks)
- Planned care services
- Urgent & emergency care services
- Maternity services
- Children & Young People's services
- Cancer services (including End of Life Care)
- Queen Mary's & Erith Hospitals (continued development of our health hub & spoke)

## **5. CURRENT PRIORITIES AND KEY PROGRAMMES**

### **5.1 INTRODUCTION**

From the 1st April 2013, with the abolition of PCTs, Bexley Clinical Commissioning Group (BCCG) was officially established and from that time took over the responsibility for commissioning health and care services for the population of Bexley.

The transformation from PCTs to CCGs resulted in a number of unfinished IM&T projects and programmes which whilst initiated by the PCT to support its existing strategies their continuation will serve the CCG very well in that they will:

- Provide essential foundations for future development
- Provide short/medium term solutions to meet urgent need
- Seamlessly support the CCG's strategy going forwards.

For Bexley CCG, the rollout and implementation of local and national IM&T programmes such as the Electronic Prescriptions Service (EPS2), Electronic Discharge Notifications (EDT) and Wi-Fi services across the primary care estate were largely fully established prior to transition to the CCG.

However the following local programmes, which may not all fall into the national programme requirements, do fall into the above categories:

- Electronic Discharge Notifications (EDT) – 'Ban the Fax' Campaign by NHS England
- Electronic Prescription Service (EPS2)
- Wireless Technology
- Video conferencing and meetings management - To reduce the amount of travelling between organisations. Automatically setting up video conference calls at the desired time and place.

The following sections examine each of these programmes in more detail, providing background to each and where they fit into the future narrative of this strategy.

### **5.2 ELECTRONIC DISCHARGE NOTIFICATIONS (EDT)**

In 2012/13 the electronic transfer of discharge summaries to GP Practices across Bexley was implemented. The main purpose of the project was to eliminate the need of sending discharge summaries by post but also included automated capture into GP system work flows.

From 1 October 2015, to support improved communication, clinical workflow and more effective transfers of care, secure fax was no longer permitted for sending discharge summaries to GPs from NHS Trusts, NHS Foundation Trusts or independent sector providers of acute services. From this date, organisations are required to use either secure email or direct electronic transmission to send and receive discharge summaries.

Whilst most providers send EDT's via e-mail, the CCG have worked with Oxleas to implement the Docman Hub solution that Oxleas have procured to ensure efficient electronic clinical communications with practices. All Bexley practices have implemented this facility

into their clinical systems, and a number of additional providers are now implementing this solution, including Moorfields and Lewisham and Greenwich NHS Trust.

NHS Digital are introducing the new Transfer of Care CDA (Clinical Document Architecture) message types. These will have the advantages of headings which will help standardise content within Transfer of Care communications, and will also eventually include drug and allergy information as well as coded data. Going forward, the Docman Hub will be sending fully structured CDA messages to GPs and other healthcare settings.

### 5.3 ELECTRONIC PRESCRIPTION SERVICE (EPS)

Bexley CCG was one of the first CCG's to migrate all its practices onto EPSr2, and whilst practices and pharmacists had been keen in the initial rollout of the services, utilisation of the system has since slowed and there is on-going work required for Bexley CCG to boost the utilisation of the Electronic Prescription Service across both practices and pharmacists.

The CCG has undertaken some proactive work with NHS Digital in running a variety of workshops, events and personal visits for practices and pharmacies to gain an understanding of the challenges and obstacles involved. EPS utilisation is promoted at practice visits and on PCART.

The CCG also continues to promote repeat dispensing, allowing GP's to authorise several issues of a prescription at once. This means that the patient does not have to return to their practice each time to collect another prescription issue and instead goes direct to the pharmacy.

Phase 4 of EPS will be introduced in 2016/17, this is the point at which electronic rather than paper prescriptions become the default. A patient who has not set a nomination or does not wish to do so would be issued with a token so that they may visit the pharmacy of their choice. Pharmacy teams would be able to use this token to access the EPS script. The token would be provided in a paper format but in the future electronic tokens (e.g. in an email from the GP practice, via a website or via an app) may be possible.

### 5.4 WIRELESS

Introducing the wireless router into practices during 2012/13 proved a significant success and all Bexley practice sites have access to a limited range wireless router. As the benefits have been so well received and the initial pilot scheme of limited range routers has now started to present its limitations on capacity to practices, the CCG has started implementing the phase 2 programme to install the business grade secure WIFI devices for all practice sites and the CCG.

This will not only provide for a wider and more significant reach of internet services, but also ensures robust and resilient wireless networks across Bexley CCG's estate. This development will provide Guest access to the internet as well as ensuring secure access for staff who frequently work between sites allowing them to access their clinical systems, emails, calendar, files and folders, as if at their desk.

### 5.5 VIDEO CONFERENCING AND MEETINGS MANAGEMENT

Web conferencing and video conferencing are becoming more prevalent in the new landscape of the NHS. Bexley CCG ran its initial pilot phase for web and video conferencing during 2014/2015. Whilst utilisation was slow to start with, over time the benefits of saving time and resources have played a big part in promoting the use of the service and utilisation

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*Vision: For Bexley residents to stay in better health for longer, with the support of good quality integrated care, close to home and with the back-up of safe and expert hospital services when they need them.*

has started to increase with not only corporate staff briefings using this medium, but also multi-disciplinary case review meetings, project review meetings, supplier demos and executive management meetings. This new facility provides an additional resource for the CCG and has proved a valuable asset in enabling greater flexibility across member practices and staff alike.

The CCG and CEPN has recently won an estates and technology transformation fund (ETTF) bid for rolling out videoconferencing facilities across all practices. This will enable key training sites to be developed as hub sites where they will be equipped with smart TV technology so that training can be delivered virtually across the borough. It will also mean that all practices can make use of video conferencing for multi-disciplinary meetings, practice meetings where staff are based at different sites and even for video calls with patients.

Lakeside practice were also successful at winning an innovation grant to pilot the use of videoconferencing technology with the care homes they serve to see if it can enable the practice to respond virtually to urgent medical issues, avoiding the need for a visit to the home. They are going to test the clinical scenarios when the technology is most effective so learning can be shared with all practices serving care homes.

## **6 ENABLING STRATEGIC CHANGE & DELIVERING THE STRATEGY**

### **6.1 IDENTIFYING HIGH PRIORITIES WHERE CHANGE IS NEEDED**

The aims and objectives set out in the CCG's strategic vision are necessarily ambitious and will therefore take time to realise. Translating vision into reality requires a pragmatic and realistic approach that will need to be progressed with the help of a comprehensive action plan that is regularly updated and performance managed.

Realising the vision will be a journey that will follow the life cycle of this strategy. Appendix A sets out the actions needed to get there. Year one will be crucial as key decisions need to take place that will affect the overall direction of travel and set the scene for the future.

There is a lot to do and it cannot all be done at once and therefore we need to prioritise on the areas of greatest need. Year one will include making decisions about longer term developments to support an integrated approach to sharing clinical information. This will no doubt be a continuing theme throughout the lifetime of this strategy. Year one will also include enabling programmes to support clinically-led commissioning as set out in Personalised Health and Care 2020 and the Five Year Forward View in meeting the urgent needs of the local population and supporting the Commissioner's business aims and objectives set out earlier in this strategy.

### **6.2 TEN AREAS OF HIGH PRIORITY**

#### **6.2.1 Priority area 1 – Development of the Local Digital Roadmap**

The recent requirement outlined by NHS England for all CCGs to provide a Local Digital Roadmap, either individually, or collaboratively, is a piece of work that is envisaged to bring many strands of the digital revolution together with collaboration from all stakeholders playing a pivotal role. It is clear where partner CCGs are able to work together in designing their footprint and digital roadmap, their coverage of the London population will obviously be greater and the contribution made therefore more significant, if successful, to the on-going care of patients in the system.

The Local Digital Roadmap (LDRM) framework requires CCGs to work closely with their partners and establish a comprehensive governance process that encompasses all partner CCGs' leads, as well as providers. It is expected to have comprehensive approval and sign off processes. The roadmaps will be monitored by NHS England, the Care Quality Commission (CQC) and Monitor.

The South East London PMO has been responsible for the development of the collaborative roadmap across all 6 SEL CCGs and has established an intensive programme for LDR leads from all 6 SEL CCGs and associated providers to be part of and to contribute to the development of the overall LDR.

The footprint, baseline and roadmap have been fully developed and are now waiting formal sign off. The expectation will be that all CCG partners and providers will work towards the activities and timelines outlined in the roadmap so that a standard and harmonised point can be attained by all members by 2020.

More clarity around the work streams for the roadmap are expected in due course, however the priority areas listed below are all anticipated to form part of Bexley CCG's journey towards the 2020 initiative.

## 6.2.2 Priority area 2 – Bexley Linked Care

The manifestation of the ongoing government agenda to increase practice access, digitalised records, patient access to information and shared record access within healthcare settings has embedded itself in all CCGs. There is now a common recognition amongst practices to revitalise their service offering to accommodate more accessible appointments for its practice population, and embrace new technology that can play an important part in the new service pathways for General Practice.

One area in particular that has been identified for practices, to implement a collaborative approach to enhanced access, is through the sharing of patient data across Bexley GP practices. By supporting practices to migrate to an integrated shared data access platform, Vision 360, they will be able to support each other in providing additional appointments to their patients and potentially providing new ways of accessing general practice services using new technical methodologies such as email, telephone and web consulting using an online web link to view, and talk to patients in virtual consultations.

We know that a number of neighbouring CCGs have already embarked on the practice data sharing programme to provide these benefits to their clinicians and patient populations. Greenwich and Lewisham CCGs have agreed to work with Greenwich & Lewisham NHS Trust to share their practice data with clinicians at the Trust and vice versa to support their enhanced patient care initiative called Connect Care. Dartford, Gravesham & Swale CCG (DGS CCG) has also started their change programme to enable their local Provider Trust, Dartford & Gravesham & NHS Trust, to access the patient data for all the practices within their jurisdiction.

In order to meet the challenges set out in the Five Year Forward View and Personalised Health and Care 2020, it is a critical step forwards for Bexley CCG and its member practices to push forward with its Bexley Linked Care data sharing programme.

To date, the CCG has implemented patient record sharing across the following settings:

- Using Vision 360 to connect member practices up to each other
- Using Vision 360 to connect out of hours and emergency department settings to access Bexley patient records
- Connect Care to connect Bexley patient records to Lewisham and Greenwich Hospitals and for member practices to receive patient data held within Connect Care which also incorporates community and mental health data for Bexley patients as well as the acute data from both Lewisham and Greenwich hospitals. There are longer term aspirations to also include social care data from Bexley Local Authority within Connect Care too.

Longer term, the Bexley Linked Care programme's aspirations will be to link bexley patient data to other key Bexley stakeholder providers such as Guys and St Thomas's and Kings Hospital Trust using their Local Care Record portal.

Another key development programme established by NHS England in 2016 is the Health Information Exchange which is seen to provide the necessary exchange of patient information across the health and care setting where information portals do not already exist.

This development and the engagement thereof when it becomes available will form part of strategic roadmap of the overall SEL LDR. Bexley CCG will manage its implementation of the Health Information Exchange in co-operation of the fuller SEL programmes.

Benefits of access to shared patient data:

- Supports the development of Local Care Networks;
- Any patient can see a GP at any of the extended hours locations (not restricted to their own practice);
- Patients have more flexibility about where, when and how they see a GP;
- Equitable access to GP services for all Bexley residents;
- Longer term, shared access to appointments could allow centralised back office appointment centres to be set up so that appointments could be booked for any Bexley patient anywhere in the borough through shared appointment access across all Bexley sites. This could also extend to allowing community based healthcare workers to book GP appointments for patients with their registered practice.

Whilst the CCG continues to establish and embed this programme locally, it fully recognises the need to work with neighbouring CCGs and their integrated sharing programmes, particularly as Bexley is in a unique position by not being tied to any specific acute trust. This means that Bexley patients can be seen in a variety of Provider settings and which inevitably means that their data needs to be accessible in the right places at the right time.

By being involved in the DGS CCG and LGT programmes, it puts Bexley in a strong position to ensure that Bexley residents are fully involved in the wider integrated sharing programmes that are already taking place across some areas of London. Further work and investigation needs to take place with other local neighbouring CCGs who are starting out on their integrated sharing journeys and which will form part of the overall wider South East London digital roadmap.

### **6.2.3 Priority area 3 - Patients Online Services**

Patients Online is an NHS England programme designed to support GP practices to offer and promote online services to patients, including access to records, online appointment booking and online repeat prescriptions.

Patient Online is a strategic priority for transforming primary care across London. Patient Online provides better access to care, improved coordination of care, and supports patients and citizens in becoming more proactive with their individual health and well-being. The NHS's ambition is to embrace technology as part of its drive to offer modern, convenient and responsive services to patients, their families and carers. GP practices are seen to be leading the way.

All Bexley GP practices already offer online appointment bookings, online ordering of repeat prescriptions and online access for patients to their own GP summary or detail coded patient record.

Whilst patient online services have been enabled within all practices in Bexley, it is recognised that this facility has not been widely advertised. NHS England has agreed to launch a wider public engagement campaign to raise the awareness of the availability of this service which should increase public awareness.

The GMS and PMS contract for 2016/17 encourages practices to have a minimum of 10% of patients registered for online services by 31st March 2017. In 2017/18 the target will be 20%. The CCG are supporting practices via training, promotion and highlighting utilisation statistics.

### **Online access to booking appointments**

As mentioned above, online access to booking appointments has been active in Bexley for some time now, however recent investigation has shown that the number of online bookings have not been as high as expected. There are a number of reasons for this including:

- Patients being unaware of the service
- Practices only releasing a limited range of appointments
- Lack of promotion of the service by practices

Going forwards, the Primary Care Development Team will be reviewing the obstacles that have prevented access to online appointments becoming a success in Bexley and will be working with practices to encourage a greater take up of both releasing appointments online but also promoting the service to patients to make them aware of its availability.

Additional areas of online services access for patients include access to repeat prescriptions and medical records. Both of these areas will also need to be targeted as part of the overall campaign to encourage practices to offer these services and for patients to actively make use of them.

To improve utilisation of online services, the iPlato MyGP app has been offered to practices, the app is a patient facing service for smartphones and is integrated to EMIS Health Web and Vision. The app is designed to improve patient access to primary care services, to enable safe and secure communication between the practice and its patients, support data collection and to encourage self-care through monitoring and medicines adherence.

Core functionalities of this version of myGP are appointment booking/cancellation and patient-to-practice communication, as well as future functionality such as ordering of repeat prescriptions and (subject to practice consent), access to medical records are free for practices and patients.

#### **6.2.4 Priority area 4 – Re- launching Electronic Prescription Service Release 2 (EPSR2)**

Deployment of EPSR2 has been fully implemented in all Bexley GP practices for over 2 years. Whilst practices are live with EPSR2, it is recognised that utilisation could be improved. A number of factors could be affecting utilisation such as training, system performance and GP/Pharmacy relationships. In order to address these issues Bexley CCG have facilitated workshops whereby NHS Digital, GP clinical system suppliers, GP staff and pharmacy staff can discuss the issues which may be affecting their utilisation of EPSR2 to its full capacity and benefit.

The new GPSoC framework incentivises GP system suppliers on utilisation of services such as EPSR2. Bexley CCG will work with the system suppliers to support practices with training requirements and any local communications to patients on re-launching EPSR2. Bexley CCG will frequently monitor EPSR2 utilisation and support practices where required.

Bexley CCG will support practices with the implementation of EPS phase 4 to deliver the associated benefits and improve EPS utilisation across the CCG.

### **6.2.5 Priority area 5 – iPlato – SMS replacement service for NHS Mail SMS**

In light of the national contract for NHS Mail being re-procured in 2015 and the announcement to decouple the SMS service from the NHS Mail service as a free offering, paid for centrally by NHS England to practices, Bexley CCG reviewed the market to determine the best alternative offering for its practices. Having conducted an extensive options review, iPlato was selected as the preferred provider for the delivery of a fully functional SMS service for Bexley practices, which not only allows the practices to send appointment reminders to patients, but also enables patients to respond to the text alert from the practice to confirm or cancel the appointment. The ability for the iPlato software to write back to the practice system allows for appointments to become available within the practice appointment books automatically, therefore allowing other patients to book the freed up appointment.

Bexley LMC endorsed the decision made by the CCG to implement and maintain an ongoing iPlato SMS service for practices. All 27 practices use iPlato leading to a reduction in the number of patients missing appointments.

The CCG has also purchased the iPlato Friends and Family module which sends text messages to patients, following appointments, asking for feedback. This has been extended for a second year as it provides a useful resource for practices and the CCG in tracking on a monthly basis the views of patients. This performance data is highlighted to practices through the Primary Care Activity Reporting Tool (PCART) and discussed at practice visits.

Going forwards, it is envisaged that the iPlato software will be utilised to support practices more extensively with targeted patient campaigns. There is also ongoing work to encourage practices to improve their digital inclusion rates by collecting more mobile phone numbers so that a greater proportion of their registered list are receiving appointment reminders. Roll out of the My Gp app developed by iPlato will longer term enable FFT, patient campaigns and appointment reminders to be sent as notifications rather than as SMS messages.

### **6.2.6 Priority area 6 – Electronic Referrals (eReferrals)**

At the end of 2014 a new NHS e-Referral Service was launched to replace the current Choose and Book service. It was developed using feedback from patients and NHS professionals, and uses enhanced technology to deliver even greater benefits.

The new electronic referral service will improve the quality of the referral experience for patients and better support current and future business processes for clinicians and administrative staff. In so doing it will help create a more patient-centred, people-powered service making the NHS much easier to do business with, and supporting the drive towards paperless referrals and a paperless NHS by 2018.

In preparation for the new NHS e-Referral Service, Bexley CCG will attend engagement events to keep informed of how Choose and Book will transfer to the new service and will support practices with the transition.

### **6.2.7 Priority area 7 – Rollout of NHS Mail to the CCG**

The current NHSmail system was replaced August 2016 to an upgraded and modern electronic communications system known as NHS Mail2. The CCG will appoint an NHSmail

Transition Lead as the primary point of contact through which the NHSmail team will work to manage the transition to the future service. The CCG will lead on the upgrade of this on behalf of the GP surgeries, Pharmacies, Optometrists and Dental Practices.

The changes to NHS Mail 2 are as follows:

- **Email**

The NHSmail service is based on Microsoft Exchange 2013 and provides users with **4GB** mailboxes as standard. Users are able to access the service via desktop mail applications, Outlook Web Access (OWA) and mobile devices.

- **Administration Portal**

The NHSmail Portal provides a number of user and local administrator tools to manage accounts on the service. This includes account management, organisation management, audit and reporting functions.

- **Directory**

The Directory provides a single source of contact information for health and social care. This is available via the NHSmail Portal and provides the ability to search for people based on a number of different profile attributes; for example, name, clinical speciality and location.

- **Instant Messaging and Presence**

The NHSmail service provide instant messaging functions to be able to quickly message other users of the service. The presence feature enables users to see whether another user is free, busy or in a meeting. This functionality is accessible via Outlook Web App or Skype for Business.

### 6.2.8 Priority area 8 – Implementation of DXS

DXS Point-of-Care is a clinical decision support system that enables recommended content such as care pathways, local medicines information, referrals, patient education and support groups to be filtered and presented to GPs in their workflow, during a consultation and relevant to the patient's condition.

DXS is of great benefit to practices and the CCG as it ensures that the latest pathways, referral forms and templates are automatically sent out via DXS and available to all practices. It will prepopulate with relevant information (e.g. demographics) from the GP system and trigger content via relevant read codes entered into the GP clinical system.

The CCG lead and facilitate the implementation of DXS with support from CCG colleagues in Commissioning, Primary Care and Communications who will be responsible for identification and ratification of all the content to be provided to DXS.

To support practices with implementing DXS, onsite training sessions have been provided, along with e-learning and video guides.

### 6.2.9 Priority area 9 – Co-ordinate My Care

We know that Bexley GPs are currently using Co-ordinate my Care predominately for people with life limiting illness. In December 2014 only 219 Bexley patients were recorded on CMC. As of September 2015, 926 people have registered their wishes. Queen Elizabeth Hospital and Darenth Valley Hospital are in the process of obtaining a read only version of the system so that they can provide the care that the patients have asked for. Bexley and Greenwich Hospice also make use of the system to add new care plans or to update existing ones to

ensure that patients wishes and care plan is made available to the healthcare organisations that are involved in caring for the patient.

The Coordinate My Care (CMC) service is now accessible via EMIS Web using an 'in-context link'. For CMC users within EMIS Web, they will be able to create, edit and approve a CMC urgent care plan for their patients which will immediately be viewable by all the urgent care services including 111, the out of hours GP services and the London Ambulance Service.. It is anticipated that all GP systems (including Vision) will be intraoperative with CMC by the end of 2016. In the spring of 2016, CMC is expected to launch a patient portal which will enable people to complete CMC themselves. The record is due to go live after a period of consultation and ratification by GPs.

### 6.2.10 Priority area 10 – Primary Care Activity Tool (PCART)

As part of the on-going work to provide more meaningful data at a practice level a reporting tool was adapted and developed following discussion with the Primary Care Development Working Group (PCDWG) and subsequently named the Primary Care Activity Report Tool (PCART). The tool includes Quality Outcome Framework, Prescribing, SUS (A&E and Referral data), expanding upon the acute SUS data to include activity by point of delivery and by speciality. It also includes activity and price information. The tool is updated on a monthly basis and discussed at practice visits, shared with data leads and also informs locality meetings. It was initially released to practices in a read only excel format and is now web based which allows practices to drill down to the underlying pseudonymised patient level data. Over the last year PCART has developed to include further data sources including FFT, digital inclusion rates, end of life, EPS activity, Urgent Care Centre activity, MY GP usage. Further developments still planned include the addition of screening uptake rates, flu vaccination rates and patient online services usage.

The tool's aim is to flag the most relevant findings for each practice which covers areas where the practice is an outlier (near the top or bottom) relative to other practices; areas where there has been a significant change (increase or decrease) from the previous month/quarter, the most notable changes, in relation to referral data such as highest specialities, outliers, areas of greatest increase, key messages from the patient survey and friends & family test and any significant shifts in list size.) Practices will shortly be receiving hot spot reports every three months that will highlight key changes and aim to flag areas that practices should focus their attention upon.

### 6.2.11 Priority area 11 - Web GP

Six practices covering over 30% of Bexley's registered population are coming to the end of a year-long pilot of the web GP software. To access WebGP, practices either use a standard website or create a link from their existing practice website to provide 5 online services to patients:

- Symptom checkers help patients confirm their GP is the right service for their situation
- Self-help guides and videos about the commonest general practice conditions
- Sign-posting to alternate offers e.g. pharmacy and online counselling
- 24/7 phone advice within 1 hour by requesting a call back using a web form on the practice website
- E-consults in which patients use their practice website to submit condition-based questionnaires to their own GP for a response within 1 working day, potentially avoiding the need to attend the practice.

There has been mixed success across practices with uptake / usage varying. This has been due to a number of reasons such as level of promotion/ organisation within the practice, the population demographic, the other access models currently employed by the practice and how much their patients currently use patient online services. Generally we have found that when it is used by patients, they like it and practices are managing to deal with a significant proportion of the e-consults over the telephone or by the admin team thereby avoiding a face-to-face appointment. Across all practices, only 24% of e-consults were leading to a face-to-face appointment whereas the provider estimates that 40% of e-consults leads to an appointment. From 17/18, for 3 years, the CCG will receive an allocation for as part of the GP Forward View for making online consultations available in primary care. The preferred option way forward is to roll out the Web GP/ E-consult system currently being piloted to all our practices. Success will also be linked to the continued work with practices to improve their websites and increase usage of patient on-line services.

### 6.3 TECHNOLOGY SUPPORTING LOCAL BUSINESS NEEDS

#### 6.3.1 On-going Technical Infrastructure development

Underpinning the delivery of the informatics projects and initiatives cited above, there is a need to provide on-going development and maintenance of a robust technical infrastructure. The CCG has been working hard to provide a modern and technically up-to-date working environment for the CCG and its members. For example the CCG has done well to upgrade all users from mixed versions of the Microsoft Office suite to Office 2010 as well as migrating them all to the new Windows 7 operating environment, thereby removing the risks associated to the departure of Windows XP from the environment. However, more needs to be done but it will take time to implement. The CCG would like to see progress over the next three years in the following areas:

- Consolidate and improve the underlying network and data centres including robust system fail-over and disaster recovery
- Server virtualisation to reduce on-going costs and deliver against rapidly changing demands
- Enhancing hardware and software asset management
- Continue to develop flexible mobile working solutions
- Deliver clinical access solutions for GPs working from Care Homes
- Consolidate and improve remote access solutions
- Continued investment in desktop infrastructure
- Further development of email and message archiving systems
- Linking disparate phone systems to reduce costs and enable mobile working
- Continued investment in Local Area Network including Cat 6 cabling and Gigabit switch architecture
- Continue to develop robust mobile telephone services
- Web and video conferencing
- Providing cloud based hosting services to external organisations (QAMS, Proxima, file and print sharing, etc.)
- Registration Authority smartcard services to CCG, GP Practices, Pharmacists, Hurley Group, BHL, Brent, Lewisham referral management services, Hounslow, etc.
- Better and secure Wi-Fi within the CCG and GP Practices
- Improved and cost effective Service Desk solution
- Remote diagnostics and remote deployment of software for the CCG, GP Practices, BHL, Hurley Group
- Windows 10 migration due to changes in the Intel Chipset
- Novell Netware and VMWare migration to OES and ESXi 6 to improve performance, security and resilience to our server environment

- N3 migration to the HSCN network commencing April 2017
- Cyber security – Ensuring all devices supported by NHS Bexley CCG IT department are protected from viruses, phishing, malware, ransomware, Trojans, etc. and cyber-attacks are mitigated by implementation of various controls, i.e. Boundary firewalls and internet gateways, secure configuration, access controls, malware and anti-virus protection and patch/software management.

### 6.4 CAPACITY AND CAPABILITY

In order to maximise the benefits realisation of Informatics, it is necessary to identify what constraints are slowing down or preventing achievement of this aim. One of the major themes in the strategy is the need to implement and join up (through technical solutions) systems and data. However, the need to identify the Informatics capability and resource is also paramount. The capacity and capability simplistically falls into two areas: Internal & External as follows:

- IT & Informatics staff
- Developing the Informatics capability

It is recognised that there is a general shortage of skills required in both areas. A national review by the Department of Health in 2008 concluded that there are shortfalls in skills relating to the informatics supported change programme, from integrated planning, technical deployment, business change and benefits realisation. Whilst the national review was conducted some time ago, unfortunately it is not thought that this position has improved.

Turning data into information and understanding and using the information in managing performance and making business decisions is a key skill. Simplistically for Commissioners, they must be able to identify the data they require, be able to analyse and interpret it and know when it is applicable and relevant and use it in informing their strategies and commissioning plans. Commissioners also need to be able to consider the broader implications of their strategies and plans which will include Informatics. However, this will require inclusion of IM & T expertise in strategic planning sessions and contract performance management.

The relationship between the CCG and CSU, who will be providing the lion's share of the Informatics function, will be a key factor in the success of the CCG. It is not surprising therefore that the CCG expects a very close working relationship with the CSU, that will include dedicated expertise in Information Management from the CSU, and IT and IG management from the CCG's in-house IT service in order to:

- Expand the availability of technology
- Change working practices to maximise the benefits of IT
- Build the analytical capability to fully utilise information
- Develop information analytical capability including predictive modelling and benchmarking skills
- Continue to ensure that systems and processes keep personal and sensitive data secure

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### APPENDIX 2 – ACTION PLAN TO IMPLEMENT STRATEGY

Item No.	Action Description	IIS page reference	Estimated Delivery Date	Responsible Owner
1.	Collate IIS and IM&T Strategies for all partner organisations and determine how closely each aligns to Bexley CCG strategy and vice versa	8	March 2016	NW
4.	Implementation and rollout of phase 1 of the CCG Vibe solution will support mobile computing for CCG staff and enable collaborative working across the CCG and can be extended to external stakeholders in the interests of collaboration.	14	January – March 2016	NW
5.	Enhanced use of web conferencing facilities need to be reviewed to enable further flexibility across all CCG staff and extended in the form of practice trials in the first instance to member practices.	15	March 2016	PB
6.	Annual Disaster Recovery Test	18	May 2016	SEE / NW
7.	Implementation of the Child Protection Information System	22	March 2018	JM in collaboration with the Local Authority
8.	Implementation of the Provider Assurance Management System (PAMs)	23	March 2017	PB
9.	Launch of Bexley Vibe for Policies module across CCG	23	January 2016	JW/NW
10.	Launch of Boardpad software for Governing Body and CCG Committees	24	March 2016	JW
11.	The Workforce system within the CCG is being used for annual leave and electronic payslips. Further modules maybe rolled out for all staff once a review of the systems usage and effectiveness has taken place.	24	December 2016	SEE/NM
12.	Migration of helpdesk facilities from Service Now to Service Desk.	25	March 2016	SSh/PW
13.	Migration from legacy smartcard management service to Care Identity Service (CIS)	26	March 2016	SS
14.	Implementation and engagement with member practices in the use of Co-ordinate My Care (CMC)	29 / 39	May 2016	MM/SB
15.	Re-launch EPS2: In order to address these issues Bexley CCG will facilitate a workshop whereby HSCIC, GP clinical system suppliers, GP staff and pharmacy staff can meet to discuss the issues which may be affecting their	33 / 37	March – October 2016	SS

*Vision: For Bexley residents to stay in better health for longer, with the support of good quality integrated care, close to home and with the back-up of safe and expert hospital services when they need them.*

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	<p>utilisation of EPSR2 to its full capacity and benefit.</p> <p>Bexley CCG will frequently monitor EPSR2 utilisation and support practices where required.</p>			
16.	In line with the Five Year Forward View and the NHS England guidance on paperless NHS by 2020, scoping and options paper to be developed for the Ban the Fax campaign	33	March 2016	PB/SS
17.	Development of Local Digital Roadmap	35	March 2016	NW in collaboration with OHSEL
18.	<p>Development and rollout of Bexley Linked Care – Phase 1 – Patient Data Sharing between practices and the Hurley Group</p> <p>Phase 2 - Rollout with wider health setting including Darenth Valley Hospital</p> <p>Phase 3 – Rollout of Connect Care enabling data sharing with Queen Elizabeth Hospital, Lewisham Hospital and Oxleas.</p>	36	<p>January – February 2016</p> <p>March 2016</p> <p>March 2016</p>	NW with BLC Working Group
19.	Delivery of Patient Online Services to Bexley population through Bexley practices – Phase 1 – extended appointments, medications and allergy advice	37	March 2016	SB/SS
20.	Rollout of iPlato to provide SMS services to Bexley population	38	December 2015	SB
21.	Full adoption of the national eReferrals system across Bexley practices	39	March 2016	SS
22.	Implementation of DXS clinical decision support system	39	March 2016	SS
23.	Rollout and full adoption of the CCG PCART tool for use by member practices.	39	March 2016	MB/GA
24.	Rollout of Web GP to 6 pilot member sites.	40	March 2016	SB
25.	Ongoing Technological Infrastructure Developments	40	March 2017	NW/PB

## Key to Responsible Owners

Initials	Name, Job Role
NW	Nisha Wheeler, Assistant Director of ICT & Information Governance
MB	Michael Boyce, Deputy Director of Primary Care Development, PMO and Financial Information
SS	Sukh Singh, IT Project Manager and Primary Care Systems Manager
PB	Pin Bhandal, Head of ICT
AD	Ann Douse, Director of Governance and Quality
SSh	Shay Shiva, Senior IT Engineer
JM	Jill May, Designated Nurse Safeguarding Children
PW	Paul Wardle, Helpdesk Support Officer
SB	Sarah Birch, Head of Primary Care Development