

NHS Medway Information Management and Technology Strategy

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INFORMATION MANAGEMENT AND TECHNOLOGY STRATEGY

Introduction and Vision

This strategy sets out NHS Medway's priorities and plans to deliver technology enabled change across the local health community.

When a patient accesses health services they have a right to expect that their information will be kept secure, shared appropriately and with consent, and be in the right place at the right time to ensure that care is delivered safely and effectively. In an age when patients can access information from a variety of sources – some of them evidenced and some not, NHS Medway has a duty to support well informed patients. We can achieve this by making sure that information on pathways of care and their effectiveness is published and accessible, using new technologies and sign posting patients to reliable sources.

We can also ensure that the patient voice is heard by using electronic media to collect and analyse patient opinions and by encouraging patient and public engagement with the design and methods of providing electronic patient information.

In future, the patient journey should involve giving information once at the initial point of contact, and employing systems to ensure that the information travels through integrated systems accurately and securely. Most patients believe that this is already the case, and are surprised and often frustrated to find that their information has not followed them to their next care setting. At each stage of the journey access, choice and information can be supported by the Informatics Programme – from secure primary care systems to Choose and Book, through electronic results reporting, electronic prescribing and community services which are mobile and close to home.

Challenges to delivering the Vision.

Informatics is not about giving people technical tools to do a job. It is about enabling significant process change, delivering new ways of working to improve efficiency and reduce risk. Delivering involves securing Executive buy-in and commitment across all providers in the Local Health Community. It also requires presentation of complex messages to different groups in ways which engage and enthuse while managing often wildly different expectations.

The strategy also recognises that current IM&T systems are often not ideal – both nationally and locally.

Turning Vision into Strategy

Informatics has a pivotal role to play in enabling World Class Commissioning (WCC) and contributing to the wider objectives of the national Quality, Innovation, Productivity and Prevention (QIPP) agenda.

It must be acknowledged that technology has the ability to unlock improvements and savings and is now a mainstream consideration in the design of services and integrated care pathways. To ensure that the transformational abilities of effective Informatics are maximised, informatics projects must support:

- Commissioning
- Quality
- Change
- Innovation
- Efficiency

The key barriers to successful change can be overcome by a programme of work which supports:

- Making the business change
- Leadership and ownership
- Changes to funding
- Mainstreaming Informatics
- The need to deliver benefits
- Standards and reducing complexity
- Information Security

Within the strategy, programmes of work are identified and are aligned to the goals of the Strategic Commissioning Plan and the business objectives of the organisation, focusing on NHS Medway's role as the leader and driver of development and innovation across our providers.

The strategy reflects the key principles and priorities set out in the Department of Health, Informatics Review issued in July 2008. It also reflects key priorities identified by the Chief Information Officer for NHS South East Coast and consultation with key stakeholders in the Kent and Medway Health Economy.

There has been significant investment in the past two financial years however significant issues remain and current systems are sometimes non-optimal. Future high priorities are in systems integration and in driving further benefit from the current baseline infrastructure.

Informatics allows Commissioners to build a picture of their population and the health needs specific to their areas. Technology can identify areas of need, map services to need, and hence identify requirements for investment and disinvestment. Commissioners are hence better empowered to work with providers to focus services and identify areas where change is required to support redesigned services and patient pathways.

Evaluation of Current Performance

The Medway Local Health Community is required to undergo a self assessment process annually to identify strengths and weaknesses in the governance of Informatics. The findings of the 2009 review indicate maintenance of the findings of the 2008 assessment, with little development accomplished through 2009/10.

Areas of strength have been identified as:

- A skilled cadre of change managers.
- The discipline of investment based on business cases is also identified as a strength.
- There is a clear understanding of the need to account for implementation costs as well as purchase costs in the planning of change.
- The implementation of payment by results has improved data quality in secondary care; the introduction of QOF has had a similar effect on primary care data quality
- Preparations for the implementation of the care records service have created a culture of programme and project management and benefits-led working.
- Inclusion of Medway Council representation on the Local Health Community Board fosters co-operation on projects and the sharing of information and lessons learned between organisations.

Areas for improvement were identified as:

- There is lower than expected evidence in NHS Medway of high-level ownership of IM&T projects.
- There seems to be a disconnect between the IM&T cadre in Medway, and the organisations it supports.
- Pathway redesign process does not include consideration of data flows or information management, increasing the risk that pathways will be unsafe or inefficient
- Change management as a formal discipline is recognised only within the IM&T cadre rather than being a mainstream part of management activity

The IM&T systems with NHS Medway frequently have poor to satisfactory User Satisfaction. There are also several key systems that are old and in need of updating.

HIS (Health Informatics Service)

IT support in Medway is delivered through the Kent and Medway Health Informatics Service. NHS Medway recognises that most users every-day experience of IM&T is via the support provided by the HIS. Medway is working hard with the other NHS bodies in Kent and Medway to drive up quality and value for money through a service improvement plan.

Clinical Leadership

Clinical Leaders are key to the success of implementing change in practice and to ensure that the views of clinicians are effectively represented in change programmes.

The risks of not doing so include:

- Lack of understanding of the impact of change on clinical practice

- Inability to describe the benefits to service delivery
- Lack of quality management
- Poor communication
- Sign off regarding clinical safety

The strategy will ensure that projects are progressed only when a clinical lead and an operational owner have been identified by the area where change is to be delivered.

Workforce Planning

Local assessments have identified that there is a pool of well qualified project, programme and change management staff within the Medway Local Health Community. By its very nature, project work requires the ability to flex staffing to meet varying requirements. This leads to reliance on contract staff costed against business cases.

NHS Medway has identified a need to invest in project management training across the organisation. Informatics will support this initiative by sharing skills and expertise and offering development opportunities to work in a structured project environment, with the aim of having sufficient flexible resource to deliver a unified approach to programme and project management across the health community.

Stakeholder Engagement

Building relationships is an important skill in delivering change. Building relationships can be the difference between success and failure in achieving the desired benefits of a project or programme. Those who are involved in delivering transformed services and those who will be the recipients, need to trust the project team to deliver at the right time in the right way. To ensure engagement, stakeholders need to be consulted in the design phase of any project. The strategy commits all Informatics led projects and programmes to engage fully with all stakeholders throughout the life-cycle of the project.

Information Security

The strategy is committed to ensuring that all information systems and networks are designed to support the principles outlined in the NHS Information Security Code of Practice. Informatics works closely with Corporate Governance to ensure that NHS Medway and its providers comply and progress through the standards outlined in the Information Governance Toolkit. In future, with wider information sharing across care settings and between providers, NHS Medway will require assurance that integration of care and systems is supported by integration of security standards across networks and a common approach to ensuring that patient data is only viewed by those with a legitimate relationship to the patient and where consent has been given

Programmes of Work

The activities of the NHS Medway Informatics Team are organised around three programmes of work:

1. Infrastructure Programme

The IT infrastructure is the network, servers, databases and end-user devices (PCs, tablets, handhelds, etc) used by NHS Medway. The Informatics Programme will design standards which ensure that the IT Infrastructure

- Supports robust Information Governance and security
- Meets the needs of services
- Has a data quality improvement plan
- Has assurance around quality, safety, procurement and engagement
- Creates confidence that systems will deliver expected benefits.
- Demonstrates value for money and return on investment.

Future changes to service design led by NHS Medway, will lead to a different landscape of premises technical architecture to support the strategic vision for the delivery of care. NHS Medway will retain the ownership of the majority of the Medway PCT estate and plans for development of sites to maximise the efficiency of service delivery are outlined in the NHS Medway Estates Strategy.

There is a strategic need to have much closer infrastructure links with the local authority especially in the following areas:

- Social Services (Adult and Children's Health)
- Schools (Children's Health)
- Public Health
- Major Incident Planning

2. Primary Care Programme

NHS Medway identifies the general practice patient record as the key, most comprehensive care record currently held within the NHS. As 80 to 90% of care is delivered in primary care all initiatives to improve the flow of information to enable services start and end in Primary Care.

Current national contractual commitments, outlined in the GP Systems of Choice (GPSoC) initiative, allow practices a choice of accredited systems which are expected to demonstrate a road map to Integration and interoperability, allowing exchange of information between systems, using:

- GP to GP messaging which allows transfer of electronic records between practices
- Electronic Prescribing between practice and pharmacy
- Summary Care Records – which allow, locally agreed elements of the patient record to be available in appropriate care settings.
- Hosted environment, where the risks to the security, integrity and availability of patient records inherent in the current small systems model are reduced by managing systems in a certified data centre. This provides resilience to ensure that this key source of information on patient care is sufficiently robust to form the backbone of a record, available at the point of care anywhere services are delivered on behalf of NHS Medway. NHS Medway pioneered this technology in 2003 and it is gratifying to see it developed and adopted in the national model.

3. Care Records

Currently clinical records in the Medway Health Community are held in a number of systems within the NHS. The obvious risk is that while consent to share the information held on these systems may be requested from the patient or their parent/carer – the sharing of the information is reliant on staff communication. To date, few mechanisms are in place to ensure that the information held within one system is available in others, thus relying on staff knowledge to identify patterns of service use and continuing needs/risks between services.

Key deliverables for the Care Records Programme are
Completion and evaluation of the current programme of work:

- Map of Medicine
- Summary Care Records
- New Community System Procurement
- Integrated Child Health Procurement
- Communications with coding between care settings – for example electronic discharge notification and radiology results reporting.

In development is:

- New Pathology systems.

In secondary care NHS Medway will support providers to deliver the “Clinical 5”. These are:

- Patient Administration Systems
- Scheduling Systems
- Order Communications (test requesting and results reporting)
- Letters with coding
- e-Prescribing

The Medway Local Health Community also hosts the Kent Cancer Network, and the resources of both the Infrastructure and Care Records Programme support their programme of work and deliver project assurance.

Risks to the Strategy:

Risk management by the Informatics team is firmly integrated within the risk governance framework of NHS Medway.

The major risks to the delivery of the strategy are:

- The challenging funding situation of the next few years within NHS Medway, and also across the NHS, affecting central and regional initiatives.
- Potential lack of interest from partners re engagement and interworking.
- Rising patient expectations with regard to e-enablement and the modern electronic world conflicting with public concerns around privacy and data security.
- Organisation changes within the NHS causing conflicting priorities
- A major change of strategy from the national NHS away from the current policy of smaller, interworking systems.

Conclusion and Next Steps

The Informatics Strategy sets out NHS Medway's overall approach to improving the use of technology to drive change and benefits to patient care for the people of Medway. The strategy outlines key priorities for investment and improvement over the period from 2010 – 2013. Next steps include ensuring that Programmes are delivered to consistent standards and are benefit driven across the Medway Local Health Community, and to describe the areas where developments will best improve patient experience and support commissioning.

The Strategy has been prepared together with an Implementation Plan setting programme timescales and estimated costs. The combination of the Strategy and the Implementation Plan form a template for the delivery of sound Informatics and IT systems for the next three years into the Medway Health Economy.

NHS Medway will continue to lead the Local Health Community to ensure that developments in information and technology are "joined up" and that benefits from investment can be clearly demonstrated and savings returned to enable further service improvement regardless of where services are delivered and irrespective of provider. NHS Medway will ensure Informatics integrates across care settings and accommodates the needs of all services with a vision that supports services from prevention to End of Life Care.

Appendix 1

The associated Informatics Implementation Plan contains 42 “promises” scattered throughout the text. These are:

Within the life of this plan NHS Medway will:

Delivering the Strategy

1. Review the management of Informatics and align leadership with areas of strategic change in the NHS
2. Ensure that Informatics Programme Managers are embedded in relevant strategic change areas and that all proposed change projects have an Informatics Impact Assessment.
3. Support NHS Medway to develop further project, programme and portfolio management skills and develop the Informatics Programme Office to act as a centre of excellence for the PCT.
4. Use the resources allocated to fund the Domain Programme Office and the Local Implementation Strategy to support ongoing innovation and technology enabled change.
5. Recognise that future funding constraints may require new governance structures to ensure wider collaboration across NHS and non NHS providers. The governance of Informatics Programmes will be sufficiently flexible to maximise opportunity and deliver best value.

Clinical Leadership

6. Resource and support the role of Lead Clinician for Informatics within their organisations, and will contribute to the SHA wide and national Clinical Leaders Forums.
7. Ensure that all systems deployments are signed off as clinically safe.
8. Clearly define the role of clinical leaders and formalise their input through the governance structures which support the delivery of Informatics and IM&T.

Workforce Planning

9. Take steps to ensure that the skills of Informatics staff are developed and are transferable to other service development areas.
10. Engage with national skills development programmes, such as the Health Informatics National Occupational Standards, to provide structured development programmes and detailed competencies for Information, IT and Project management roles.

Information Security

Ensure risk assessments are carried out on systems and equipment used for patient and corporate records to ensure safety.

11. Ensure its IT users have robust anti virus and internet security systems.
12. Invest in robust disaster recovery systems and implement regular testing and future improvement.
13. Ensure that appropriate capacity exists so that all new systems are enabled with role based access controlled by smart cards issued through the Registration Authority.

14. Integrate Registration Authority functions into the Human Resources function ensuring maximum efficiency, while retaining a service tailored to the needs of Primary Care.
15. Ensure that in commissioning integrated and non NHS provided services, all providers will comply with the NHS standards for Information Security.
16. Ensure that Information Security requirements are explicitly articulated in contracts and that information sharing protocols and policies are in place to ensure consistency of approach throughout the local health community.
17. Ensure its policies and procedures reflect the seriousness with which it considers breaches of information security

Infrastructure Programme

18. Develop systems and services standards for all providers to ensure their clinical systems can participate in interoperability and integration projects.
19. Ensure that connectivity to NHS National Services and local systems are available to any provider using the NHS Medway Estate
20. Develop the wide and local area networks connecting the NHS Medway Estate, to support the increasing scale of demand and business requirements of users.
21. Provide IT services which enable maximum use of the Estate by multiple providers.
22. Further develop existing technology partnerships between trusts and Medway and Kent Councils.
23. Rationalise data storage with other NHS and Local Authority organisations to ensure maximum service with careful use of environmental and financial resources.
24. Use infrastructure to drive efficiency by using standardised applications in a mobile flexible working environment.
25. Lead projects which allow care to be delivered closer to home and support access to services using telecare and telemedicine and audio visual services.
26. Ensure that IT operational services support new models of working, across health and social care organisations, and over extended hours.

Primary Care Programme

27. Support practices who choose systems which can demonstrate delivery of the highest level of interoperability and hosting.
28. Support the Summary Care Record as the primary method of ensuring that key information is available in all appropriate care settings.
29. Maximise the integrity and availability of primary care records, while ensuring best value in the procurement and administration, by the use of hosted systems.
30. Work with all providers to ensure that information from secondary and community care is relayed to general practice in a way that enables inclusion in the primary care system.
31. Deliver paperless electronic prescribing throughout primary care using the Electronic Prescribing Service.
32. Support the roll out of localised Map of Medicine to ensure that the route through commissioned pathways is clear to both professionals and patients.
33. Work with practices and the wider health community to enhance the use of existing systems, such as Choose and Book.
34. Enable all contractors to handle information in a way that complies with the legislative framework and meets national standards for information governance and security.

35. Work with practices to improve standards of data collection and support records to be structured in a way that facilitates the exchange of information between systems.
36. Investigate solutions which monitor the care delivered to patients in the primary care setting, including information for audit and information to support patient experience.

Care Records Programme

37. Support access to services by ensuring that critical information about patients and their care is available where ever care is delivered.
38. Develop systems which support services to be mobile and respond to need in whatever setting.
39. Ensure all providers plan data quality improvements, and audits, to ensure that electronic records hold accurate timely comprehensive data.
40. Build confidence from patients by demonstrating that their electronic records will only be accessed by carers with legitimate relationships and that their information will be kept in confidence and secure.
41. Commit to supporting the development of Informatics plans within the specialist clinical networks