One South West LHCR Programme

Title: Supplier Information Pack:

Engagement Events 3rd & 10th May 2019.

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**Background**

This summary information pack is being issued to those suppliers that have accepted an invitation to attend the One South West Local Health Care Record (LHCR) Programme, Market Engagement Day.

Dates: 3rd and 10th May 2019 (Attendance on one day only)

Venue: Taunton Rugby Club

Start & Finish Time: 09:15 – 16:30

Queries to be sent to: info@onesouthwest.org.uk

This market engagement and intelligence gathering event provides an opportunity for all parties to understand the current scope of the One South West Programme, discuss and enhance emerging requirements whilst also exploring what the market can potentially offer in harnessing innovative and emerging technologies.

The following link provides a summary position on the services that a Local Health & Care Record infrastructure must include.

<https://www.england.nhs.uk/hssf/use-framework/#lot-2b-local-health-and-care-record-solutions-infrastructure>

**Introduction**

In March 2018 NHS England and the Local Government Association invited proposals from NHS and local government partner organisations to participate in a programme of local health and care record exemplars in England. The programme is designed to support local areas that are already adopting best practice in the collection, protection, and use of health and care data to go further, faster and encourage others to follow swiftly in their footsteps.

The One South West Programme was successful in their bid to become a LHCR and is one of three Wave 2 Localities.

The NHS Long Term plan sets the expectation that the Local Health and Care Record (LHCR) programme is the approach to deliver a number of its digital priorities, in particular creation and sharing of the patient’s longitudinal record, population health management and patient access to their record. The NHS Long Term plan states;

* *By 2020, five geographies will deliver a longitudinal health and care record platform linking NHS and local authority organisations, three additional areas will follow in 2021.*
* *In 2020/21, people will have access to their care plan and communications from their care professionals via the NHS App; the care plan will move to the individual’s LHCR [Local Health Care Record] across the country over the next five years.*
* *In 2021/22, we will have systems that support population health management in every Integrated Care System across England, with a Chief Clinical Information Officer or Chief Information Officer on the board of every local NHS organisation.*

### Although the primary focus of the core longitudinal care record is to support direct care, a secondary objective is to be able to utilise de-personalised information in support of population health analysis and research. Collecting data covering populations of 3 – 5 million will enable signification analytic and research opportunities. Sharing information between organisations and across geographic boundaries requires that the information can be captured and shared in a standardised way and that the meaning and context of the information is maintained as it is shared.

**The One South West LHCR Programme**

Our LHCRE will mean that –

* Our public receive safe, informed and co-ordinated health and social care wherever they are within our geography, or indeed, across England. They do not have to retell their story. They are able to actively participate in their care using tools and services that support their health and wellbeing.
* Our health and care teams have more efficient and enjoyable working lives. They are enabled to make decisions with more certainty and less risk. Technology is not a barrier but an extension of capability, a seamless part of workflow and service improvement. Time is better spent on care.
* The people who lead and organise services see value for money improve and waste reduce. It is easier to launch new services, because information needed to support decision-making and understanding the future is readily available.

The One South West Programme has a total of 55 partners including Local Authorities, STPs, community services and Out of Hours Services.

The 6 STPs are;

* Cornwall
* Devon
* Somerset
* BSW (Bath and North East Somerset, Swindon and Wiltshire)
* BNSSG (Bristol, North Somerset and South Gloucestershire)
* Gloucestershire

Two Acute Global Digital Exemplars (GDEs) reside within the One South West LHCR footprint:

* Taunton and Somerset NHS Foundation Trust
* University Hospitals Bristol NHS Foundation Trust

The South West Ambulance Service Foundation Trust (SWASFT**)** spans the One South West geography and also into Dorset.

The One South West LHCR footprint covers a geographical area of circa 9,500 square miles. The population of c. 4.8m lives in a diverse mix of rural areas, urban conurbations and island communities.

There is significant patient flow within the region with patients travelling substantial distances to receive specialist treatment, for example to the specialist trauma centres in Bristol and Plymouth and the paediatric trauma centre in Bristol, thus highlighting the requirement to be able access and share patient information across the region.

Annually there is a large influx of tourists from the rest of the UK causing the local population to increase by 20 million, approximately 80% of whom come from other areas in England and Wales. This increase in demand therefore brings challenges to urgent and emergency care services and access to the health and care records.

Within the south west there is currently a mixed level of maturity of data sharing solutions and approaches. These include:

BNSSG (Bristol, North Somerset and South Gloucestershire): Connecting Care

* <https://www.connectingcarebnssg.co.uk>

Gloucestershire: Joining Up Your Information (JUYI)

* <https://www.juyigloucestershire.org>

and more recently

Somerset: Somerset Integrated Digital electronic Record (SIDeR) programme.

* <https://www.somersetccg.nhs.uk/your-health/sharing-your-information/sider/>

### The One South West LHCR approach also supports the region’s less digitally mature STPs, recognising the need to accelerate their local shared care record ambitions and capabilities and releasing tactical quick wins in information sharing where tangible benefits are identified which align to the overarching direction of the national digital technical architecture.

### A high-level summary of organisations within the One South West footprint:

|  |  |
| --- | --- |
| Organisation Type | Number of statutory health & care provider organisations within the locality footprint |
| Acute Trust | 12 |
| Community Trust | 2 |
| Mental Health (incl in Community Trust) | 4 |
| Ambulance Trust | 1 |
| Local Authority Social Care | 11 |
| CCGs | 9 |
| General Practices | 532 |

Data

The Professional Record Standards Body (PRSB) has been commissioned to consult and recommend the data headings that will exist for the Longitudinal Record. This will ultimately result in a national information standard for a core longitudinal care record. All LHCR programmes will then be expected to establish a plan to migrate towards the agreed information standard.

The data required to populate the initial longitudinal record may be drawn from a variety of sources including national and local systems.

A longitudinal record is expecting to address the following common core datasets

* Demographics
* Examinations
* Care plans
* Procedures
* Assessments
* Diagnoses
* Allergies
* Investigations
* Correspondence
* Problems
* Medication
* End of life plans
* Social care
* Link to genomic reports

The detail of this content of each of these datasets will be progressively defined through a process of Locality collaboration, and subject to appropriate assurance to ensure that they comply with the information governance framework.

In addition, we expect that there will be additional datasets which extend the common core and which are associated with specific care pathways including, but not limited to,

* Cancer
* Maternity
* Mental health
* Urgent and emergency care
* Patient data

Subject to further discussion and agreement, and in line with meeting the requirements of the information governance framework and in particular meeting requirements for a clear legal basis for collection and sharing, the record may extend over time to include datasets relating to

* Specialist clinical content
* Clinical research related data
* Patient provided data
* Data relating to the wider determinants of health for an individual – e.g. housing, education etc

In addition, we would anticipate Localities developing their plans for populating the longitudinal record from existing digitised sources including, but not limited to:

* Historic data reported to SUS/HES including
  + historic diagnoses
  + historic procedures
  + past appointments
* Data in near real-time including
* pathology results, medications, image reporting
  + waiting list additions
  + hospital admissions and discharges
* The full record from GPs and other digitised care settings.

**Appendix 1 – Summary of Existing Systems**

**South West Ambulance Services Foundation Trust (SWASFT)**

SWASFT spans the One South West geography and also into Dorset. SWASFT has deployed an Electronic Care System (ECS), Ortivus which includes the use of mobile devices for on-scene use by ambulance crews to capture clinical and vital signs data, clinical decision support and handover and referral capabilities. SWASFT can report real-time on specific clinical activity and trends.

The Trust’s bespoke system captures clinical assessment and intervention information. The system uses an increasing combination of assessment tools, combining structured data fields and free text options, to arrive at a final disposition and treatment plan. This is then viewed within Clinical Work Stations in the Acute Trust or via email functionality within community service providers.

**Cornwall**

* GP EPR systems: TPP(12), EMIS(15) and Microtest (34)
* The GP patient record system sharing is facilitated by Microtest’s GURU.
* SystemOne is used in Adult Community Services
* There are plans to present a mental health summary into GURU via direct API from RiO
* GP Connect testing is planned between EMIS and SystemOne in East Cornwall.

**Devon**

* GP EPR systems: TPP (88), EMIS (38), Microtest (9)
* Royal Devon and Exeter NHS Foundation Trust is implementing EPIC, with completion due in 2020
* Torbay and South Devon Trust are using the MIG as part of their Health Share Implementation.
* The Out of Hours service, Devon Doctors Ltd, use MIG and Adastra

**BSW**

* **Bath and North** East Somerset (BaNES) – CareCentric provided by Graphnet as part of Virgin Care’s community services contract.
* **Swindon** – Black Pear - Sharing GP Information and allowing direct booking of on the day urgent and extended access clinics provided by Medvivo. Sharing of End of Life shared care plan across the Swindon healthcare community, current providers connected are 111, Community services & Primary Care
* **Wiltshire** – Single View (Wiltshire Council) sharing of social care data with GP surgeries. Deployment of TPP Viewer to community services.

**BNSSG**

* Connecting Care (Orion) - read only and retrieval of information from the following systems;
* GP systems use EMIS and provide a structured data / view via the MIG sharing all coded entries, current medications, allergies, encounters and past appointments.
* Community Services use EMIS and view patient information via the MIG.
* Mental health - Avon and Wiltshire Mental Health Partnership (AWP) use RIO to share appointment dates, Mental Health Coordinator, contact dates, crisis plans and perinatal mental health maternity care plans.
* The Three Trusts are sharing structured and unstructured data including ED discharge summaries, clinic letter, future and previous appointments and events, demographic details;
* Radiology, University Hospitals Bristol NHS Foundation Trust and North Bristol Trust use Lorenzo to share radiology reports from Sectra
* Adult’s and Children’s Social care are sharing for example; appointments, care network, risks and warnings
* Out of Hours (Brisdoc) - sharing information about OOH contacts - from Adastra
* Bristol City Council, are using Theseus to share controlled Medicines with GPs for opioid substitution treatment.

**Somerset**

* The STP’s SIDeR programme is currently being delivered through the use of EMIS viewer and Black Pear.
* All GP practices use EMIS with the deployment of the EMIS viewer allowing read only views to;
  + Yeovil District Hospital,
  + Musgrove Park Hospital,
  + Somerset Partnership,
  + Community and Mental Health Services
  + Dorothy House Hospice
  + Weston General Hospital
  + Care UK (Shepton Mallet Treatment Centre),
  + CircleBath
  + Some of the Community Pharmacies
  + NHS 111 and Out of Hours Service
* The Black Pear solution will be used to support Home First e-Referral and sharing of EPaCCs and special patient notes.

**Gloucestershire**

* Gloucestershire’s shared care record: Joining Up Your Information**:** Kainos Evolve platform currently Read Only, sharing Information from:

* GP EPR systems: TPP (GP) SystmOne (50), EMIS (19) and InPS Vision/InPS Aeros (6)
* GP systems use EMIS and Vision and provide a structured data / view via the Query/retrieve real – time MIG.
* Gloucester Community Services – TPP SystmOne Community.
* 2G Mental Health Trust – use query retrieve real time RiO

* Gloucester Hospitals (GHFT) – Intersystems TrakCare

* Out of Hours Primary Care service – AdvancedAdastra

* Gloucestershire County Council – Liquid Logic (Children)

**Appendix 2 – List of Partners**





