







Universal capabilities

National priority	Where are we now?	Where are we going?	Investment requirement
Professionals across care settings can access GP-held information on GP-prescribed medications, patient allergies and adverse reactions	<p>HIE available to professionals across many care settings. Not currently for out of area patients.</p> <p>All GP Practices uploading SCR data. 20% of community pharmacies are currently able to access this information via SCR.</p> <p>GP & hospital staff need further encouragement</p> <p>Accessible in OoH. SCR being used when needed</p>	<p>ELFT connection into HIE Q1 16/17.</p> <p>Community pharmacists will have access to SCR by 31/3/17</p> <p>Connection to London HIE will allow more detailed access to / from out of area patients by 31/3/18, including to London Ambulance Service</p>	
Clinicians in urgent and emergency care settings can access key GP-held information for those patients previously identified by GPs as most likely to present (in U&EC)	Currently manual process to flag patients on Millennium that GPs have emailed across for specific patients most likely to present.	<p>Adastra are expected to interoperate with HIE Q4 16/17. Ambulance and out of area expected to be facilitated via Digital London Solution.</p> <p>By end of 2017/18 HIE will allow two-way exchange of data to allow update of EMIS/Cerner record</p>	Investment in Discovery project £75k from CCG
	111 provider uses Adastra, who are expected to interoperate with HIE by end of 16/17.		Possible Adastra cost
Patient can access their GP record	All GP systems configured. Currently very low take-up at present.	CCG needs to decide how to encourage patient use. CCG	Change facilitator?
GPs can refer electronically to secondary care	Hospital get faxes, letters, etc., going to all sorts of places. Two-week wait is currently 100% electronic. HUH withdrawing use of paper for non-urgent referrals.	Issues around access for locums, e.g. provision of logins/smartcards, etc., will need to be resolved before the full withdrawal of paper can be achieved. Providers need to do more work on expanding directly bookable services.	More provider staff to support
GPs receiving timely electronic discharge summaries from secondary care	Sent via DTS and viewable with HIE. Using AMRC headings.	Every non-urgent referral is peer reviewed. CCG needs to review the process. MESH still 100% 16/17 electronic referral	DoS?






Universal capabilities

National priority	Where are we now?	Where are we going?	Investment requirement
Social care receives timely electronic admission, discharge and withdrawal notices from secondary care	Currently fax based process.	Plans in place to use NHSmail to gcsx secure email as transport mechanism to replace. Will move to Digital London Solution when available	
Clinicians in unscheduled care settings can access child protection information with social care professionals notified accordingly	Homerton turned on. Hackney not turned on flag in their system because they don't have NHS No. in their system.	Hackney NHS no. integration by Q4 2016/17. City of London live by Q3 2016/17	
Professionals across care settings made aware of end-of-life preference information	About to start using CMC	Will link into HLP system when available	
GPs and community pharmacists can utilise electronic prescriptions	All practices enabled. Don't know how many have set up preferred pharmacy NHS Digital state that phase 4 will not commence before June 2016. It seems unlikely, therefore, that 80% will be achieved by end of 2016/17. Progress is dependent on NHS England commissioning the rollout		
Patients can book appointments and order repeat prescriptions from their GP practice	All practices enabled.	Patient engagement campaign planned once an app is in place that supports viewing of HIE held data. Awaiting phase 4 rollout from NHS England	







Universal capabilities

Capability	Capability group	Aims (in terms of take-up and optimisation) [and specific 16/17 targets where applicable]	End of 2015/16 %	End of 2016/17 %	End of 2017/18 %	Plan Ref / Comment	
Care professionals can view shared care record information across all care settings in City and Hackney 	Integrated Care - Shared View of Care Record	All care provider systems within the City and Hackney footprint including social care connected to HIE and fully adopted by care professionals	20	75	100		
		Data sharing agreements to enable care record sharing across all City and Hackney providers within the footprint agreed and signed					
Care professionals are alerted to changes in the patient's care record. 		Notifications of changes to care record available on all City and Hackney HIE connected systems	0	100	100		
Care professionals can create and maintain shared care plans from their own system of choice for all patient/service user groups (extending beyond end of life). 	Integrated Care - Shared View of Care Record	Care plan (content) standards Interoperability (messaging) standards Bi-directional links across City and Hackney provider care plan systems	0	25	75		
Citizens can view their full record of care across all care settings from the device and location (e.g. own home) of their choice. 	Self-Care and Prevention - Citizen Access	Patient portal extended to hospital information Patient portal functionality compliant with accessibility standards and mobile requirements WIFJ for patients across City and Hackney	0	25	50	75 by 2020?	
Citizens can communicate with providers providing their care to book appointments from the device and location (e.g. own home) of their choice. 			Patient portal extended to hospital appointment booking	0	50	75	
Citizens can record their own progress with care plans from the device and location (e.g. own home) of their choice. 			Patient portal includes care plan module access	0	25	50	75 by 2020?

Universal capabilities

Capability	Capability group	Aims (in terms of take-up and optimisation) [and specific16/17 targets where applicable]	End of 2015/16 %	End of 2016/17 %	End of 2017/18 %	Plan Ref / Comment
<p>Citizens are supported in self-management for their health and well-being through accredited apps</p> 		Accredited apps	0	50	75	
<p>Hospitals can electronically communicate patient medication information on patient discharge to community pharmacies.</p> 	Digital Medicines	Acute and Mental Health Acute electronically send medication information on discharge to community pharmacies for all patients with a nominated pharmacy in near real time	0	50	100	
<p>Community Pharmacies can electronically communicate care record information to GPs in Primary Care for advanced and enhanced services.</p> 		Community Pharmacy systems send care record information for advanced and enhanced services to GPs electronically and in real-time.	0	50	100	
<p>GPs can electronically place orders for all diagnostic tests and receive the results in real-time.</p> 	Paper Free at Point of Care - Orders and Results Management	<p>Paperless requests from GPs in Primary Care for</p> <ul style="list-style-type: none"> a. Cardiac Investigations b. Endoscopic Procedures c. Nuclear Medicine d. Radiology e. Pathology f. Respiratory Tests <p>Real-time results transferred electronically for the above tests to GPs in Primary Care</p>	30	50	75	100 by 2020?
<p>All care professionals are alerted to adult safeguarding concerns and notify social care accordingly.</p> 	Integrated Care - Safeguarding	Electronic messaging across all care provider settings to send and receive adult safeguarding information in real-time.	0	0	100	

Universal capabilities

Capability	Capability group	Aims (in terms of take-up and optimisation) [and specific 16/17 targets where applicable]	End of 2015/16 %	End of 2016/17 %	End of 2017/18 %	Plan Ref / Comment
<p>All care professionals working in the community are able to view and update care record information at the point of care, including working collaboratively with patients' / service users on care plans.</p> <p></p>	Integrated Care - Mobile working	Care professionals using mobile devices in each care setting including social care	10 (Check MH)	50	75	100 by 2020? Mobile working is not currently a priority for GPs, mostly from GP's current experience of having to preload patients prior to their visits. Further work is planned with EMIS and with the supporting CSU to improve functionality
<p>Care professionals are able to predict, anticipate and inform health needs across the local population so that adverse outcomes can be improved or prevented.</p> <p></p>	Data Outcomes for Research / Integrated Care - Population Health Management	Secure data source populated with agreed data sets for all care providers within the City and Hackney footprint, supported by a robust information governance framework	0	25	75	100 by 2020?
<p>Care professionals within Hackney can seamlessly access care record information regardless of geographical location.</p> <p></p>	Infrastructure - Hackney Devolution Pilot	Integrated network infrastructure with Wi-Fi for all Hackney care professionals	0	0	100	
<p>Voluntary organisations commissioned to provide MH services are able to seamlessly access and update MH care record information.</p> <p></p>	Mental Health Care Record	Third sector organisations commissioned to provide MH services have N3 connections and are compliant with the IG Toolkit.				
<p>Service User engagement through self-help apps; patient captured PROMS/PREMS</p> <p></p>		<p>MH Self-Health apps for CBT and Mindfulness</p> <p>Patient Owned Data</p> <p>Tablet devices to support patients recording their own PROMS/PREMS</p>				
<p>Clinical dashboards to enable early identification of deteriorating patients</p> <p></p>		Clinical dashboards to enable early identification of deteriorating patients				