Vision - Digital Technology vill

- Support initiatives to provide notable improvement in health and wellbeing outcomes for the people City \& Hackney and contribute to the development of sustainable heath and social care services, built around the needs of local people


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- Provide the information needed to enable organisations to work in partnership to commission contract and deliver services efficiently and safelly


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Buid on the existing approach of sharing patient information from the primary system in which it is stored, using the HIE system based at Homerton and direct system to system sharing (e.g. EMIS GP with EMIS Comm.)

- Enable patients to get appropriate access to their record to improve their engagement in their own heath \& wellbeing
- Use advanced analytics to provide insight to prompt changes (in both real time and aggregate form where needed) to treatment or care pathways
Ensure that the infrastructure across the footprint is up to the job of supporting reliable fast access to systems

Investment $£ 000$ 's /
Timeframe
2016/17 local
2017/18 HLP

| Citizen Access - From a single and consistent user interiace, citizens will be able to: | Approach and goals | Investment £000's / Timeframe |
| :---: | :---: | :---: |
| Register their care and information sharing preferences | Initially via local Information Sharing Agreement and registering preferences with each organisation. Moving to HLP Citizen Access when available. | 2016/17 local 2017/18 HLP |
| Access health and care records including test results | Access to own record, including secondary and social care, initially provided via link from HIE, then HLP Citizen Portal | $\begin{aligned} & \text { Q4 } 16 / 17 \text { local } \\ & \text { H2 17/18 HLP } \end{aligned}$ |
| Continue to order repeat prescriptions | Promote the use of Patients Online |  |
| Book appointments across the healthcare setting, according to choice | Maximise use of e-referrals service, expanding the use of Directory of Service in each provider. Cease the use of faxes from general practice. Initially promote use of booking via GP practice system. |  |
| Contribute to care plans | Use CMC to allow patients and their carers to contribute to care plans |  |
| Monitor and track own progress | Access to own record, including secondary and social care, initially provided via link from HIE, then HLP Citizen Portal |  |
| Receive alerts and reminders | Via physical \& mental health apps linked into GP held record and pulling through other information via HE |  |
| Supporting systems for care professionals | Approach and goals | Investment required |
| Real-time care record information sharing across local health and care professionals including medicines management for community pharmacies | Building on HIE to connect CHUHSE (portal Q1 16/17, full integration Q4 16/17), St. Joseph's (portal Q1 16/17, full integration Q4 16/17), Barts - Homerton (Q1 16/17), ELFT (Q1-2 16/17), St Joseph's reporting (Q1-2 16/17) | $£ 883$ |
| Shared care plans for care professionals jointly providing patient care | Portal to enable vieving of care plans by clinicians and social care workers at the point of contact with the patient / ciitizen. Via CMC implemented (2016/17) | £80 |
| Electronic referrals from GPs to hospitals | Maximise use of e-referrals service, expanding the use of Directory of Service in each provider. Cease the use of faxes from general practice. Initially promote use of booking via GP practice system (At least $80 \%$ Q2 17/18) |  |
| Mobile working: real-time access to care record information at the point of care in the community and patient homes | Further work required locally to determine best device and system to use (16/17) |  |
| Safeguarding: real-time communication of safeguarding concerns for children and adults | Implement CH-IS in LBH \& CoL | See below |
| Population Health Management to provide early identification of patient needs across City and Hackney | Working with the Endeavour Foundation to deliver whole system planning supported by reliable information. Patient interventions can be made based on real insight from whole patient record | CCG contributed $£ 75$ |
| Voluntary sector: support for the IT infrastructure for those commissioned to provide care | To be determined depending upon which systems are most appropriate to use |  |
| Top social care plans | Approach and goals | Investment required |
| Share health and social care records to improve citizen care | Integration with HIE via N3 link 16/17. Further HIE integration 17/18 | Included above |
| Share and receive information around at-risk children | Make use of national CH-IS solution. N3 links will enable NHS number lookups on NHS Spine 16/17 | £625 |
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| HLP Digital Programme | Approach and goals | Investment required |
| Empowered and activated citizens | Citizens can have single log-in and trusted identity, registering their care and information sharing preferences once and accessing and using an extended range of digital services via a trusted community of connected apps | Top-slice funding. First products Q4 16/17 |
| Connected care | An ability to connect organisations to each other and to the patient within a trusted environment for data sharing, including for | Q4 16/17-20/21 |
| Citizen's journey | To be supporting information exchange between care professionals and citizens at each step in the citizen journey through care and in so doing make their journey more integrated, accessible, proactive, faster and personalised | By 2020 |
| Significant system-wide risks | Benefits |  |
| Information sharing agreement | ISA being agreed across C\&H with a view to wider expansion to WEL and then joining with HLP process. A much fuller record view will be be able to provide third party information e.q. a GP able to see information from Homerton \& ELFT | e possible as HIE will |
| Digital adoption | As systems come on stream, the business change requirements need to be met to ensure that stafi make full use of the new functionality This is also true for the adoption of technology by citizens, which will need to be achieved through communication channels | available to them. |
| Finance | Significant investment is required to support channel shift to that has not yet been agreed |  |

