



HEALTH OVERVIEW AND SCRUTINY COMMITTEE: 23 JANUARY 2017

REPORT OF LLR BETTER CARE TOGETHER INFORMATION MANAGEMENT & TECHNOLOGY

SUMMARY CARE RECORD AND CARE PLANNING

Purpose of report

1. The purpose of this report is to update the Health Overview and Scrutiny Committee on the Summary Care Record and Care Planning.

Link to the local Health and Care System

2. This initiative supports the joint health and wellbeing strategy by encouraging the use of patient record sharing to improve the quality of service that patients receive. It is currently not covered by the Better Care Fund. It is a core part of the Information Management & Technology (IM&T) Better Care Together Workstream and it links in with other clinical workstreams such as End of Life. It supports the Sustainability and Transformation Plan by being an integral part of the Local Digital Roadmap. The project will be delivered through the governance of Leicester City CCG and will be linked to the LLR Record Sharing Board.

Policy Framework and Previous Decisions

3. The improvements in digital technology are supported by the Five Year Forward View, Personalised Health and Care 2020.

The Five Year Forward View makes a commitment that, by 2020, there would be “fully interoperable electronic health records so that patient’s records are paperless”. This was supported by a Government commitment in Personalised Health and Care 2020 that “all patient and care records will be digital, interoperable and real-time by 2020”.

Background

4. Each local area in England was instructed by NHS England to develop a Local Digital Roadmap (LDR) to deliver the Five Year Forward View of ensuring paperless at point of care by 2020 within healthcare settings. The LDR is designed to align with the Sustainability and Transformation Plans (STP). Therefore, within LLR the LDR will support the digital transformation change for the Better Care Together (BCT) Clinical Workstreams. The LDR comprises of a 5 year capabilities plan to ensure digital technology projects are planned in to help deliver the strategy. A key component of the LDR is record sharing and the requirement to have digital care plans for patients who require them.

A number of options were considered with regards to Care Plans led by the BCT End of Life workstream in conjunction with the LLR IM&T Board. It was agreed to move forward with enhancing national technology that is available to all health providers. This has led to the further development of the Summary Care Record (SCR) in the form of Version 2.1. Summary Care Records are currently being used by 98% of GP practices in the country and 100% of GP practices within LLR. All NHS providers have the capability of viewing the SCR. All NHS patients are automatically enrolled within the SCR unless they opt out. Patients are asked for consent prior to access of the SCR data.

Proposals/Options

5. The proposal is to enable SCR Version 2.1 with additional code-sets to the core SCR to all GP practices within LLR. It is envisaged that this work will be completed by March 2017 through funding received by the Estates Transformation and Technology Fund. Further work will need to take place to encourage providers to access the SCR as part of the health care professional workflow.

SCR is a national system and is available for free. However, there is a cost to implement the solution. Although it has limitations it is found to be the most appropriate and cost effective solution currently available. Other solutions such as wider use of the TPP SystemOne and the Medical Interoperability Gateway (MIG) can help to plug some of the technology gaps that SCR currently has. Organisations with access to TPP SystemOne can have access to the full patient record if the patient originates from a GP practice that has TPP SystemOne. However, if patients are not from a TPP SystemOne practice the MIG can be used to share parts of the GP record.

Consultation/Patient and Public Involvement

6. A patient representative as part of the BCT programme has been part of the discussions to implement SCR as an initial care planning solution. Further communication will be required from GP practices with patients that have Care Plans to ask them for consent to share SCR Version 2.1 data with additional information to core data of the SCR Version 1.

Resource Implications

7. Funding for phase 1 of the project (implementation of SCR V2.1 at GP practices) is funded through the Estates Transformation and Technology Fund. Leicester City CCG will be the lead commissioner on behalf of the three CCG's in LLR.

Circulation under the Local Issues Alert Procedure

None

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Appendix

Presentation slides on Summary Care Records use in Care Planning for patients in LLR

Relevant Impact Assessments

Equality and Human Rights Implications

8. Due regard to equality, diversity, community cohesion and human rights in our decision-making process has taken place by NHS Digital on behalf of the NHS regarding the Summary Care Record.

Crime and Disorder Implications

9. *None*

Environmental Implications

10. The Summary Care Record should reduce the amount of paper being used.

Partnership Working and associated issues

11. LLR organisations have worked in partnership for this solution through the LLR IM&T Enablement Group.

Risk Assessment

12. This will form part of the project implementation and covered within the governance of Leicester City CCG.

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