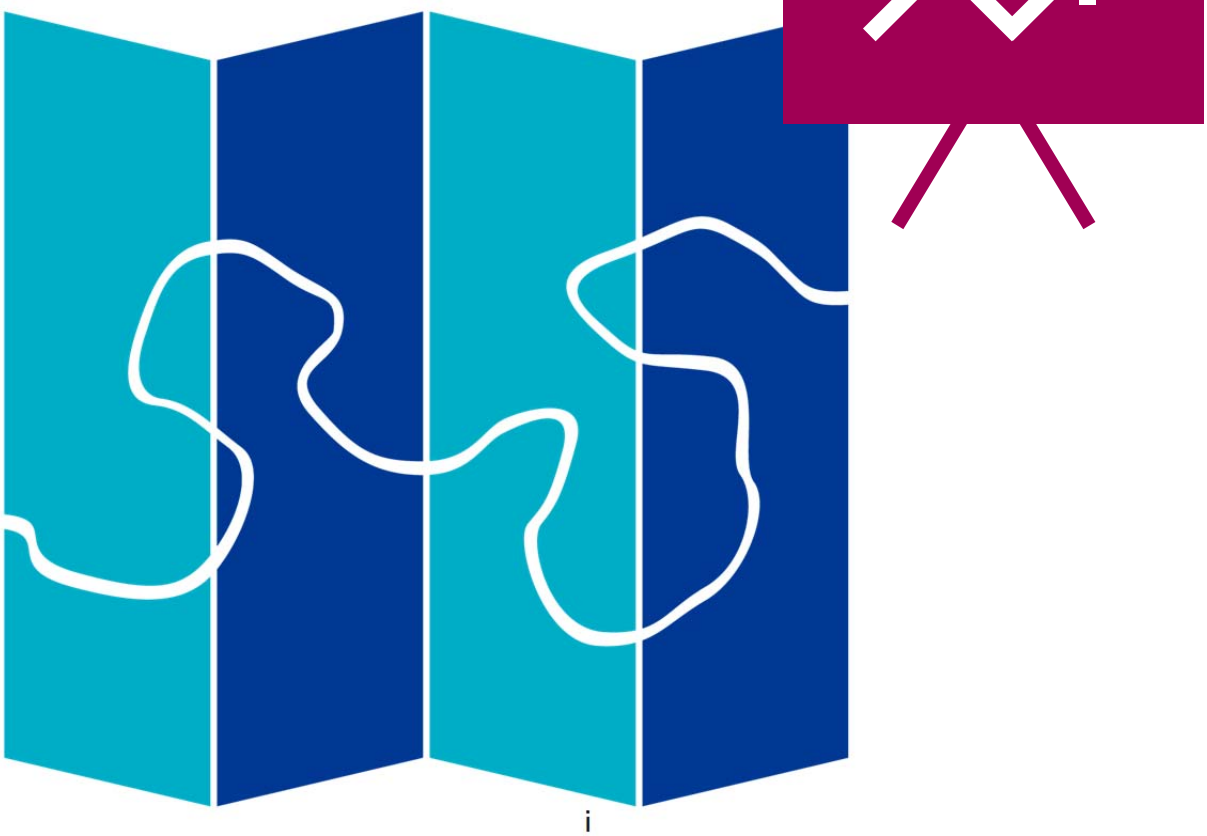
Our Digital Roadmap

Bristol, North Somerset and South Gloucestershire (BNSSG)

FIRST EDITION UPDATE -
OCTOBER UPDATE REPORT



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1 Executive Summary

This is the Bristol, North Somerset and South Gloucestershire Local Digital Roadmap – *October Update Report*.

A significant change in the way we plan, organise and provide services is required if we are to continue to meet the health needs of our local population. We understand that technology has a key part to play in helping our region meet its financial challenges – as well as improving efficiency, enabling better care and quality, and closing the wellbeing gap.

We do not believe that our digital roadmap programme is simply about supporting 'the same stuff' being done more quickly, nor is it about purely automating antiquated paper processes and pathways. Rather it about changing how we work fundamentally, *doing things differently, and working together differently.*

> *Better use of data and technology has the power to improve health, transforming the quality and reducing the cost of health and care services. It can give patients and citizens more control over their health and wellbeing, empower carers, reduce the administrative burden for care professionals, and support the development of new medicines and treatments".*
>
> Personalised Health & Care 2020 – Using Data & technology to Transform Outcomes for Patients and Citizens – A Framework for Action

This report will –

- Provide a summary re-cap of our **STP alignment**
- Describe our **priority areas** - those that are critical for our progress – with a focus on work on-going on our leadership, governance, and the 'delivery vehicle'
- Provide **responses to the feedback** that we received to our First Edition (published in June)

We recognise that what we want to do and deliver is not going to be easy or straight-forward – but we have a common purpose to serve the one million people in Bristol, North Somerset and South Gloucestershire by meeting their needs for health care and social care.

Our common vision is that, by developing our digital programme, we will make a lasting contribution to the health, well-being and opportunity of our population. Our vision is matched by a commitment: to keep working together until we have made it a reality.

2 Document Purpose

The purpose of this document is to provide an update to NHS England on the Bristol, North Somerset and South Gloucestershire (BNSSG) *Local Digital Roadmap* (LDR).

This document contains –

- Background to the Local Digital Roadmap
- Summary of the NHS England Requirements and this October submission
- A summary re-cap of our STP alignment
- Areas that are critical for our progress – with a focus on work on-going on leadership, governance, and the 'delivery vehicle'
- A response to the feedback that we received to our June submission[1]

3 Background

The First Edition of our Local Digital Roadmap was submitted at the end of June, 2016.

That edition had previously been endorsed on 21 June 2016 by our *Connecting Care Programme Board* and again as part of the local Sustainability and Transformation Plan on 27 June 2016 by our *System Leadership Group*[2].

Our First Edition document still stands, as is, at this point in time – and will be part of this re-submission.

NHS England (NHSE) has recently requested a second iteration of our LDR plans, the purpose of which was to gain assurance that –

> *"All LDRs have initial momentum…[and] are activities defined for 16/17 considered reasonable for meeting the ambition locally defined for 16/17, in the context of the current baseline?*[3]*"*

[1] This is the feedback provided by the NHS England Local Team to the BNSSG LDR submitted in June 2016
[2] These groups both have members and delegated authority from all the partner organisations in our footprint.
[3] Email from Simon Hills, Head of Digital Technology (South), NHS England – 20/09/2016

3.1 NHS England Requirements

The core requirements of this October submission are listed below.

- It is to be submitted by Monday 31 October
- It should demonstrate clear alignment with STP priorities (if not already done)
- It must respond to feedback we received on our Local Digital Roadmap June 2016 submission
- It must demonstrate that we meet the 'core criteria' (formally known as investment readiness criteria)
- It must clearly articulate the system-wide interoperability and information sharing approach, and underlying business and technical capabilities that will deliver STP outcomes (if not already done)
- It should highlight priority activities critical to progress
- Ideally it should identify a further level of detail in the 16/17 activities (although this is *not mandatory* for the October submission)
- The documents requested by NHSE are listed below. In addition to these, our October submission will contain this report and a covering letter.

• Main *Local Digital Roadmap* Document	• *Core Criteria Checklist*
• Updated *Universal Capabilities Delivery Plan*	• *Checklist for Submission*
• *Information Sharing Approach*	• *Capability Deployment Schedule* and *Capability Trajectory* (re-submission of these documents is optional at this stage)

Table 1 - Required Submission to include

4 STP alignment

Our Bristol, North Somerset and South Gloucestershire's Sustainability and Transformation plans (STP) emerging thinking and vision is for a health and care system in which –

- Services are responsive to individual needs and relevant to local communities
- Appropriate care and support is available in the right place at the right time
- Parity is a golden thread running through the whole of health and social care provision for both mental and physical health needs
- There is a consistent approach to delivering care at scale

It recognises that a **significant change** in the way we plan, organise and provide services is required if we are to continue to meet the health needs of our local population[4]

There are **five key drivers** that will enable us to develop and implement a sustainable health and care system for our population. These are shown below.

Figure 1 - our 5 key drivers

[4] As our population ages the number of people requiring care for life changing diseases such as dementia and diabetes continues to rise, and our local combined financial position is projected to be £400 million in deficit within 5 years

Our original Local Digital Roadmap was commended for the fact that it had -

> **"Clear links with the STP which has ensured the vision, development and governance arrangements are well aligned"**

And

> "Shows delivery interdependencies between STP and LDR"

A more general point noted was that –

> "…subsequent iterations of STPs should set out those IT-critical projects which will facilitate service changes/wider transformation across the footprint".

Given this background, this report does not seek to materially change our June Local Digital Roadmap – but rather reaffirms the links between our STP and our LDR.

> *"The NHS will **simply not be able to provide high levels of service at an affordable cost without digitisation** and appropriate use of digital data at every level."*
>
> [The Wachter Review, Sept 2016]

- We see the BNSSG Digital Programme as one of the most significant drivers of cultural and operational service change in our system
- Our STP recognises that it can capitalise on the huge potential that digital transformation offers
- Our Local Digital Roadmap has and will feed inspiration, information and ideas to the other STP developments, whilst also providing the enabling technologies required to enable them to meet their objectives. This is a two-way symbiotic[5] flow – we are part of the same eco-system
- We share a leader – Robert Woolley, Chief Executive at University Hospitals Bristol NHS Foundation Trust, is both the Chair of the Connecting Care Programme Board, leading the development of this Local Digital Roadmap, and the nominated Sustainability and Transformation Plan Lead for BNSSG.

[5] Symbiosis - from Greek συμβίωσις "living together"

4.1 LDR and 'Centres of Global Digital Excellence' (GDE)

The objective of the CGDE programme is: "to create a digitally advanced health and care system that will eclipse the best in the rest of the world within 2 years."

Source: Letter to UH Bristol from Keith McNeill (National CCIO)

Since our June 2016 LDR submission, one of our acute trusts (University Hospitals Bristol NHS Foundation Trust - UHB) has been asked to apply for the status of a 'Centre of Global Digital Excellence Programme' (GDE). We recognise this as a once-in-a-lifetime opportunity to make a huge difference within the Trust and across BNSSG.

If we are successful, delivering GDE will be a joint effort between UHB, a small number of strategic suppliers and BNSSG LDR partners. At least half of the 'value' of GDE effort will be delivered across BNSSG through Connecting Care.

We see strong strategic alignment between our Local Digital Roadmap and the focus of the GDE.

Paperless 2020 –

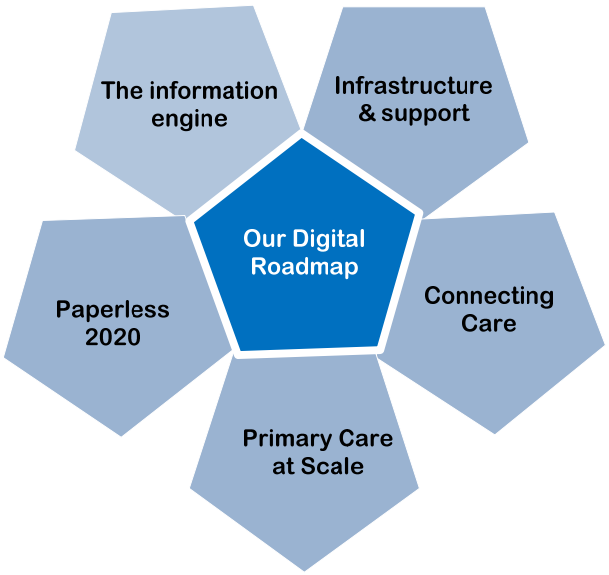
- Within UHB's hospitals GDE will ensure a focus on paper-light, then paper-free where possible
- Improved and faster communication and decision-making

Connecting Care –

- Integrated health and social care, building on the BNSSG-wide shared care record
- Clinical collaboration and work-flows across the care community
- Support for new cross care-community care pathways
- Eradication of paper and fax between carers and providers

The information engine –

- Population health management
- Activity and clinical reporting across the whole care community

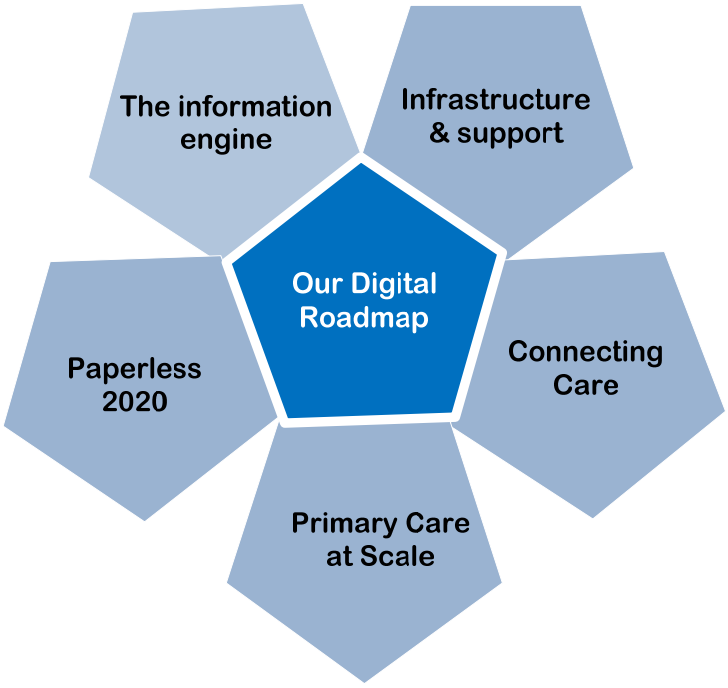


5 Our current focus

5.1 Leadership, governance, and the 'delivery vehicle'

The BNSSG LDR contains some elements of work that are already in train – and as such it is based on our strong track record of delivery. However, it also includes new ambitions. Our LDR consists of five major work programmes, as described in our LDR document and reiterated below –

- **Primary Care At Scale** – this programme focuses on maximising digital across GP practices and Out of Hours services. Supporting **primary and community care** reconfiguration, **new integrated team working** and maximising efficiency of practices through shared ways of using technology. This is also about how we can better support people and communities **out of hospital**



- **Paperless 2020** – Embedding and developing **fully digital records** within acute, community, mental health and social care settings. Enabling true electronic record keeping, and **sharing** of those records.

- **Connecting Care** – Developing and enhancing our existing **information sharing** from and to all parts of our system – on the back of more fully developed digital records. Improving **interoperability**. Enabling a 'shift' and putting **citizens** at the heart of their **'personal health records'**. Supporting the wellness of people and communities and out of hospital care

- **The Information Engine** – Fully utilising our electronic data and intelligence to power our planning and delivery engine. Devising new and innovative ways to use information – with a focus on integrated **population analytics** and **data driven decision** making.

- **Infrastructure & Support** - Ensuring we do all the above on a solid, efficient

infrastructure and delivery mechanism – how we organise our delivery, how can **consolidate and streamline**, how we can best run our digital services and how we work (**people, systems, locations & processes**).

5.1.1 Rationale

'Traditional system leadership' is often centred on building consensus about how risk is brokered around the health and social care community.

Digitally-enabled system leadership focuses on value – and is centred on how **opportunity** is brokered around the health and social care community. It creates **new kinds of value** through digital transformation and whilst offering the possibility of transformation and a more stable system overall, may be disruptive at the organisational level.

This is our challenge.

Working on the delivery of our LDR June submission fully brought to light the fact that much of the *collective and pan-organisational delivery*[6] we have done to date has been based on a 'voluntary partnership' and the effort of a small cohort of keen individuals.

The scope and scale of our ambitions within our LDR and beyond cannot be delivered and sustained using this model of a 'volunteer army'.

In addition, the STP/LDR offers the opportunity to move from traditional to digitally-enabled system leadership - but it has to do so in a context where organisational accountability remains the legal basis for activity. This poses a challenge which requires addressing.

As a consequence we have identified that the most critical area for us to progress at present is to firmly establish our on-going **leadership, governance and delivery vehicle.**

The successful delivery of our LDR and the exploitation of technology as an enabler of transformation rests on this.

5.1.2 Approach

We are currently in the midst of a focused intervention on the LDR to establish the appropriate leadership, governance and delivery 'vehicle' for the BNSSG LDR.

The outcome of this work will be –

- **Recommended leadership model**. Reflecting the clinical leadership from the *Wachter Review*[7] - but recognising the 'C' triangle (CEO, CCIO, CIO[8]) behind many successful

[6] In contrast with delivery that is focused within one organisation
[7] https://www.gov.uk/government/publications/using-information-technology-to-improve-the-nhs

digitisation journeys. It will also include health *and* social care representation and it will be fully aligned to the proposed BNSSG STP leadership model

- **Recommendations and a clear description of a future governance model** that carries the responsibility and authority. It will be fully aligned to the proposed BNSSG STP governance model
- Recommendations and a clear description of options for how the work can be delivered – i.e. the most appropriate '**delivery vehicle(s)'**
- A clear set of key **guiding principles** for **behaviours / code of conduct** which will be used for all collective / co-produced work

> *"Collaborative leadership involves creating shared vision, purpose, outcomes and values across organisations by building trust, sharing influence and finding solutions when starting from different viewpoints or priorities".*
>
> [The Kings Fund]

This work is being delivered via workshops, a set of stakeholder interviews, and supported by a small working group.

A final workshop will be used to review and ratify final proposals and build an approach to sharing risk and accountability that creates win-win opportunities and agrees how digital transformation will be *sustainably created* in BNSSG.

Final decisions will be made and signed off by the current *System Leadership Group.*

5.1.3 Scrutiny

We will employ independent input & scrutiny of this work –

- External independent advice will be provided by the *Corsham Institute*[9] who have agreed to review our approach and our findings
- NHS England and / or NHS Digital will be asked to provide some external quality assurance
- Oversight within BNSSG will be provided by the current *Connecting Care Partnership Board* and the current *System Leadership Group*

[8] Chief Exec Officer, Chief Clinical Information Officer and Chief Information Officer
[9] Corsham Institute (Ci) provides an agnostic 'white-space' for Government, the Voluntary sector, Academia and Industry to come together to recognise the opportunities and challenges of the digital society, both culturally and as an economy. http://corshaminstitute.org/

5.2 Other priority activities

5.2.1 Aligning current programmes / LDR start-up

Once the over-arching leadership, governance and delivery 'vehicle' for the BNSSG LDR is established, one of our next steps will be to

- **Align** programmes that are already in train within the LDR / STP governance
- **Set up** programmes that are as yet embryonic

Two examples are listed below -

- **Primary Care At Scale** - The BNSSG 'OneCare[10] programme is dedicated to creating an integrated and effective approach to the delivery of primary care, providing seamless seven-day a week care to patients. Much of this programme is already 'in train'. However we recognise that there is primary care development work that is also being carried out by other organisations. Thus we will seek to ensure that all elements of work are *fully aligned with STP and LDR*.

In terms of our other programme areas, Paperless 2020 requires *alignment*, Connecting Care requires *alignment,* and Infrastructure and Support requires *set up.*

- **The Information Engine** – we have a wealth of resource and experience collectively in informatics analysis and in reporting. However, much of our 'analysis functions' are very much located within each individual partner organisation. This means that we are unable to fully leverage 'at scale' opportunities. Moving towards population health and care analytics necessitates a different approach. This 'new approach' is not yet fully in train – therefore this programme of work requires '*set up' within the STP and LDR governance model.*

[10] http://onecareconsortium.co.uk/

5.2.2 Key technical elements

Whilst all of our programmes within the BNSSG LDR programmes are vital to our success, we recognise that there are a handful of key areas which have the potential to radically transform and allow us to re-imagine health and care services in line with STP priorities. These key areas are listed below.

Key element in our LDR	Summary
CONNECTING CARE **Citizen / Patient Access - PHR**	Our STP recognises the need to maximise **self-care** opportunity. Clinicians are actively exploring ways in which care pathways might be adapted to allow **self-care via digital solutions.** We are keen to exploit technology support this agenda through – • IoT[11] linked devices to monitor and alert • Development of **PHR**[12] capability – we are already working with leading exponents e.g. University Hospital Southampton • We have bid for funding the 'ETTF process'[13] to initiate projects in this space.
CONNECTING CARE **Develop our information sharing – digital shared care record**	We are committed to extending the reach of our award winning 'Connecting Care' **interoperability** programme into new domains – i.e. fully developing our information sharing in our **digital shared care record**. Discussions and planning is well advanced in many areas including – • Mental health • Supporting homeless services • Complex patient care • Police services e.g. MASH & custody suites • Safeguarding e.g. children at risk of sexual exploitation
INFORMATION ENGINE **Population health & care**	BNSSG is lucky to have some of the most advanced thinking in the area of health analytics and research. Our priority is to bring this talent together under single

[11] The Internet of Things, (IoT), is the internetworking of physical devices, (connected devices / smart devices) —embedded with electronics, software, sensors, actuators, and network connectivity that enable these objects to collect and exchange data.
[12] PHR – Personal Health / Held Records
[13] The Estates and Technology Transformation Fund

Key element in our LDR	Summary
analytics	'Information Engine' programme utilising the expertise in commissioners, provider, university and other agencies. The bringing together of financial, operational and clinical outcome data centred around the citizen provides an opportunity for deriving **whole system intelligence** to support **population health** management, effective commissioning, outcome based contracting, planning, clinical surveillance, service re-design and research. This, in turn, should enable more **effective prioritisation and targeting of resources**, increased opportunities for joint initiatives, common solutions and shared expertise. A core goal of the BNSSG STP is to improve the integration of services around the patient, and whole systems intelligence is critical to this. This can be supported by refocusing analysis of service use and resources around the patient, rather than on services. We recognise that we may find some challenges in this work. For example there may be a tension for a local authority between the 'internal / One Council' agenda where social services departments will be engaged at a Council level looking across *all* their council services versus the needs to do the same / similar work with health partners locally. There will be a challenge in bridging these two overlapping agendas. It is therefore important that we have effective engagement, communication and governance with corporate programmes, and in fact see this as an opportunity rather than a risk, as it may open up greater possibilities and opportunities for early identification and intervention.
PAPERLESS 2020 **Developing our Mobile workforce**	BNSSG have a major ambition to ensure **mobile working** is maximised for community providers and becomes part of 'routine working'. There are major efficiency drivers for seeking to ensure mobile working.
PAPERLESS 2020 & CONNECTING CARE **Global Digital Exemplar**	One of our acute trusts (University Hospitals Bristol NHS Foundation Trust - UHB) has been asked to apply for the status of a 'Centre of Global Digital Excellence Programme' (**GDE**). UHB are keen to ensure this investment secures benefits inside the trust, but also extends into the wider community via the Connecting Care programme. BNSSG firmly believe the Global Digital Exemplars of the future

Key element in our LDR	Summary
	will not be individual organisations but instead 'city regions' displaying fully integrated digital health & care systems.
INFRASTRUCTURE & SUPPORT	BNSSG are keen to develop our plans to maximise the **'at scale'** delivery opportunity for **digital infrastructure and support.** We recognise the opportunity to increase efficiency through the consolidation of support services[14] is a very real one. (E.g. Between us, we have several well-established data centres and differing ways in which our core systems are maintained. There may be more prudent use of our **collective resources** and this is an area which we recognise we should review as part of this Digital Roadmap – and that we should consider some 'radical re-imagining' of how these services are provided.) This is an area which could support our STP well in terms of aims to support a healthier financial balance.
PRIMARY CARE AT SCALE & CONNECTING CARE **Maximising the touch points between our two most mature programmes**	BNSSG are lucky to benefit from one of the most advanced thinking GP groups in the country. The **'One Care' Consortium** have demonstrated the power of 'at scale' thinking for primary care. We are keen to continue to exploit this thinking through the development of further information sharing projects. Opportunities exist in a number of areas including end of life, document sharing, context launching of shared care records, care planning and Out of Hours services.

Table 2 – key areas

Figure 2 – A wall in Bristol

[14] People, processes, physical buildings and services

6 Our June LDR feedback

6.1 General Feedback

All LDR reviews were led by the Regional 'P&I team' working with the local office, national specialist advisors, NHS Digital, and the LGA. Panels were chaired by Cathy Francis - Regional P&I Director in July 2016.

There are a number of key themes which have emerged from the reviews of *all LDRs*, *both regionally and across the country.*

- In general LDRs were strong on the 'why', good on the 'what', but weaker on the 'how'
- There will need to be more focus on outcomes and how business processes will be transformed through technology to meet the Five Year Forward View aims
- There was an understanding of the need for alignment with the STP, but the priorities of the STP were not always clearly evident. (It was not always clear what the key LDR deliverables were that will make a big difference to the STP)
- There was a general lack of articulation as to how the elements of the LDR would lead to improved outcomes and benefits and how these would be measured
- In many cases governance arrangements were still being developed
- Interoperability/information sharing - there was a huge variety in detail about plans and benefits

6.2 BNSSG Feedback

The overall assessment of BNSSG LDR is

> **"Very positive, strong vision and leadership, building on success, strong engagement across the footprint."**

In summary –

> **"BNSSG LDR is well-structured and presented, covering national NIB domains, universal capabilities and local thinking. A key strength is the approach to data sharing using an IDCR (Integrated Digital Care Record) where there is a good description of the journey involved, the key elements already delivered, and the maturing of the approach based on lessons learned."**

It was also noted that we had –

- Demonstrated real willingness to take this agenda forward, understanding the benefits it will bring
- It was clear there had been strong endorsement from Boards across footprint
- Our LDR sets out system-wide challenges and what can / should be done to resolve them
- Overall a very strong roadmap with good alignment to STP
- Good Engagement with key providers – including social care – who made significant contributions in the LDR development process
- Our LDR elements that focused on interoperability were particularly strong – and it was noted that there is potential for us to share our lessons learnt to date on interoperability with other regions
- Whilst risks arising from technology appear to be well managed at an organisational level across the footprint, the ambition to manage risk at a footprint level – e.g. to develop a BNSSG-wide risk strategy/compliance standards – was commended

6.2.1 Recommendations

It was recommended that our next 'LDR iteration' should –

1) Include more links with the voluntary sector and prisoners and the justice system
2) Establish engagement with Health and Wellbeing Board
3) Include plans around patient and public feedback
4) On delivery – identify which individuals are going to drive this forward and ensure there is capacity to deliver – provide clear evidence that there is the capacity to lead and deliver
5) Explore the detail behind new ways of working with Mental Health
6) Was there anything specific on Western Area Health Trust support and the question was posed as to how this would be incorporated into plans
7) On Interoperability (which was particularly commended) two points of note were –
    - Our interest in enabling real-time access to data via greater use of open APIs – could be built on to articulate the architecture that is needed across care settings, and to clarify those capabilities that will need to be delivered at the locality level by a group of CCGs and those delivered by providers
    - Explore data flows between Summary Care Record (SCR) and Connecting Care
8) Explore how we support increased adoption of NHS number

9) Set out those IT-critical projects which will facilitate service changes/wider transformation across the footprint and firm up detail around delivery (the 'how' and 'when')

10) Identify our technical / digital priorities in advance of any funding announcements. (There are restricted funds that will likely be allocated to enable prioritised activity with a clear business case.)

11) Include more on about benefits / cost benefit analysis

6.3 Responses

Feedback	Response / Clarification
1) Links with the voluntary sector and prisoners and the justice system	**Commenced** Our Local Authorities are already doing a great deal, working with the voluntary sector. We recognise the need to improve the breadth and depth of engagement in this space within the context of our LDR. Notable progress has been made within Prison and Justice system with further developing conversations and plans with both prison health service and police. Opportunities (e.g. Connecting care for Police Custody Suites and Multi-agency Safe-guarding Hubs) have been identified and the work to develop plans is underway. Some progress has been made in the 3rd sector with specific agencies e.g. Connecting Care and the St Peter's Hospice, but further work to do to strengthen the links overall is recognised.
2) Establish engagement with Health and Wellbeing Board	**Complete / On-going** Actions undertaken to brief the STP leadership and the Better Care governance executive on the Local Digital Roadmap and its contribution to future Health and Wellbeing in BNSSG have been completed and are now part of an ongoing process. Our Sustainability and Transformation Plans (STPs) have been submitted / presented to our Local Health & Wellbeing Boards. (To date, this has been carried out in Bristol and South Gloucestershire - and will be followed on in North Somerset). Our STP clearly references our digital plans as critical "driver and enabler of cultural change" - however to date, our Local Digital Roadmap has not been submitted as a 'standalone' document to any of our local Health & Wellbeing Boards.

Feedback	Response / Clarification
3) Plans around patient and public feedback	**Commenced** There have been on-going regular meetings with *Healthwatch* as part of the Connecting Care programme since the programme's inception. Discussions with *Healthwatch* on how best to progress wider public and patient engagement as part of the LDR delivery have been initiated and well received. The 'Leadership, Governance and Delivery' review offer a further opportunity to ensure these are cemented into the future. Some of our planned projects will necessitate public / patients driving the agenda – e.g. in the citizen access / patient health records area
4) On delivery – identify which individuals are going to drive this forward and ensure there is capacity to deliver – provide clear evidence that there is the capacity to lead and deliver	**Commenced** This feedback is recognised and acknowledged. It is for this reason that the main thrust of our efforts at present are to complete the focused work on our Leadership, Governance and Delivery Vehicles(s) – see section 5.1.
5) Explore the detail behind new ways of working with Mental Health	**Commenced** We have made significant progress on the mental health & digital health agenda. A number of meetings across a vast range of service providers have led to tangible steps forward. These are evidenced by the creation of a new film describing the way in which digital programmes can and need to contribute to the care of mental ill homeless people. It is also evidenced by the invitation to digital leaders to engage with the BNSSG Mental Health 'Concordat group', the routine engagement of mental health CCIOs in digital programmes and the current Connecting Care governance, in the creation of this LDR and the financial investment secured from mental health organisations to support in-flight digital work.
6) Western Area Health Trust support (WAHT)	**Commenced** The support to WAHT has seen significant progress as levels of engagement rise.

Feedback	Response / Clarification
	This can be evidenced by WHAT's close engagement with the UHBT GDE programme, the Connecting Care presentations to WAHT CEO/Chair, the collective support to WAHT around their digital financing challenge and the support to WAHT to become the second organisation in BNSSG to join our XDS/ITK based document exchange.
7) On Interoperability - real-time access to data via greater use of open APIs And - data flows between Summary Care Record (SCR) and Connecting Care	**Commenced** BNSSG see themselves in the vanguard of the work on Open APIs. Our Connecting Care Programme is part of the national *Code4Health interoperability* 'network of networks' Board We are working alongside Endeavour, INTEROpen & NHS England/NHS Digital colleagues to derive this agenda nationally. We are seeking to exploit this agenda locally e.g. through the early adoption of technologies like GP Connect.
8) Set out those IT-critical projects which will facilitate service changes/wider transformation across the footprint and firm up detail around delivery (the 'how' and 'when')	**Commenced** Wherever possible we have outlined the delivery plan for the key projects within our 5 major programmes within our main Digital Roadmap. See section 5.2.2 of this document for a summary on the areas that we believe are particularly critical for success in supporting our STP. We expect further clarity in these areas to emerge during the next few months e.g. The Global Exemplar delivery plan is expected to be fully defined by Dec 2017. Our focus in the immediate term however remains ensuring we have the robust Leadership and Governance framework in place to deliver the LDR in the long term
9) Identify our technical / digital priorities in advance of any funding announcements	**Commenced** We have a number of technical priorities and have outlined these in section 5.2.2 of this document. Our number one priority remains interoperability, with a very clear focus on supporting the development of Personal Health Records
10) Include more on about benefits / cost benefit analysis	**Complete / On-going** Section 7.2 and 7.3 of our main Local Digital Roadmap contains full details of our benefits approach. We have published a full and detailed Benefits Report as part

Feedback	Response / Clarification
	of the initiation of the Connecting Care programme. We have followed that with some case-studies and focused 'deep dives' into particular areas (ranging from local authority teams to Acute trusts). Work to establish our 'benefits approach' has been completed and are now part of an ongoing process. We have recently done some work with NHS Digital on some benefit studies locally linked to our Connecting Care programme. We have also recently kicked off some work to carry out 'rollout' and a 'benefits evaluation' with the ambulance service and with 111. We recognise that there is still work to do to embed benefits realisation within local partner organisations. *We have also noted the recent 'Wachter Report' on this importance of patience with benefits! "While it is natural to seek a short-term financial return on investment (ROI) from health IT, experience has shown that the short-term ROI is more likely to come in the form of improvements in safety and quality than in raw financial terms. In fact, cost savings may take 10 years or more to emerge (the so-called 'productivity paradox' of IT), since the keys to these gains are improvements in the technology, reconfiguration of the workforce, local adaptation to digital technologies, and a reimagining of the work."*

Table 3 - Feedback Responses - Summary

6.4 Universal Capabilities

As part of the June 2016, all LDR footprints were required to submit their ambitions / plans for a series of 'Universal Capabilities'.

The 'Universal Capabilities' are listed below – alongside a note as to whether the level of detail or information within our submission fully met expectations.

There is an updated 'annexe' on which has more details for the 'Universal Capabilities' that did not fully meet expectations. (Other 'Universal Capabilities' remain unchanged – at this point in time). *See this 'annexe' for more details.*

To note is that where one of our 'Universal Capabilities' has been marked as being 'below expectation' this may be a result of the interpretation of our LDR content – rather than necessarily an accurate assessment of the work we have in train. We would therefore welcome an opportunity to discuss any of these areas with NHS England.

Universal Capabilities	Met expectation?
A - Professionals across care settings can access GP-held information on GP-prescribed medications, patient allergies and adverse reactions	YES
B - 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)	YES
C & J - Patients can access their GP record and Patients can book appointments and order repeat prescriptions from their GP practice	YES
D - GPs can refer electronically to secondary care	NO
E - GPs receive timely electronic discharge summaries from secondary care	YES
F - Social care receive timely electronic Assessment, Discharge and Withdrawal Notices from acute care	NO
G - Clinicians in unscheduled care settings can access child protection information with social care professionals notified accordingly	NO
H - Professionals across care settings made aware of end-of-life preference information	YES
I - GPs and community pharmacists can utilise electronic prescriptions	NO

Table 4 - 'Universal Capabilities'

7 Our information sharing approach

Information sharing is at the heart of our Local Digital Roadmap – and features strongly in three of the five elements of our LDR –

- Connecting Care
- Primary Care at Scale
- Paperless 2020

As well as being founded on an ethos of information sharing as a critical part of our LDR, we have also established concrete 'Information Sharing Agreements', which we review regularly (in line with NHS England Information Sharing Policy).

Our Information Sharing Approach is described in section 9.3 of our main Local Digital Roadmap (Edition 1) - this section makes explicit reference to information sharing agreements that are already in place across Bristol, North Somerset and South Gloucestershire.

We are intending to further develop our information sharing across our health and care community to support work on patient / citizen access (PHR) and our shared digital care record - and as such we consider that this work will be an on-going part of our LDR.

7.1 Latest updates

- As part of work on the Connecting Care programme, we invited the Information Commissioner (ICO) in to review our approach in July 2016. As a result of the visit, we received commendations on our Data Sharing Agreement and its appendices (which specified the legal gateways, security profile mapping and access control matrix).
- Our focus on information sharing to provide safe, quality care is exemplified in this link to our latest film https://www.youtube.com/watch?v=IDJpdIRA0zM&feature=youtu.be The film describes how and where our ambitions for information sharing can support our Homeless Health and Care services.

7.2 Interoperability

We have noted the recommendations in the recent '*Wachter Review Report*' [15]

> "Interoperability should be built in from the start. Local and regional efforts to promote interoperability and data sharing, which are beginning to bear fruit, should be built upon. National standards for interoperability should be developed and enforced, with an expectation of widespread interoperability of core data elements by 2020. In addition, the Advisory Group endorses giving patients full access to their electronic data, including clinician notes."

Our established Interoperability Programme (Connecting Care) within BNSSG is a mature, well established one and is a key part of our Local Digital Roadmap.

The emerging context of Sustainability and Transformation Plans (STPs) is one where they have been asked to outline their system-wide information sharing approaches – this is recognised by NHS England as forming a 'strong' hook in driving local and regional interoperability[16]. The NHS England diagram below illustrates this well.

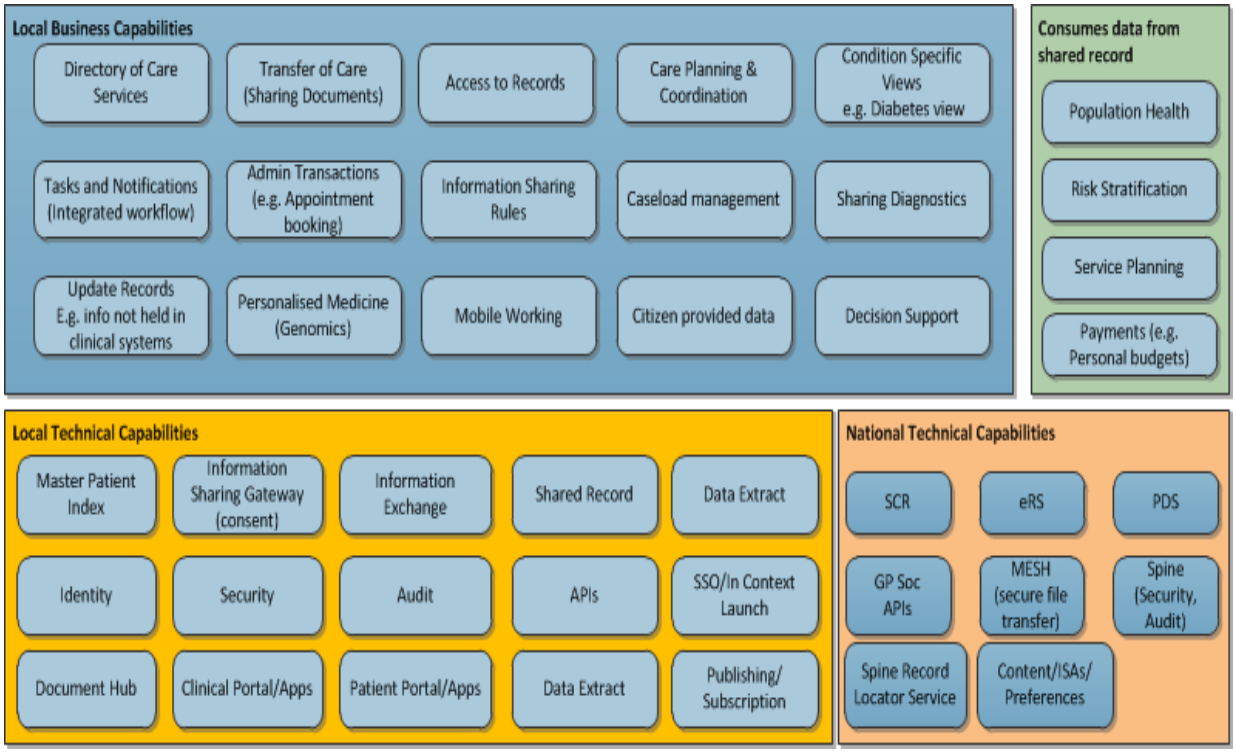


Figure 3 - NHSE 'Reference Architecture' to support integrated records

The Information Sharing Annexe which was part of our main Local Digital roadmap Report (Edition 1) remains valid (and has not been amended for this October update.)

[15] https://www.gov.uk/government/publications/using-information-technology-to-improve-the-nhs/making-it-work-harnessing-the-power-of-health-information-technology-to-improve-care-in-england

[16] It is clear that the direction of travel is one where local and regional interoperability is encouraged and local drivers are triangulated with standards and priorities that will be delivered / driven nationally

8 End summary

This report has –

- Provided a summary re-cap of our **STP alignment**
- Described our **priority areas** - those that are critical for our progress – with a focus on work on-going on our leadership, governance, and the 'delivery vehicle'
- Provided **responses to the feedback** that we received to our First Edition (published in June)

This report complete with a series of annexes which include –

- A covering letter
- Our Main Local Digital Roadmap Document (June Edition)
- The Core Criteria Checklist (new)
- An updated Universal Capabilities Delivery Plan (new)
- A checklist for submission (no updates required)
- Details on our Information Sharing Approach
- Note that our Capability Deployment Schedule and Capability Trajectory have not been re-submitted [17]

> *"To those who wonder whether the NHS can afford an ambitious effort to digitise in today's environment of austerity and a myriad of ongoing challenges, we believe the answer is clear:* ***the one thing that NHS cannot afford to do is to remain a largely non-digital system****.*
>
> *It is time to get on with IT."*
>
> [The Wachter Review, Sept 2016]

We recognise that we are ambitious and have much to do – but we welcome the challenge!

We welcome the opportunity to further discuss this report and any of our plans and feedback with NHS England.

> *"Tomorrow belongs to those who can hear it coming"*
>
> David Bowie

[17] Optional at this stage

9 About this document

9.1 Document details

Issued to NHSE on 31/10/2016

This document does not replace the First Edition (published at the end of June 2016). It provides an update on that document in relation to feedback from NHSE. **Please refer to the main document for all the complete details.**

9.2 Our digital footprint partners

The partners in our footprint are:

NHS Commissioners	Bristol CCG (Lead CCG) North Somerset CCG South Gloucestershire CCG NHS England
Local Authorities	Bristol City Council South Gloucestershire Council North Somerset Council
Providers	101 GP Practices (via three CCGs – now represented by 'One Care Consortium') North Bristol NHS Trust University Hospital Bristol NHS Foundation Trust Weston Area Health NHS Trust Bristol Community Partnership North Somerset Community Partnership Sirona Care and Health (South Gloucestershire) Avon & Wiltshire Mental Health Partnership NHS Trust South Western Ambulance Service NHS Foundation Trust One Care Consortium
Other organisations	West of England Academic Health Science Network NHS South, Central & West Commissioning Support Unit Bristol Health Partners

end