

**Clinical Commissioning Group**

**Governing Body**

**Paper Summary Sheet**

**For: PUBLIC session**  **PRIVATE session**

**Date of Meeting: 22 September 2015**

**For: Decision**  **Discussion**  **Noting**

<b>Agenda Item and title:</b>	<b>GOV/15/09/12</b> Options Appraisal for the Wiltshire Interoperability Solution
<b>Author:</b>	Andrew Fenton, Programme Director (South, Central and West CSU).
<b>Lead Director/GP from CCG:</b>	Simon Truelove, Director of Finance
<b>Executive summary:</b>	<p>This document provides an appraisal of options for how improved 'Interoperability' (ie information-sharing across clinical / care teams in health and social care in Wiltshire) can be best achieved, as part of the wider Single View programme to strengthen public services across the county through shared use of patient / client information by authorised staff.</p> <p>The document outlines the overall context, purpose and vision for improving information sharing across clinical / care settings, the benefits sought, and high level criteria to assess options against. Four options have been identified, and are described and then scored against the criteria.</p> <p>Taking the overall appraisal of options in this assessment, combined with the Affordability constraints within the Wiltshire health and social care economy, Option 3 (Exploit and build on the information sharing capabilities of existing systems) is recommended to go forward into the next stage of planning and implementation.</p>
<b>Evidence in support of arguments:</b>	The degree to which the recommended Option is able to deliver against the Strategic Fit, Functional, and Business / Commercial (including Affordability) Criteria for the Interoperability programme (section 6).

<b>Who has been involved/contributed:</b>	Stakeholder organisations in health and social care, GP clinical lead (see list of organisations in section 1).
<b>Cross Reference to Strategic Objectives:</b>	Improving information sharing is critical to the improvement of models of healthcare delivery and integrated care (see section 2), and supports a number of the Strategic objectives of the CCG and Better Care Plan.
<b>Engagement and Involvement:</b>	Plans for Patient and Public involvement relating to Information Sharing are being developed through the Communications sub-group of the Single View programme with the council. PPI in advance of this options appraisal was not required at this stage as the paper focuses on the technical options for achieving improved information sharing, but it will be important during the next stage of development and implementation.
<b>Communications Issues:</b>	Potential media interest, as this relates to information sharing and has implications for confidentiality and data protection. No reason not to be open to FOI.
<b>Financial Implications:</b>	Broad cost estimates are made for the different options, but this paper is not a formal case for investment, which will be developed once the preferred option is confirmed.
<b>Review arrangements:</b>	The IMT Steering Group of the CCG and the Programme Board of the Single View programme.
<b>Risk Management:</b>	Risk that appropriate stakeholder communication and engagement is not maintained, resulting in dilution of the benefits sought from the interoperability programme. Mitigated through the proposed governance approach and the Communication & PPI workstream.
<b>National Policy/ Legislation:</b>	NHS England policy arising from Personalised Healthcare 2020 relating to targets for paperless information sharing across health and social care settings by 2020.
<b>Public Health Implications:</b>	None directly, but the proposed solutions could support improved primary and secondary prevention of health conditions.
<b>Equality &amp; Diversity:</b>	See EIA attached.
<b>Other External Assessment:</b>	Potential for outcome of this programme to have scrutiny from the Information Commissioners Office.
<b>What specific action re. the paper do you wish the Governing Body to take at the meeting?</b>	Review and reach a decision on the recommendations of the paper.



## Options Appraisal for the Wiltshire Interoperability Solution

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### Executive Summary

This document provides an appraisal of options for how improved ‘Interoperability’ (ie information-sharing across clinical / care teams in health and social care in Wiltshire) can be best achieved, as part of the wider Single View programme to strengthen public services across the county through shared use of patient / client information by authorised staff.

The document outlines the overall context, purpose and vision for improving information sharing across clinical / care settings, the benefits sought, and high level criteria to assess options against. Four options have been identified, and are described and then scored against the criteria. Recommendations are made to support decision making on taking the programme forward.

## Wiltshire Interoperability Solution – Options Appraisal, September 2015

The recommendations are for consideration and decision by Wiltshire CCG (Governing Body) and the Single View Programme Board, and for support by the relevant fora of each stakeholder organisation (eg provider IMT Steering Group) during September / October.

The four options identified and assessed are:

Option 1 - Procurement & Deployment of a Portal Solution

Option 2 - Join an existing Information Sharing programme in the region

Option 3 - Exploit and build on the information sharing capabilities of existing systems

Option 4 - Develop direct bi-lateral information exchange between information systems

Taking the overall appraisal of options in this assessment, combined with the Affordability constraints within the Wiltshire health and social care economy, **Option 3 (Exploit and build on the information sharing capabilities of existing systems) is recommended to go forward into the next stage of planning and implementation.**

## **1. Introduction**

This document provides an appraisal of options for how improved information-sharing across clinical / care teams in health and social care in Wiltshire can be best achieved, as part of the wider **Single View** programme to strengthen public services across the county through shared use of patient / client information by authorised staff.

The options appraisal work commenced in May, and has been led by South, Central and West CSU on behalf of Wiltshire CCG and the wider health and social care community.

The document outlines the overall context, purpose and vision for improving information sharing across clinical care settings, the benefits sought, and high level criteria to assess options against. Four options have been identified, and are described and then scored against the criteria. Recommendations are made to support decision making on taking the programme forward.

**The recommendations are for consideration and decision by Wiltshire CCG (Governing Body) and the Single View Programme Board, and for support by the relevant fora of each stakeholder organisation (eg provider IMT Steering Group) during September / October.**

This Options Appraisal is based on a process of discussion and engagement across stakeholder organisations in recent months, including:

- Wiltshire County Council
- Great Western Hospital NHS Foundation Trust
- Royal United Hospital Bath NHS FT
- Salisbury NHS FT.
- Avon and Wiltshire Mental Health Partnership FT
- Medvivo (Out of Hours)
- South Western Ambulance Service NHS FT
- Bath & NE Somerset CCG
- Swindon CCG
- West of England Academic Health Sciences Network

A well-attended workshop was held on 2<sup>nd</sup> July with involvement of most of the partner organisations, helping to shape and develop the focus of the Options Appraisal and test out the draft Criteria and Options identified for consideration.

## **2. Vision and purpose of the programme / Benefits sought**

### **2.1 Strategic plans / Better Care Plan**

Improved information sharing across care professionals is a vital enabler to make improvements to health and social care in Wiltshire. The Better Care Plan (Wiltshire County Council and Wiltshire CCG) and the 5-year strategy of the CCG identifies a number of commitments and aims that can only be fully realised if the right information is available to authorised professionals at the right time, and if patients can access information about their own care. The following commitments outlined in the Better Care Plan are all examples of where improved information sharing by professionals caring for individuals is a crucial dependency:



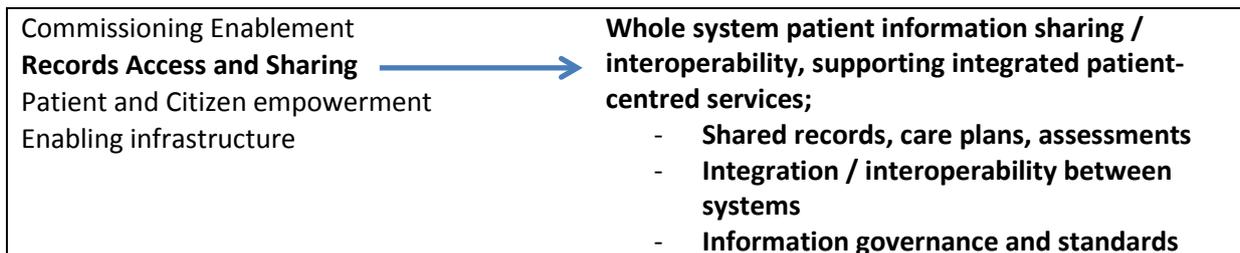
## 2.2 CCG IMT Strategy

To pursue the goals of using technology to improve care, the CCG adopted a Strategy for Information Management and Technology in 2014, focused on goals that are common to health and social care partners serving Wiltshire -

*‘Better exploitation of information management and technology – both within the CCG and across the whole of health and social care - is critical to achieve ‘the right care for you, with you, near you’. Patients will benefit from healthier outcomes, receiving co-ordinated person-centred services (‘tell your story once’) that are closer to home (wherever appropriate), which are of high quality, are cost-effective and sustainable. This will be achieved by:*

- *Ensuring access to the right information, in the right place at the right time;*
- *Using technology to support best clinical practice, moving to paperless working, thus facilitating service efficiency, effectiveness, and safety;*
- *Enabling care to be brought to the individual, rather than individuals travelling too far to receive care;*
- *Empowering patients and the public to take greater responsibility for their own health and healthcare;*
- *Enhancing commissioning decision-making’*

This vision is supported by a programme with four components:



## 2.3 Target benefits of improved information sharing

The range of benefits that are sought and enabled by improving information-sharing across care teams include:

- Greater integrated working within community care teams, and between acute, community, urgent care and social care, to improve the appropriateness and timeliness of interventions and to improve patient safety
- Facilitation of combined assessment processes following the ability to view previous assessments carried out by different care professionals.
- Reduced conveyances by the ambulance service
- Reduced A&E activity and fewer unplanned admissions
- Improved discharges and reduced excess bed days
- Reductions in inappropriate referrals to outpatients and for repeat and otherwise unnecessary diagnostics tests
- Time saving by clinicians and social care professionals
- Improved medicine utilisation through better reconciliation

*For patients*

- Safer care for individuals across care settings
- More appropriate, timely care
- Improved health outcomes
- Observe patients' needs regarding End of Life(EOL) and Care Plans
- Co-ordinated delivery of care across services and providers
- Reduction in adverse events
- Improved patient experience
- Avoid unnecessary laboratory tests
- A reduction in episodic care
- Reduction in time unnecessarily spent with clinicians and care professionals.

*For clinicians and care professionals*

- Greater collaboration enabling the delivery of more efficient, effective care
- Access to a greater range of patient information at point of care
- Reduction in time spent looking for information freeing up additional time
- More efficient medicines reconciliation
- Improved data quality of records as increased checking

*For commissioners*

- Greater opportunities to create and monitor care pathways
- Reduced costs associated with avoided acute (re)admissions and diagnostic tests
- Greater workforce efficiency- less time spent looking for information
- Enabling delivery of overall strategy as increase to care provided closer to home or in the most appropriate setting leading to reduction in unnecessary admissions to hospital and meeting patients' wishes regarding end of life.

### **3. Context – Single View programme / regional / national**

#### **3.1.Wiltshire Single View programme**

This programme of work is part of the wider Single View initiative with Wiltshire County Council and other public sector partners (including Police and Fire). This is an information-sharing programme that aims to improve the quality and value of public services across the county through more effective and efficient sharing and use of information. The vision statement of the programme is -

*“We are committed to improving the quality of life in the communities we serve. We will focus on the individual by working in partnership to provide a joined up view of the customer. We will use our technology to personalise our services and connect in new ways with the people of Wiltshire. Reducing customer frustration and improving services by joining data together to provide a cohesive service for everyone is a priority.”*

Whilst the Single View programme is focused on improved information sharing overall across public services in the county, this Options Appraisal is focused specifically on the component of the programme that will improve sharing across Health and Social care settings. The options identified relate to information sharing across multidisciplinary care teams, including GP practices, NHS and other Providers of health-care services, and Social Care teams working alongside the health service on the holistic care of individuals in the community. Out of scope of this Options Appraisal are other aspects of information sharing across public services as part of the Single View programme.

## **3.2 National Policy context**

In November 2014 the National Information Board published a paper entitled “Personalised Health and Care 2020: Using Data and Technology to Transform Outcomes for Patients and Citizens - A Framework for Action”. It sets out a framework for action up to 2020 on technology improvements to support service transformations across health and social care systems in England. It is aligned with and designed to complement the recent Five Year Forward View and suggests that the lack of electronic record interoperability across NHS organisations is holding back necessary improvement in health outcomes and patient experience.

The NIB framework specifies seven areas to focus on in addressing this. Four are particularly relevant to the Wiltshire information sharing programme:

1. giving care professionals the data they need through real-time digital access to patient records and improved data on outcomes;
2. helping patients to make the right, healthy choices through full access to their care records, digital apps and information services;
3. build and sustain public trust in NHS use of patient data;
4. supporting care professionals to make the best use of data and technology through workforce education and training;

Two headline targets relevant to this project are:

### **1. Service-user access**

- From March 2018 all individuals will be enabled to view their care records and to record their own comments and preferences on their record

### **2. Paperless records**

- All patient and care records will be digital, real-time and interoperable by 2020.
- By 2018, clinicians in primary, urgent and emergency care and other key transitions of care contexts will be operating without needing to use paper records.

More recently, NHS England has stated that all local health and care economies will create joined up plans demonstrating how they will make viable progress towards the paper-free targets for 2018 and 2020. These local digital roadmaps will be published by April 2016.

The recommendations in this options appraisal, and proposed next steps towards delivering the programme, will contribute directly to the content of a Local Digital Roadmap for Wiltshire.

## **3.3 Regional**

Information Sharing (or ‘interoperability’) programmes are in place or developing in most areas across the region, in line with the national agenda to improve care through the use of information technology. A number of areas regionally have been at the forefront of developing solutions to improve information sharing for the benefit of patient care, including:

### **Programmes underway:**

- Connecting Care (Bristol, North Somerset, South Gloucestershire) - <https://www.bristolccg.nhs.uk/about-us/how-we-use-your-information/connecting-care/>
- Hampshire Health Record - <http://www.hantshealthrecord.nhs.uk/>

- Oxfordshire Care Summary - <http://www.oxfordshireccg.nhs.uk/your-health/oxfordshire-care-summary/>

**Programmes in development:**

- Joining up your Information – Gloucestershire; looking to initiate procurement for a portal solution this autumn.
- Bath & NE Somerset – planning to join the Connecting Care programme.
- Connected Care (Berkshire West) <http://www.newburyanddistrictccg.nhs.uk/use-of-personal-data/connected-care> - Berkshire West and East Berkshire (7 CCGs in two federations) are joining together for a single procurement of a portal solution, to commence this autumn.

South, Central and West CSU are involved in supporting all of these programmes, enabling the development and sharing of best practice across multiple health and social care areas.

In addition the **West of England AHSN** (Academic Health Sciences Network) is providing a valuable role in developing the network of organisations involved in information sharing programmes, and facilitating CCIOs (Chief Clinical Information Officers) from providers and CCGs, and other IMT professionals, to share learning and information on interoperability - <http://www.weahsn.net/our-work/connecting-data-patient-benefit/>.

The work to carry out this Options Appraisal has been funded through a grant to the CCG from WEAHSN.

## **4. High level criteria**

Based on the drivers and requirements for improved information sharing across health & social care teams, the following high level criteria for appraising options have been developed:

**Strategic Fit**

- Demonstrably able to support the integrated models of care desired in the Wiltshire health and social care system;
- Supports delivery of patient safety and productivity benefits relating to Urgent Care, Long Term Conditions, Mental Health, Planned Care, and joint care delivery across health and social care.

**Functional criteria:**

- Patient-centric record view from multiple data sources, including connectivity with Social Care.
- Scalable to include additional services in the future (as consumers and providers of data).
- Enables all Information Governance requirements to be met, including Role Based Access Control.
- Can provide Patient Portal functionality
- Can provide Read-Write Care-Planning functionality
- Auditable
- Enables deployment with single-sign on and context-sensitive launching.
- Enables selected data to be shared with Single View hub (either via portal or direct from source systems).
- Views are configurable for different settings, including restricting and filtering data viewable according to the care-setting requirements.

**Business / Commercial criteria**

- Organisationally acceptable for all key stakeholders – buy-in and alignment with IMT plans
- Flexibility for future development.
- Commercially and contractually viable, and compliant with SFIs.
- Addresses requirements in forthcoming Digital Maturity guidance on Interoperability.
- Timescale: able to realise benefits of improved information sharing from Q1 2016/17 (phased).
- Affordability.

## 5. Options identified and defined

### 5.1 Procurement and deployment of a Portal solution

Procurement & Deployment of a Portal Solution
<b>What is it</b>
<p>A health portal solution is software that enables selected data from multiple patient / client systems to be accessed and viewed in a single web-based application by authorised care professionals. Care providers (hospitals, GPs, social care teams etc) can be both providers of data into the system, and end-users of the portal to support the delivery of their care. Solutions typically provide views of data that are designed for the care-setting, and enable an integrated view of key patient information from across health and care providers. Systems can also provide patient access, through a ‘patient portal’ interface, and support joint care-planning across care teams and potentially directly with the patient. Other advanced functionality can include providing alerts to care team members when defined thresholds or triggers are identified.</p>
<b>How is it achieved</b>
<p>There is a strong market of system-suppliers in the UK that have well-developed and continually evolving portal solutions, with at least half a dozen suppliers with products that are in use in a range of UK care settings. A procurement is required to select and contract with a supplier, for example through OJEU or a Framework agreement. This option would require:</p> <ul style="list-style-type: none"> <li>• A detailed Outline Business Case (for approval in January), including development of Requirements, Benefits Realisation plan, Resource plan, Procurement Strategy, and Partnership agreement across the stakeholder organisations.</li> <li>• Procurement process (Feb to July)</li> <li>• Completion of Full Business Case and award of contract to preferred supplier.</li> <li>• Deployment of solution in a phased approach, from Q3 of 2016/17.</li> <li>• Duration of contract – depending on procurement vehicle selected, potentially 3 + 2yrs.</li> </ul>
<b>Estimate of costs (over 5 yrs)</b>
<p>Cost estimates are based on programmes of a similar scale in other areas, but note that the specific costs of a Wiltshire programme would depend on the detailed requirements, number of providers and data-feeds involved, and the commercial outcome of a procurement process.</p> <p>For a 5 year contract this option is estimated as costing up to <b>£6 million</b>, split roughly between Revenue of £4m and Capital of £2m. These costs cover:                      Technical solutions, implementing data feeds, implementation services, infrastructure, user licences, running costs, supplier management.</p> <p>Costs are incurred both with the selected supplier and internal programme support costs covering programme management of implementation with the partner organisations and phased project delivery.</p>

## 5.2 Join an existing Information Sharing programme in the region

Join an existing Information Sharing programme in the region
<p><b>What is it</b></p> <p>In some areas portal solutions are already in place, connecting up multiple providers across health and social care. The Connecting Care programme (in Bristol, North Somerset and South Gloucestershire) and the Hampshire Health Record are two examples. Both programmes have a commercial portal supplier in place providing the software services to enable information sharing across care settings. In the Connecting Care programme there is a formal partnership agreement across 19 organisations (CCGs, Providers, Local Govt) underpinning the commitments, funding flows and governance mechanisms for running the programme. Connecting Care is currently entering a second phase of the programme, to scale-up the capacity and scope of the system to deal with up to 10,000 users and provide a more robust platform for information sharing across providers in the area. As a result of an Options Appraisal earlier this year by Bath &amp; NE Somerset CCG, the BaNES area is now moving towards joining Connecting Care, and a business case is currently being developed.</p>
<p><b>How is it achieved</b></p> <p>This option would entail the stakeholder organisations in Wiltshire joining one of the existing information-sharing programmes in the region, which would require:</p> <ul style="list-style-type: none"> <li>• Negotiations and agreement with the host partnership to extend the scope of the programme to include Wiltshire organisations.</li> <li>• Compliance with the legal and contractual basis that the host programme is operating under, for example scope of the existing supplier contract to scale up.</li> <li>• Flexibility and resilience of the governance arrangements to expand to include Wiltshire organisations.</li> <li>• Flexibility of the programme team capacity to handle the deployment and extension of the host portal software alongside commitments for the existing partnership organisations.</li> <li>• Compliance with Standing Financial Instructions for Wiltshire organisations to commit funding to a programme without commercial contestability.</li> <li>• Given the nature and complexity of this option, and the likely costs, a detailed Outline Business Case would be required (as for Option 1), backed by in-depth exploration of the issues outlined above. The likely timescale for this OBC would be October 2015 to February 2016, allowing additional time for the process around due diligence, discussion and negotiation over how the programme-join could be effected.</li> <li>• If all the conditions, feasibility and benefits of joining another regional programme were met, initial deployment of phase 1 connectivity could potentially begin in Q2 or 3 of 2016/17.</li> </ul>
<p><b>Estimate of costs (over 5 yrs)</b></p> <p>The costs of joining another programme depend in large part on the scope and cost-structure of the selected programme.</p> <p>Most of the programme costs outlined in Option 1 are applicable in this Option, with some economies of scale relating to hard-ware infrastructure, licencing, and programme management. The current broad estimate of this option is <b>£4 – 5 million</b> over 5 years.</p>

### 5.3 Exploit and build on the information sharing capabilities of existing systems

Exploit and build on the information sharing capabilities of existing systems
<p><b>What is it</b></p> <p>Each provider in the Wiltshire health and social care economy selects its own clinical / care system for managing patient / client records, typically chosen through an OJEU or Procurement Framework. Appendix 1 lists the main systems in place across providers delivering care for Wiltshire patients. Unlike in many areas, one system has a particularly predominance in the ‘out of hospital’ sector – TPP Systmone is currently the clinical system in use in 95% of GP Practices in Wiltshire, and will shortly be the system in use in Adult Community Services (health) and Out of Hours (Medvivo). TPP Systmone enables extensive information sharing between different care settings, based on modules that are designed for the specific type of provider, underpinned by integrated records management and configurable templates.</p> <p>This option involves optimising the information sharing capabilities offered through the TPP system (and largely under existing contracts), not only for the providers for whom TPP is their own clinical system, but also enabling information sharing to and from providers who do not directly use TPP as their core system. In addition, the extended use of the national Summary Care Record (both in its basic form and the ‘enhanced SCR’ with additional patient information) is a component of this option, providing a further source of patient information for authorised clinicians – particularly relevant for the Ambulance service and community Pharmacists.</p>
<p><b>How is it achieved</b></p> <p>This option would be achieved through a programme of work involving all local partner organisations and with the system supplier, addressing these areas:</p> <ul style="list-style-type: none"> <li>• Developing and implementing configured views suitable for each care setting, ensuring only the relevant and necessary information is displayed.</li> <li>• Ensuring role based access control and consent model options are applied within use of the system.</li> <li>• Extend the use of ‘TPP Viewer’ across all key provider settings that are not core users of Systmone (Acute, Mental Health, Social Care teams).</li> <li>• Establishing interfaces between TPP Systmone and other systems used by local providers to enable selected data from non-TPP systems to be viewable in through Systmone, including for key Social Care Teams.</li> <li>• Enable seamless access to TPP content from or within non-TPP systems, eg through integrating Systmone views into clinical systems or establishing single sign-on and context-specific launching to get direct to the correct patient record.</li> <li>• Develop templates and protocols that enable care-planning information to be shared and viewed in an integrated view in Systmone.</li> <li>• Agree and implement protocols and consent arrangements for use of the Enhanced Summary Care Record.</li> <li>• Undertake business analysis and change management support to develop the use of the TPP viewer and care-planning capabilities in integrated care teams across health and social care. This would integrate with the existing work under the Single View programme, for example on enabling connectivity with the HomeFirst team.</li> </ul>
<p><b>Estimate of costs (over 5 yrs)</b></p> <p>Costs for this option are estimated at <b>£1.25 million</b> over 5 years. This would focus on resourcing a cross-organisational programme of work with all partners to develop and implement solutions that</p>

optimise the use of Systmone and SCR for direct patient care, including specific project work-streams that enable integrated access in each key care setting.

Some cost efficiencies may be gained through the combination of existing forward commitments for the deployment of Systmone functionality, eg configuration work that would be happening in any case for Primary Care, Community Services, and Out of Hours, but designing and delivering this programme of work in through a joined up programme.

This option would not require any significant new procurement or contract, but there would be supplier costs for Viewer deployments (factored into estimate above). In a phased delivery programme, this option could see benefits delivered from Q1 2016/17.

## **5.4 Develop direct bi-lateral information exchange between information systems**

### **Develop direct bi-lateral information exchange between information systems**

#### **What is it**

This options involves establishing direct interoperability links between multiple clinical / care systems across providers, with no intermediary portal / hub. Selected data from a system is transmitted or viewable directly through a configured view in another clinical system, with multiple bi-lateral links operating to create an information sharing network across care settings.

#### **How is it achieved**

Each and every data flow or exchange is established via an API (Application Programme Interface) to enable data from one system to be viewable in another. Configured views suitable to each care setting are designed and deployed within each host clinical system. A programme of development, testing, and deployment would be required to establish each interface and data exchange.

#### **Estimate of costs (over 5 yrs)**

Cost for this option are estimated at **£1-2 million** over 5 years. Elements of this option would exploit the same approach as for option 3, utilising TPP Systmone capabilities particularly for core users, but alternative connections would be established for non-TPP users providing bilateral API connectivity. As a result of the range and complexity of connections needed, initial delivery is estimated from Q3 of 2016/17.

#### **Note on programme implementation:**

A number of components of delivering a successful information sharing programme will be common to all of the options described, and will need robust programme management and governance across the stakeholder organisations:

- Information Governance and Consent model.
- Patient and public communications & engagement.
- Communication and engagement with users across care settings.
- Programme governance across the partnership.
- Sourcing funding.
- Business analysis of information needs for care settings.

- Change management / implementation support, in line with the wider roll-out of new service models and integrated teams.

## **6. Assessment of options**

The four options have been assessed against the high level Criteria outlined in section 4 above, indicating High (scoring 3), Medium (2), or Low (1) against each criterion in the table over the page. By averaging the scores in each category (Strategic Fit, Functional, Business & Commercial) and applying a weighting, an overall appraisal score has been assigned to each option.

Affordability has not been factored into the scoring appraisal below. Without the affordability criteria, the scores of each option are as follows:

Option 1 - Procurement & Deployment of a Portal Solution: 27.8 (93%)

Option 2 - Join an existing Information Sharing programme in the region: 23.4 (78%)

Option 3 - Exploit and build on the information sharing capabilities of existing systems: 25.1 (84%)

Option 4 - Develop direct bi-lateral information exchange between information systems: 14.8 (49%)

See Section 7 for Recommendations.

**Wiltshire Interoperability Solution – Options Appraisal, September 2015**

[Key: H = High, scoring 3 points; M = Medium, scoring 2 points, L = Low, scoring 1 point]	Option 1	Option 2	Option 3	Option 4
<b>Strategic fit</b>				
Demonstrably able to support the integrated models of care desired in the Wiltshire health and social care system;	H	M	M	L
Supports delivery of patient safety and productivity benefits relating to Urgent Care, Long Term Conditions, Mental Health, Planned Care, and joint care delivery across health and social care.	H	H	H	L
Average score (1-3)	3	2.5	2.5	1
<b>Weighted Score (x4)</b>	<b>12</b>	<b>10</b>	<b>10</b>	<b>4</b>
<b>Functional criteria:</b>				
Patient-centric record view from multiple data sources, including connectivity with Social Care.	H	H	M	M
Scalable to include additional services in the future (as consumers and providers of data).	H	H	M	M
Enables all Information Governance requirements to be met, including Role Based Access Control.	H	H	M	M
Can provide Patient Portal functionality	H	H	M	L
Can provide Read-Write Care-Planning functionality	H	H	H	L
Auditable	H	H	H	L
Enables deployment with single-sign on and context-sensitive launching.	M	M	M	H
Enables selected data to be shared with Single View hub (either via portal or direct from source systems).	H	H	H	H
Views are configurable for different settings, including restricting and filtering data viewable according to the care-setting requirements.	H	H	H	H
Average Score (1-3)	2.9	2.9	2.4	2
<b>Weighted Score (x3)</b>	<b>8.6</b>	<b>8.6</b>	<b>7.3</b>	<b>6</b>
<b>Business / Commercial criteria (exc Affordability)</b>				
Organisationally acceptable for all key stakeholders – buy-in and alignment with IMT plans	M	L	H	L
Flexibility for future development.	M	M	M	M
Commercially and contractually viable, and compliant with SFIs.	M	L	H	H
Addresses requirements in forthcoming Digital Maturity guidance on Interoperability.	H	H	M	L
Timescale: able to realise benefits of improved information sharing from Q1 2016/17 (phased).	M	L	H	L
Average Score (1-3)	2.4	1.6	2.6	1.6
<b>Weighted Score (x3)</b>	<b>7.2</b>	<b>4.8</b>	<b>7.8</b>	<b>4.8</b>
<b>Total</b>	<b>27.8</b>	<b>23.4</b>	<b>25.1</b>	<b>14.8</b>

## 7. Recommendations

Based on the Options appraisal scoring outlined above, the following is recommended:

Option 4 is excluded as it presents a weak option to deliver against all three high level criteria for improved information sharing.

Option 2 is excluded as it presents particular challenges around Business and Commercial viability.

Option 1 and 3 are both strong options overall. Option 1 (Portal Procurement) is stronger in terms of Strategic Fit and Functional Criteria, whereas Option 3 (Exploit existing systems) scores adequately on Strategic Fit and Functional Criteria, and highest on Business and Commercial.

Taking Affordability into account, Option 3 will be at least £4.5m cheaper over 5 years (£1.25m vs £6m).

Taking the overall appraisal of options in this assessment, combined with the Affordability constraints within the Wiltshire health and social care economy, **Option 3 (Exploit and build on the information sharing capabilities of existing systems) is recommended to go forward into the next stage of planning and implementation.**

## 8. Next steps

If approved by the CCG Governing Body and the Single View Programme Board, this Options Paper will also go to the relevant committee or steering group in each partner Provider organisation (eg IMT strategy group) – this is to confirm support and endorsement for the direction of travel indicated in the Options Appraisal, not for formal commitment of resourcing to the programme at this stage.

The development of a Business Case or Project Initiation Document, as part of the wider Single View Programme, will progress on approval of the recommendations. This will cover the operational and resource plans for the programme, including the components relating to each provider interface and setting up of connectivity across the network of partner organisations (health and social care). The resource implications relating to each provider-interface will be estimated, to enable individual organisations to understand the resourcing impact and integrate work into corporate IMT programmes. The financial / funding model will also be developed, exploring the extent to which the programme of work could be funded via central grant funding (eg capital programmes or Technology Fund bids) and where organisational revenue funding from partner organisations may be required.

Ongoing work on the Information Governance and Communications & Engagement activities needed to support the development of improved information-sharing across care settings, as part of the Single View programme, will continue and develop – this will take account of the specific issues and information relevant to the selection option.

The proposed governance arrangements to enable oversight of the programme of work as part of Single View are shown in Appendix 2.

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**Andrew Fenton**

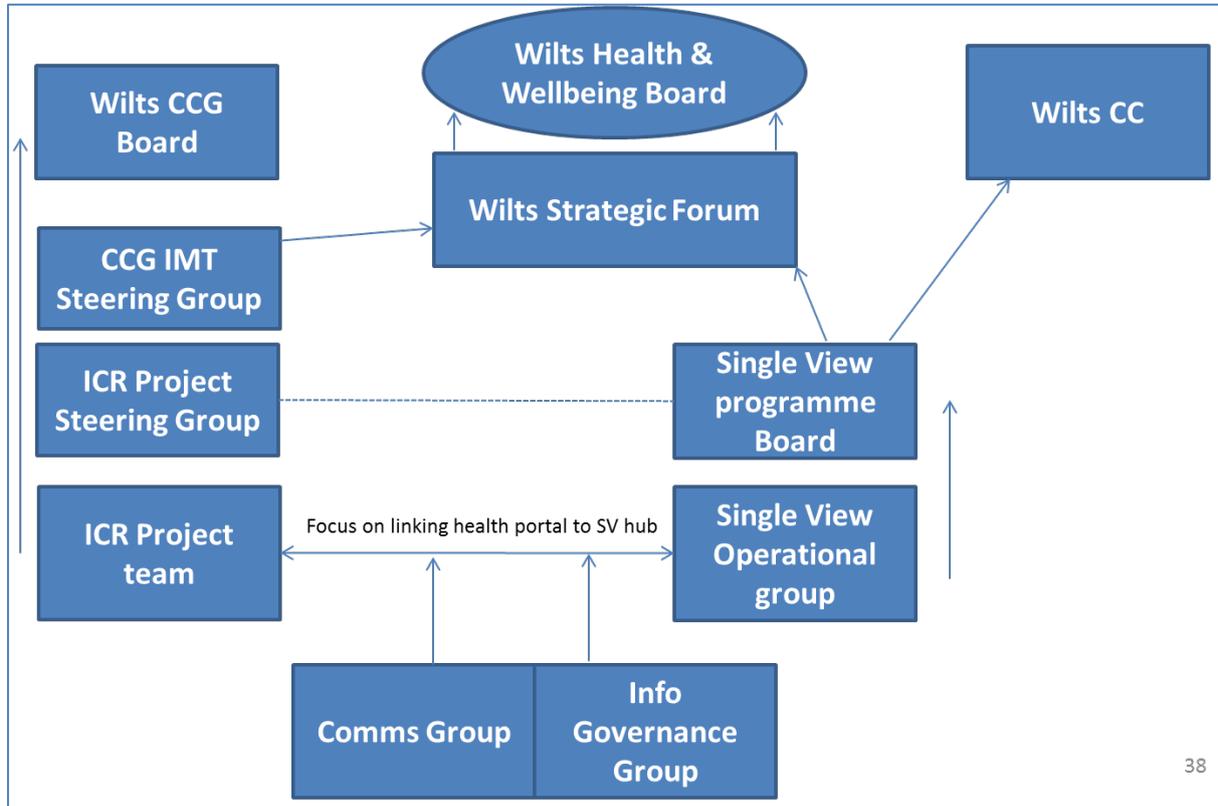
**South, Central and West CSU, for Wiltshire CCG & the Single View Programme.**

**Appendix 1 – Current / forthcoming systems in place in Wiltshire**

	Main clinical system (current)	Planned developments / migrations	Use of Summary Care Record?	Use of TPP viewer?
<b>Provider</b>				
GWH - Acute	Medway		SCRs are viewed by Pharmacy with plans to extend viewing later this year	Looking to install
GWH - Community	EPEX/ Medway	Migrating to TPP Community in 2015		
RUH	Millennium		Via the TPP Viewer. If when searching no TPP record found then SCR is automatically displayed if available	TPP viewer is accessed on all desktops throughout the hospital via system portal.
SFT	Currently I-Patient Manager-	CSC Lorenzo preferred supplier for new EPR	Via the TPP Viewer. If when searching no TPP record is found then SCR is automatically displayed if available	Utilise TPP viewer in: Pharmacy A & E , Falls ward, Stroke ward, Acute Assessment ward
AWP	Rio			
Medvivo	Adastra	Migrating to TPP In September 2015	accessed when available	
Wilts Adult Social Care	CareFirst			
Wilts Children’s Social Care	Care First			
Wilts Primary Care	52/56 - TPP 1/56 - Vision 3/56 - EMIS		Used for Temporary residents if GP2GP not available	

## Appendix 2 – Proposed Governance

With the exception of the ICR Project Steering Group, all the groups and governance relationships for the programme are already in place. The ICR (Integrated Care Records) Project Steering Group will oversee the specific programme of work needed to develop the provider interfaces needed across care settings and the clinical requirements of the programme.



**Equality Impact Analysis – the EIA form**

Title of the paper or Scheme:

**Options Appraisal for the Wiltshire Interoperability Solution**

<b>For the record</b>	
Name of person leading this EIA – Andrew Fenton	Date completed – 11Sept 2015
Names of people involved in consideration of impact	
Name of director signing EIA – Simon Truelove	Date signed

What is the proposal? What outcomes/benefits are you hoping to achieve?

The document provides an appraisal of options for how improved ‘Interoperability’ (ie information-sharing across clinical / care teams in health and social care in Wiltshire) can be best achieved, as part of the wider Single View programme to strengthen public services across the county through shared use of patient / client information by authorised staff.

Who’s it for?

The Interoperability programme is relevant for all health and social care providers in the county (including Primary Care) and is designed to enable improvements to the safety, quality and timeliness for all patient groups.

How will this proposal meet the equality duties?

The proposed direction of travel for interoperability supports the national requirements and legislation, particularly the Equality Act 2010 and the Public Sector Equality Duty, by enabling improvements to care across all patient groups.

What are the barriers to meeting this potential?

To realise the full potential, the interoperability programme will need to ensure that information sharing is established across all key providers, and is not limited to certain sectors.

**2 Who’s using it?**

Refer to equality groups

What data/evidence do you have about who is or could be affected (e.g. equality monitoring, customer feedback, current service use, national/regional/local trends)?

National survey information indicates a strong preference and expectation from patients that clinicians across all settings of care will share information in a safe and secure way to help deliver their care.

How can you involve your customers in developing the proposal?

Plans for Patient and Public involvement relating to Information Sharing are being developed through the Communications sub-group of the Single View programme with the council. PPI in advance of this options appraisal was not required at this stage as the paper focuses on the technical options for achieving improved information sharing, but it will be important during the next stage of development and implementation.

HealthWatch Wiltshire are directly involved in the Comms and PPI sub-group of the Single View programme, and supporting the approach to ensure good quality engagement in the programme.

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Who is missing? Do you need to fill any gaps in your data? (pause EIA if necessary)

Not at this stage – see above.

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### 3 Impact

Refer to dimensions of equality and equality groups

Show consideration of: age, disability, sex, transgender, marriage/civil partnership, maternity/pregnancy, race, religion/belief, sexual orientation and if appropriate: financial economic status, homelessness, political view

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Using the information in parts 1 & 2 does the proposal:

**a) Create an adverse impact which may affect some groups or individuals. Is it clear what this is?**

How can this be mitigated or justified?

No, as long as the implementation of the interoperability programme is not restricted to certain care settings.

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What can be done to change this impact?

Build in the connectivity needed (as proposed in the paper) to share information across all key providers.

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**b) Create benefit for a particular group. Is it clear what this is? Can you maximise the benefits for other groups?**

Not specifically – the benefits of the programme will apply to all patient groups, but it will be possible to design and promote particular functionality that will strengthen care in any selected areas, eg care for frail elderly people, and improvements to Parity of Esteem across Mental and Physical Health.

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Does further consultation need to be done? How will assumptions made in this Analysis be tested?

Formal consultation not required, but there will be further engagement as outlined in section 2. Need to ensure that this engagement process is broad based across patient groups.

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### 4 So what?

Link to business planning process

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What changes have you made in the course of this EIA?

No significant changes at this stage.

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What will you do now and what will be included in future planning?

In the next stage of planning (Project Initiation Document) to ensure there are clear plans for establishing connectivity for information sharing across all key care settings.

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When will this be reviewed?

In the approval stage for the PID (CCG IMT Steering Group).

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How will success be measured?

At key milestones over the course of the interoperability programme