

# Hampshire Care and Health Interoperability Programme

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# Care and Health Interoperability Programme Introduction

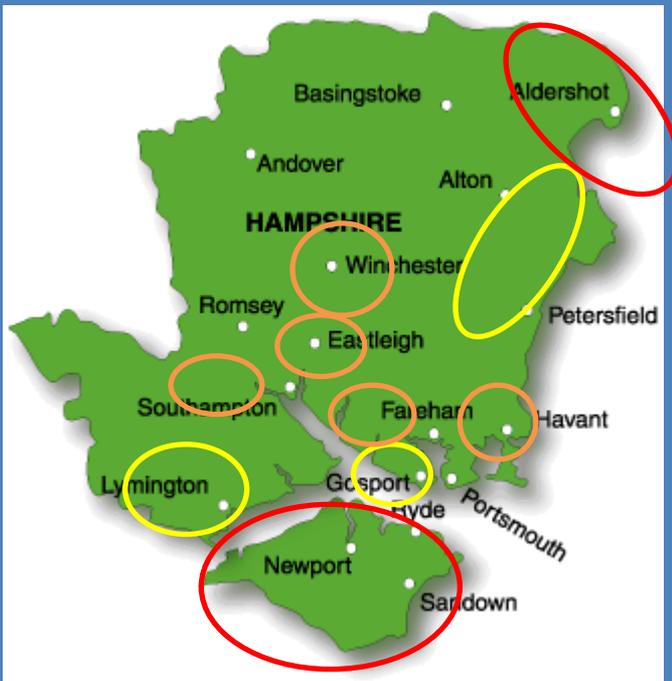
- Presentation sets out the steps we have taken to date and what remains to be done and begins to scope and scale the investment that needs to take place locally and across the system so that IM&T supports transformation.
- We are at a very early stage in that journey but all partners firmly believe that the nature of the area, our history of cooperative working and previous investment in and nurturing of information sharing as a key feature of modern health and Care services means we are well placed to help lead the next big technology enabled step forward in response to the Five Year Forward View (FYFV)
- The current leg of the journey began in the SE of the County where for almost a year partners have been engaging in a range of activities designed to identify their information sharing needs, relating these to future ways of working and thinking about how the benefits can be realised for them. To date we have engaged with more than 300 people in 9 different organisations or settings.
- More recently it has been agreed to extend the exercise began in the SE to the whole of Southampton, Hampshire, Isle of Wight and Portsmouth (SHIP).
- Early planning for Hampshire's three Vanguard sites has fallen in the middle of this 'scaling up' process adding to the rationale, the momentum and the enthusiasm for the Programme.

# Business Drivers

- Unsustainable Acute sector growth
- Need to move health care settings closer the patients home
- Wider Primary Care at Scale
- A greater proportion of digital transactions with the citizen
- Complex Care/Integration 'Hubs' of varying nature and scope
- Improved Access 8 – 8pm
- Proactively Managing People at Risk
- Specialist Advice in the Community
- Population Health as a basis for Commissioning Reform, Capitated Budgets

The Vanguard areas will move toward addressing these issues at pace and with possible new organisation forms but non Vanguard CCGs are pursuing similar themes.

# Vanguard



## **PACS NE Hampshire and Farnham PACS Isle of Wight**

### **MCP Fast Implementer Sites**

#### **East Hampshire**

- 10 practices / 70k patients
- Semi-rural “new town”

#### **Gosport**

- 11 practices / 80k patients
- Urban deprived

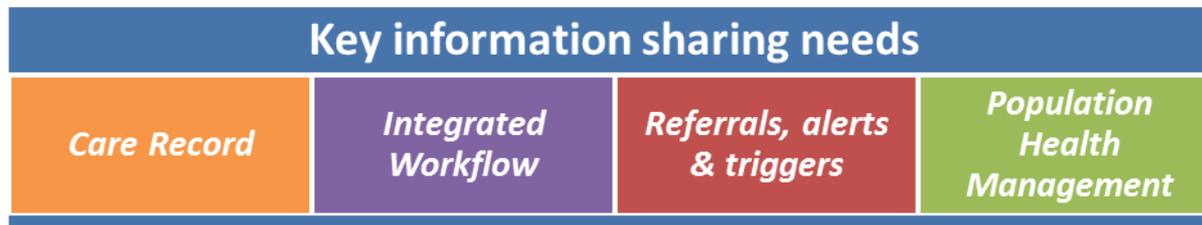
#### **New Forest**

- 7 practices / 70k patients
- Rural – older demographic

### **MCP Fast Follower Sites**

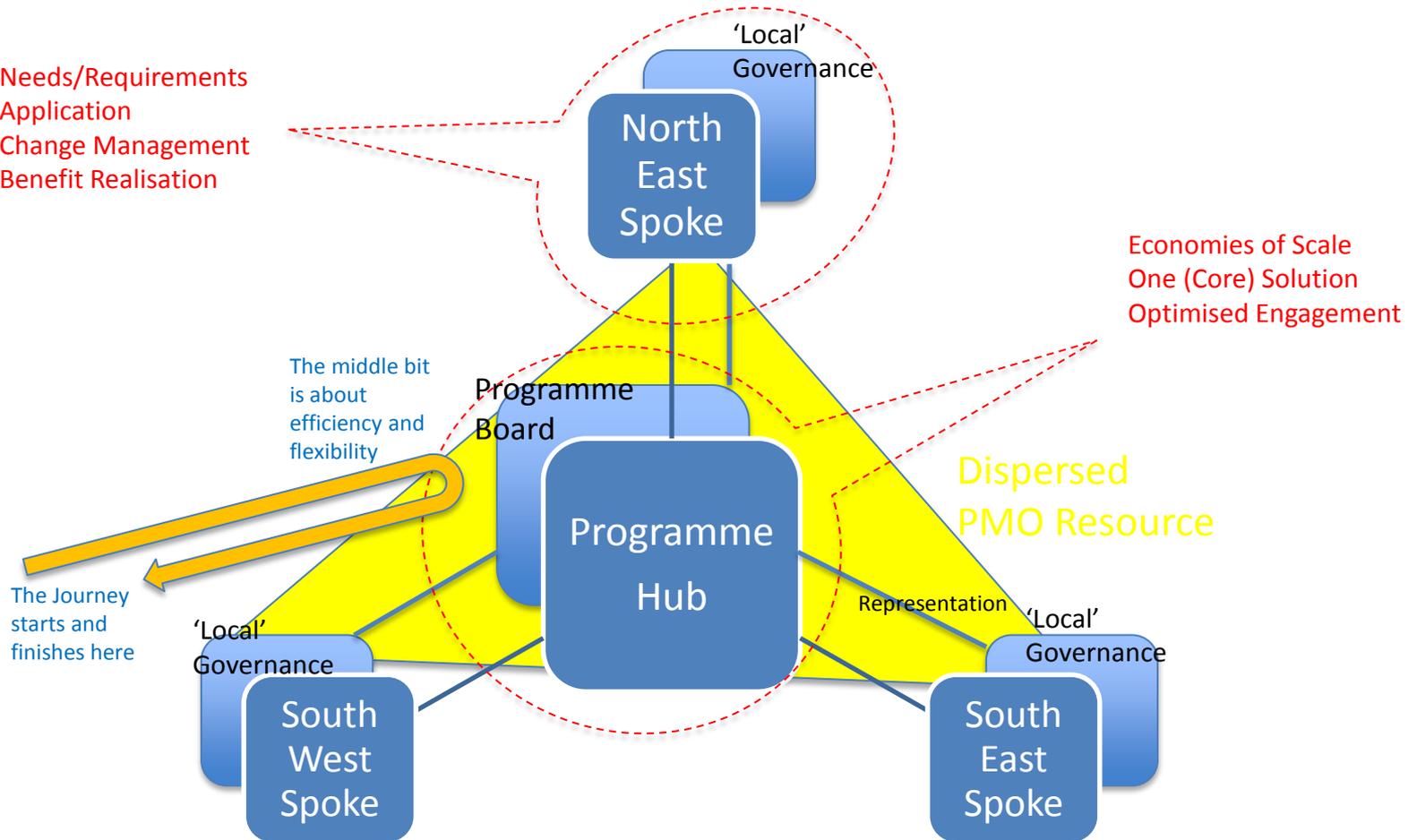
# Starting Point and Requirements

- For over 10 years the local health and economy has benefited from an award winning health record and analytics capability. Commenced in 2004 the Hampshire Health Record (HHR) now covers approximately 1.9 million patient records and holds 20 million documents including discharge letters and pathology tests. Approximately 85% of GP practices upload daily extracts in HHR.
- The value of HHR to patient care is evident in that an increasing number of organisational entities are signing up to HHR. A key example of the value HHR provides is in admissions avoidance where patients who had their HHR accessed were less likely to be admitted and less likely to stay longer in hospital. The increase in functionality in HHR e.g. care planning will add further value.
- However HHR largely remains a data repository without a workflow platform to support a much needed integrated approach to patient care and to fully exploit population health approaches so it is Partners' intention to utilise this strong base to move to the next level of information enabled transformation.
- To achieve a consistent and focused approach user stories were captured and a 'requirements matrix' was developed and matrices collated into a requirements catalogue the contents of which are shown in the diagram.
- A number of options were appraised for how these requirements might be met and a preferred option selected



# Federated Delivery Structure

- Needs/Requirements
- Application
- Change Management
- Benefit Realisation



# Aligning Road Maps and Plans

Each local governance group will align the four boxes below in a Strategy and own the Interoperability Roadmap

## System Wide Interoperability

For Example

- Integration Engine and New Portal
- Patient Data
- Risk Stratification

## New local Interoperability and System Consolidation

For Example

- Open Rio
- GP System Consolidation
- Local Interoperability

## Better use of existing local Interoperability and tactical Information Sharing arrangements

For Example

- HHR
- SSO
- MiG

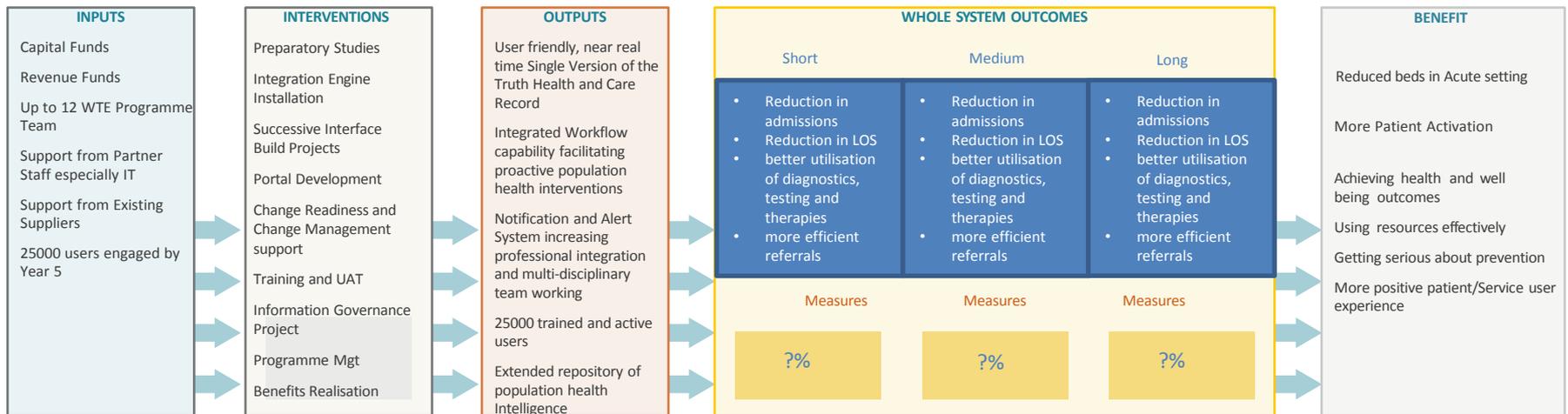
## Infrastructure

For Example

- Wifi
- Estate
- Flexible Working

# Business Case

- Current estimates include a payback period of around 4 years and a return of £2 for every £1 spent over a 5 year period.
- Assuming that change management resource is focussed on generating 25,000 users by year 5.
- We believe that this Interoperability Programme should be an integral part of a wider transformation and as such it is impossible to separate out the precise Value Proposition of the Information element.
- Whilst we have tried to do that in the business case true value comes from the extension of the contents of the logic diagram below which when applied to an estimated £3bn Health and Care economy dwarf the value quoted.



# Aspirations, Challenges and Next Steps

- We want to focus on transformation and enabling New Models of Care
  - Right scale is important
  - We are wary of the term 'enabler'
  - Appropriate governance and collective buy in is critical
  - Some cultural readjustment is needed to fully facilitate
- 
- Form overall Programme Board and confirm Procurement Strategy
  - Confirm/align local plan(s) and roadmaps with local forum
  - Launch Preparatory studies in IG, APIs and HHR
  - Confirm Partners, Budget, Scope/Spec and minimum criteria with Board(s)
  - Re-engage with Market in the Autumn