

Bedfordshire CCG Local Digital Roadmap

This paper sets out key points on the content, context, and preparation of the Local Digital Roadmap (LDR) for Bedfordshire CCG (BCCG). It also sets out planned next steps to implement the LDR.

1. Context

LDR was announced in September 2015 as part of the Five Year Forward View, specifically targeting paperless emergency and urgent care by 2018 and paperless care in general by 2020. Detailed NHS guidance published April 2016: <https://www.england.nhs.uk/digitaltechnology/wp-content/uploads/sites/31/2016/05/develop-ldrs-guid.pdf>

2. Engagement

Section 7.1 of the guidance sets out requirements to 'engage with' local partners in the STP footprint. Engagement focussed on key areas of weakness that needed to be addressed in order to line up broader future progress.

Ideally, LDR plans should seek board level approval from partners by the end of June 2016, although there was a recognition that this may depend on the level of maturity of local partnerships.

Engagement by BCCG has included the following:

1. Contacted Chief Executives of Bedford Borough Council and Central Bedfordshire Council for details of appropriate contacts in Information Technology teams and social care teams.
2. Meetings with key partners and stakeholders as part of baselining the current position and undertaking the maturity assessment work. Included discussion with local authority contacts in IM&T and social care (CBC – Patricia Coker and Nick Murley).
3. May 4th - Workshop held by BCCG - 35 individuals across 11 organisations invited, 22 individuals across 8 organisations attended (including Bedfordshire CCG, Bedford Hospital, East London Foundation Trust (EFLT), South Essex Partnership Trust (SEPT), Luton and Dunstable Hospital, Milton Keynes CCG, Luton CCG, Central Beds Council).
4. STP digitisation workshop in June.

3. Maturity assessment

This shows that the development across the STP footprint is variable. The maturity assessment highlights three areas

- secondary care,
- information flows between areas such as secondary, primary and social care,
- promoting self-management and health promotion.

Secondary care data is not always recorded once and digitally, clinician alerts are not always used, and IT tools (eg computerised rostering, medicines optimisation) are not used consistently. Generally, Luton and Dunstable presents as having a higher level of digital 'maturity' than Bedford and Milton Keynes hospitals.

Paperless flows of information are also not yet 'normal'. Local use of electronic data is increasing, but information on transfer, referrals, bookings etc are less usual, and use of collaborative technology is not yet well developed.

Using technology to promote self-care was identified as weak across the whole footprint.

This was closely mirrored in other STP findings, particularly that the ability to share patient information in a consistent and coherent way, to support key aspects of care (referrals, discharges, transfers, appointments etc) was a key blockage.

4. LDR

The LDR document itself sets out a vision to maximise the use of information to secure best outcomes and the greatest efficiency. The document itself is available but is summarised below as it runs to 50 pages, with many further pages of appendices.

Key LDR priorities are identified as

- Enhancing the use of existing systems. For example, 'system one' is used by all GP practices in Bedfordshire (which is unusual) and is also used by SEPT. An early 'win' would be to secure use of the data both to support individual patient transactions in a more consistent and efficient way, but also to provide insight into the overall performance of the local health economy.
- Convergence between hospital campuses. Current hospital systems between L&D, Bedford and MK are a patchwork demonstrating different levels of maturity and integration both across sites and between sites. A clear goal is therefore to improve those systems consistent with paperless operation objectives, initially for urgent and emergency care.
- Health information exchange. This is a key requirement to provide greater 'interoperability' or sharing of patient data between different agencies.

Other priority areas for development include

- Greater use of risk stratification, including layering of different stratification analysis, and enhancing predictive analytics.
- Supporting greater self-care
- More proactive decision making around patient pathways
- Increased levels of system insight (areas of activity under pressure, and analysis of that)
- Developing the local evidence for 'what works' and prioritising investment accordingly
- Promoting citizen-based ownership of health and well-being

The LDR has been received by Governing Bodies/Executive Leadership Teams across the 3 CCGs. Next steps will include taking the document to Health and Wellbeing Boards.

5. Mobilisation

In implementing the LDR, the current intended next steps are set out below. However, this will be influenced by the extent of STP leadership and direction on this theme that emerges across the course of the summer.

- Governance - establishing a Digitisation Programme Board, including Terms of Reference and relationships with organisational interfaces (e.g. primary care, social care, secondary care etc)
- Programme definition - the more detailed development and mobilisation of the Digital Programme, building on the outline LDR / STP digital workstream.
- Strategic options appraisals and business case support for the major themes of the Digital Programme, including on integrated care records, PHRs and network infrastructure - these would need close development with the service-facing initiatives of the STP.
- Programme management and technical project management for the BLMK tech fund scheme: the 1st phase / early wins focus for records sharing and integration.
- Supporting development of patient consent models for information sharing, linked to patient & public engagement and communications and IG.
- Commercial / supplier engagement and market intelligence.

6. Conclusion

This note has summarised the context and content of the BCCG LDR document. It also sets out key next steps in adopting and progressing the areas for improvement identified within the LDR.

Further work will be undertaken, aligned to the STP, to secure delivery of the key objective of the LDR. Close working with all STP partners will be critical to the success of this programme.

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