

REPORT

 Item No: 11

SUBJECT:	Investment in IT Infrastructure to support care delivery
TO:	Integrated Joint Board
Lead Officer for Report:	Ross McGuffie Chief Officer
Author(s) of Report	Mark Russell Associate Medical Director
DATE:	22 nd June 2022

1. PURPOSE OF REPORT

This paper is coming to the IJB

For approval	<input checked="" type="checkbox"/>	For endorsement	<input type="checkbox"/>	To note	<input type="checkbox"/>
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2. ROUTE TO THE BOARD

This paper has been:

Prepared By: Associate Medical Director, North Lanarkshire HSCP	Reviewed By: Chief Officer	Endorsed:	
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3. RECOMMENDATIONS

- Note the progress which has been made in procuring a reprovisioned IT system for General Practice and the opportunity this provides for providing an infrastructure for the work of integrated teams
- Note the opportunity to improve the quality and co-ordination of care by further investment in broader IT infrastructure
- That a ring-fenced reserve is created of £1.5m, including 0.301m to fund shared services linked to General Practice IT systems until 2029/30

4. VARIATIONS TO DIRECTIONS?

Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
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5. BACKGROUND/SUMMARY OF KEY ISSUES

5.1 Background to GP IT Reprovisioning

- 5.1.1. Contracts for the supply and support of GP Clinical Systems within Scotland are currently held separately by each territorial NHS Board. These are coming to end of life and in NHS Lanarkshire began to expire in May 2019.
- 5.1.2. In the meantime, a National procurement/re-provisioning exercise has been undertaken with representatives from Scottish Health Boards. As a result, NHS Scotland has put in place a National GP IT Managed Services contract, signed and managed by NSS on behalf of the NHS Boards. This Multi-Supplier Framework Contract, which will replace the existing individual NHS Board contracts, was signed on 1st February 2019. Three suppliers, EMIS, Cegedim (Vision) and Eva Health Technologies were appointed to this framework. There have been significant delays and Eva have withdrawn from the framework, with a system from Emis not being available for at least another year.
- 5.1.3. The current system poses significant challenges for the development of primary care services; in particular, the challenges of shared access to GP clinical systems has acted as a rate limiter on the implementation of the Primary Care Improvement Programme and remote access to GP clinical systems requires the exclusive use of a physical desktop PC in the practice, making efficient use of estate challenging. A process was therefore initiated in Lanarkshire in June 2021 to examine the feasibility of a Direct Award to Cegedim as soon as their system was available in Spring 2022 and a cohort of GP practices formed. All except two practices have agreed to join this cohort, which covers 99.5% of Lanarkshire's population

5.2. Current position

- 5.2.1. Significant work has been undertaken over the last 6 months:
- An accelerated rollout has been planned, with all cohort practices to be completed by the end of the financial year and the rollout of key features such as those to improve prescribing efficiency and safety by the end of November
 - Planning for the use of shared services infrastructure by vaccinations and treatment rooms by the end of July
 - Implementation groups have been set up to cover technical, pharmacy and primary care improvement plan issues. A further group is proposed to deal with deployment in integrated services
 - A Request for Proposal has been made to Cegedim, and groups have scrutinised the financial, interfacing, and technical aspects of the response. In addition, a group representing the cohort practices has examined the response
- 5.2.2. The Direct Award assessment process has identified a number of benefits of moving forward immediately:

- **Primary Care** – delivery of the GP contract through allowing access to GP records which will facilitate collaboration, and more broadly, enable closer working between GPs and other professionals
- **Clinical Infrastructure** – currently community services lack a booking and communication platform, which the Vision Anywhere application would provide.
- **Infrastructure for Integrated Services** –Vision Tasks is a standalone application which could be used for communication between (for example) social work and district nursing teams
- **Population Level Planning** – Cegedim have asked Lanarkshire to consider forming a strategic partnership with them, to further develop their Outcomes Manager product to integrate both primary and secondary care data. Subject to extension of existing Data Sharing Agreements with practices, this would significantly enhance the population health and planning abilities of the Health and Social Care Partnership

5.2.3. The group representing the cohort practices is content that the product is fit for purpose but was clear that the rationale for moving forward immediately is dependent on the Shared Services and Outcomes Manager features, which are prerequisites for delivering the benefits above, and require investment from NHS Lanarkshire and North and South Lanarkshire HSCPs in addition to the core funding provided by Scottish Government.

5.3. Future investment in other care critical IT services

5.3.1. A number of other partnership programmes will require further investment to maximise their capabilities for assisting with the delivery of safe and high quality care:

- Replacement of SWIS in Social Work and development of dynamic scheduling
- Extension of deployment of Morse to CAMHS and purchased and deployment of scheduling component
- Further development of TrakCare within managed services to enable Electronic Medical Record capabilities
- Deployment of Hepma to Paediatrics and Hospital at Home

5.3.2. These developments are expected to take place over the next 5-8 years and it is proposed that reserves are set aside to fund this.

6. CONCLUSIONS

6.1. The IJB is asked to note the work that has been undertaken to improve the IT infrastructure available to ensure the availability of information to staff to promote the delivery of high quality care and facilitate inter-professional working.

6.2. It is asked to approve the creation of a reserve to fund the above and other key IT developments over the next 8 years

7. IMPLICATIONS

7.1 NATIONAL OUTCOMES

Improving the IT infrastructure and connectivity will impact on all nine health and wellbeing outcomes by improving service efficiency and multi-disciplinary working.

7.2 ASSOCIATED MEASURE(S)

7.3 FINANCIAL

The Scottish Government has agreed to fund the gap between the current annual costs for GP IT and the higher costs that will be incurred under new arrangements. It will also fund central costs over the implementation period and the ongoing contract and service management costs of GP IT. However, these 'Core' costs do not include local deployment, training or interface costs, or the costs for shared services.

£3.03m is required to implement the system and cover costs beyond those covered by Scottish Government until the anticipated end of this procurement in 2029/30. £0.935m can be met by redirecting existing NHS Lanarkshire eHealth funding streams, and South Lanarkshire IJB has previously set aside reserves of £1.5m to cover initial deployment and training.

Negotiations with Cegedim has delivered significant reduction in costs, however a funding gap of £0.602m remains. Given the potential for this investment facilitating transformative change in community health and broader integrated services across both North and South Lanarkshire HSCPs, it is suggested that this gap should be funded by both IJBs setting aside a reserve of £0.301m.

It should be noted that this is a maximum cost; in negotiations, Cegedim have committed to remove all costs for Shared Services share (which would eliminate this funding gap) should they reach a 55% national population share. Their current share is 48%. In addition, negotiations are ongoing with regard to the terms of a potential strategic partnership for Population Health features and this may yield further savings.

This paper has been reviewed by Finance:

Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
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7.4 RISK ASSESSMENT/RISK MANAGEMENT

Risk 2086 – GP sustainability sits as a Very High risk on the NHSL Corporate Risk Register.

7.5 PEOPLE

The potential for improved information sharing between services could positively impact the integration and seamless delivery of services for NL residents.

7.6 STAKEHOLDER ENGAGEMENT (Detail below any stakeholder engagement that has taken place).

Key stakeholders in the development of the Health and Wellbeing work are staff across health and social care employed through NHSL, NLC as well as all third and independent sector providers. Wide engagement has been maintained to ensure wide benefit and uptake of the approach described in the report.

7.7 INEQUALITIES & FAIRER SCOTLAND DUTY

EQIA Completed & Fairer Scotland Impact Assessment Form Completed:

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
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7.8 CARBON MANAGEMENT IMPLICATIONS

No negative impacts identified.

8. BACKGROUND PAPERS

9. APPENDICES



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CHIEF ACCOUNTABLE OFFICER (or Depute)

Members seeking further information about any aspect of this report, please contact Ross McGuffie on telephone number 01698 752 591.