Options for the TVS LHCR

TVS Board meeting, 25.03.20

Introduction

- In the context of the Covid19 pandemic the TVS partnership needs to assess how to proceed in order to provide genuine value for patient care and support the pandemic response over its course ('a marathon not a sprint').
- The short paper outlines the options for –
  - Concentrating and accelerating the focus on delivering against the original core goals of the programme with the chosen technology solution. *And / or:*
  - Prioritise implementing embedded links to real-time GP data to support direct patient care (feasible for >90% of practices, those with Emis). *Or:*
  - Programme focus just on the data-processing by Graphnet to match Bucks My Care Record and Connected Care records, and complete technical and IG design documentation for how the programme can run (the operating model) – a 'slow-down' option, before resuming fully mid-year.

Current position of the programme

The original plan of the programme was to have delivered all the main capabilities of records-sharing and access by now; there has been slippage due to a range of factors, including getting the necessary IG model and approvals in place, and the status / progression of the local shared records.

Revised plans identify the main completion of the original programme goals by the autumn, with an initial go-live possible for clinical use in Bucks / Berks West and Frimley in Q1 (subject to final approvals).

Data-sets from both My Care Record (Bucks) and Connected Care (Berkshire West and Frimley) are already in the TVS care records platform (**48% of the TVS population**), with Graphnet undertaking the process of matching / integrating patient records – this is planned to complete by early May, and provides the basis for the operational use of the TVS care records.

The Surrey Care Record is planned to go live within the county in June: once live the SyCR can then connect into the TVS platform alongside My Care Record and Connected Care – **bringing the total population coverage of the platform to 75%.** In parallel there are solutions identified to create links for records access to and from Oxfordshire and Milton Keynes.

Graphnet has stood-up a range of capabilities that provide data-outputs supporting direct care, and relevant for Covid19 response and related patient care (and in scope of the draft Direct Care DPIA)

As a technology solution to support records access and use for direct care the TVS platform provided by Graphnet is essentially ready; most of the remaining dependencies are customer-side (ie the TVS partnership).

Why: Around 20% of acute care for patients in the TVS area is provided outside of their home area

THAMES VALLEY AND SURREY
CARE RECORDS

18 % of all episodes of acute care

21% of all patients having out-patient care

This example shows the number of patients that **received care outside of their 'home area'** in 2018.

This care doesn't currently benefit from a shared health and care records programme.

1,814,981 Episodes of care

336,317 people

124,453 people

140,333 people

20% of all patients visiting an A&E

18 % of all patients having in-patient care

Benefits approach & UEC example

Sharing patient data across our counties

We know that 18% of all episodes of acute care across the TVS geography are for patients being cared for outside of their home area. This number rises to 20% of all patients visiting A&E.

Over time, the sharing of patient information across our counties will mean that:

- A patient from anywhere across the Thames Valley and Surrey patch will be able to go into a health and care setting and have the confidence to know that the health and care professional they see is able to access their records.

- Any health and care professional in any setting across the Thames Valley and Surrey patch will be able to access a patients records, regardless of which of our counties they live in

Urgent and emergency care

Central to the programme is the knowledge that through access to wider sets of information about patients they speak to and treat, paramedics and call handlers will be able to deliver faster, more appropriate care.

When a patient may be unconscious and not able to articulate key clinical information about their condition, having access to the patient's care record can help enable faster and more appropriate treatment.

Over time call handlers and paramedics will be able to see patient allergies, their previous medical history and any end of life care plans they may have. Enabling our call handlers and paramedics to have access to wider patient information will mean faster and more appropriate treatment for our patients.

Benefits – Direct Care examples

- Provide ambulance staff with direct access to the information they need in the form they want
- Enable Ambulance, Health and Social Care workers access current problems, diagnoses and meds for all patients in TVS
- Support the 52,000 ED, 91,000 IP & 638,000 OP attendances are out of area but within the TVS footprints
- For all inpatient and emergency care ensure current allergies and medication is known
- Provide information to support care across boundaries
- As the platform grows and more data will be added to support maternity and tertiary care.

Opportunities by Care System
(Sharing data with and reading data from TVS LHCR)

Care System	Read Data Care professional uses data in the LHCR	Sharing or Viewing Data for other care systems (data available via TVS LHCR to Care Professionals)
Oxfordshire	• Single Sign-On (SSO) access from Cerner HIE to Graphnet CareCentric, and / or: • Web viewer access to CareCentric is a contingency option	• SSO access from Graphnet CareCentric to Cerner HIE (view only) • OR: Graphnet can onboard Oxfordshire datasets into TVS (inc. analytics) and give GPs LHCR access • OR: Graphnet can re-use the MIG* for Oxfordshire to give other areas a view of Oxon GP data
Milton Keynes (MKUH)	• Web viewer access to CareCentric is a contingency option • OR: Re-use proven SSO connection from Royal Berkshire to enable MKUH staff to read data available in TVS LHCR though their Cerner system (could be a follow on to the Web access) • OR: Single Sign-On (SSO) access from Cerner HIE to Graphnet CareCentric	• Graphnet will take existing feeds from MKUH. Even just admissions, discharges and transfers (ADT) has real benefits to let other care professionals know of an acute admission or episode. • Graphnet have offered to include the Milton Keynes GP data.
Buckinghamshire	• Deploy real-time view of EMIS GP data viewable in CareCentric, in addition to full record (overnight).	• Joining up My Care Record and Connected Care as the first live use of TVS care records.
Connected Care (Frimley and Berkshire West)	• Deploy real-time view of EMIS GP data viewable in CareCentric in addition to full record (overnight).	
Surrey Heartlands	• Deploy real-time view of EMIS GP data viewable in CareCentric in addition to full record (overnight). • Analytics available with TVS integration	• Acceleration already underway • TVS looking to support SDRS • Date of integration with LHCR to be agreed

*MIG – Medical Interoperability Gateway

Programme expenditure / forecast

		2018/19	2019/20 to M11	2019/20 M12 forecast	2019/20 forecast	2018/19 & 2019/20 forecast	2020/21 forecast
Data Platform - milestone payments	SYSTEM C HEALTHCARE LTD	£600,000	£1,765,000	£835,000	£2,600,000	£3,200,000	£2,010,000
Data Platform - contract costs	SYSTEM C HEALTHCARE LTD	£0	£0	£0	£0	£0	1,208,333
Programme Team	SCW	£198,888	£422,709				
Programme Team	Synergy	£0	£298,593				
Programme Team	Frimley Health FT contracts	£52,596	£173,199				
Programme Team	NHS Buckinghamshire CCG	£68,160	£25,400				
Programme Team total		£319,644	£919,901	£140,000	£1,059,901	£1,379,545	£800,000
Independent IG report	AJ Spinks	£0	£1,600	£0	£1,600	£1,600	-
Patient & public involvement	Oxford AHSN	£85,000	£0	£0	£0	£85,000	-
Professional Services	PA Consulting	£399,057	£48,450	£55,000	£103,450	£502,507	100,000
Benefits and transformation via ICSs							213,000
Total		£1,403,701	£2,734,951	£1,030,000	£3,764,951	£5,168,652	£4,331,333

Income and Expenditure

	2018/19	2019/20 to M11	2019/20 Q4 forecast	2019/20 forecast	2018/19 & 2019/20	2020/21 forecast
Income:						
NHSx capital	4,000,000	1,000,000	1,500,000	2,500,000	6,500,000	1,000,000
Partner contributions to programme running costs						2,000,000
Programme Funding total	**4,000,000**	**1,000,000**	**1,500,000**	**2,500,000**	**6,500,000**	**3,000,000**
capital roll-over from 19/20						1,331,348
total 20/21 funding						4,331,348
Forecast expenditure 2020/21						4,331,333