THAMES VALLEY AND SURREY
CARE RECORDS

Thames Valley & Surrey Local Health & Care Records Partnership

Future Delivery Model Options Analysis

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Future Delivery Model Options Analysis

Overview

- PA was asked to consider the future delivery model of the Thames Valley & Surrey Local Health and Care Records
- In order to establish the most appropriate delivery model for the future, the future direction of the LHCR must first be established
- All stakeholders underlined the value of the LHCR, with uniform and vocal support for the Partnership, the broad aims of the LHCR and the aim of shared ownership and involvement
- The LHCR is at a crucial point in its development and there needs to be a fundamental shift from ‘build’ to ‘exploit’
- Exploitation of the LHCR should be focussed on agreed use cases that deliver tangible impact across the region
- Reaching agreement on those use cases requires continued engagement with regional stakeholders
- The future delivery model follows the agreed TVS operating model
- Stakeholders are clear that the future delivery model should be within the NHS (and not sub-contracted to a managing agent)
- Concentrating the delivery team fully in-house within a single organisation of the partnership is seen as less attractive
- The current ‘mixed economy’ model is seen as the most appropriate approach for future success
- But the future delivery model needs to evolve (and differ) from the current programme team
- Leadership always has been, and always will be, vital to the success of the LHCR

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Future Delivery Model Options Analysis

Key recommendations

Future direction of the LHCR

Establish the short and longer term needs of the different clinical and operational groups within the Partnership.

Confirm the use cases that the LHCR will focus on in the short to medium term and set targets for delivery.

Prioritise ambulance and emergency care use cases to emphasise the regional nature of the LHCR.

As the programme moves to closure and the new delivery model is brought into operation, use the opportunity to renew the relationship between the Partnership's members and the LHCR.

Re-fresh the vision and objectives of the LHCR, gaining buy-in for (and signatures against) a pledge to deliver agreed use cases in the next twelve months.

Future delivery model

The LHCR does not consider a managing agent approach to future service delivery.

The LHCR continues to adopt a mixed economy delivery model.

The LHCR continues to draw on NHS expertise to staff the delivery model.

Future delivery capabilities

The LHCR develops or sponsors a regional Business Intelligence and Analytics capability to support organisations within the Partnership.

The LHCR does not provide transformation capability in the future delivery model.

Future leadership model

Draw leadership of the LHCR going forward from within the region. Recruit a leadership team that exhibits the range of soft skills required to lead an organisation with influence but limited authority.

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Background

PA was asked to consider the future delivery model of the Thames Valley & Surrey Local Health and Care Records

As the **delivery programme** for the Thames Valley and Surrey Care Records (TVS) moves towards a conclusion, the team's thoughts rightly turn to the long-term support for the Care Records over the next few years.

Success within the programme has included establishing a solid Partnership across the region and the future service delivery model must reflect how that Partnership has been formed.

Delivery of the Local Health and Care Record over the next few years will evolve as the needs of the region change, so the future delivery model must be sufficiently flexible to accommodate and support continued evolution across TVS.

After discussion at the TVS Board on 30th January, it was agreed that an options analysis for the future delivery model of the LHCR be prepared.

PA was asked to consider the following question:

> *"what options are open to TVS for the long-term support and continued success of the Local Health and Care Record"*

PA has acted as the independent advisor and support to TVS since it's earliest days and understands the vision of the Partnership.

Having supported develop of the TVS Operating Model, PA understands what is required to ensure continued successful delivery.

PA interviewed senior stakeholders from across the Partnership on their views of the future delivery model. PA also interviewed national and regional NHS England representatives. PA further drew on its extensive knowledge of other LHCR and shared care records across the UK.

Note: As part of this work, PA confirmed that it would not consider a future role as a Managing Agent for the TVS LHCR

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In order to establish the most appropriate delivery model for the future, the future direction of the LHCR must first be established

Answering the question of what the future delivery model should be, necessitated asking a more fundamental question about how the LHCR and the Partnership should evolve.

As the Partnership becomes the primary funding route for the LHCR how does it serve all parts of the region and all elements of the health and care community?

So PA posed the question of what the future direction of the LHCR should be to support the Partnership. Hence what should be delivered, and how?

No stakeholders felt that maintaining the status quo was appropriate and several felt that there had to be change if the LHCR was to continue to be a valuable component of service delivery across the region.

All stakeholders underlined the value of the LHCR, with uniform and vocal support for the Partnership, the broad aims of the LHCR and the aim of shared ownership and involvement

But the aims and vision set for the LHCR at the outset need to evolve, and stakeholders felt some of the broader ambitions for the LHCR should be tempered by shorter term considerations.

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The LHCR is at a crucial point in its development and there needs to be a fundamental shift from 'build' to 'exploit'

As the LHCR reaches the end of the central funding window the view of stakeholders was that it must move into a BAU footing that focuses on 'use' more than 'construction'.

The key finding in discussions with stakeholders was a desire to move forward to exploitation of the data held within the LHCR and the expertise sitting with the programme team.

One stakeholder put it this way, "*we need re-engagement with some of the core stakeholders on their priorities* ***for the next year*** *– and make a collective effort to make that happen with their suppliers*".

This was amplified elsewhere, and on the next slide is an approach to plotting short term and long term objectives for different groups within the Partnership.

Recommendation : Establish the short and longer term needs of the different clinical and operational groups within the Partnership.

For many stakeholders, investment in local initiatives over the past few years were now resulting in tangible improvements to local service provision. Some stakeholders recognised the LHCR was on the same journey, but that the shift to similar delivery of real impactful change within a short space of time was required to regain momentum and aid engagement.

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Exploitation of the LHCR should be focussed on agreed use cases that deliver tangible impact across the region

The LHCR has been predicated on a number of user journeys since its outset, and virtually all stakeholders pointed to delivering specific use cases as the way to demonstrate the continued value of the LHCR across the region.

"*The aim of the LHCR should be to focus on the output and outcome and drive system change across the region*" said one stakeholder: identifying specific uses cases that would benefit clinical communities within the region and pursuing them to ensure clinical and operational staff received the information (easily and in the most appropriate form) they needed to perform their role.

It was clear that specific uses cases should be developed that describe:

- A specific user community within the region
- A specific clinical or operational need to be met
- A specific set of data to be presented to support health and care
- A clear benefit of the use case
- A target date or usage level to be achieved in order to demonstrate value

One stakeholder described this in terms of a data plan for the future – isolating what pieces of data are needed and focussing solely on those data items to ensure they are populated within the LHCR .

Many identified the ambulance service as the most obvious and immediate area for the LHCR to make a difference. Whilst SCAS covers the majority of the TVS geography, this extends to SECAMB.

Recommendation : Confirm the use cases that the LHCR will focus on in the short to medium term and set targets for delivery.

Recommendation : Prioritise ambulance and emergency care use cases to emphasise the regional nature of the LHCR.

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Reaching agreement on those use cases requires continued engagement with regional stakeholders

Engagement was one of the key themes that arose in conversations with stakeholders. All recognised that the LHCR had been built on strong engagement across the region.

Some felt that that engagement with stakeholders had changed since the signing of the contract with Graphnet. Some stakeholders admitted that they had reduced their involvement in the LHCR (either consciously or unconsciously).

One interviewee put it "*there has always been a push-pull relationship between us and the LHCR, now it needs a stronger pull.*"

What is clear is that there needs to be **continued emphasis** on the relationship between members of the Partnership and the LHCR.

It may be that a fresh statement of the vision and objectives of the LHCR is necessary. This could include a pledge to deliver the use cases mentioned above within the next year.

This should be combined with a communications plan that dovetails those commitments with a wide-ranging set of engagement activities that

Recommendation : As the programme moves to closure and the new delivery model is brought into operation, use the opportunity to renew the relationship between the Partnership's members and the LHCR.

Recommendation : Re-fresh the vision and objectives of the LHCR, gaining buy-in for (and signatures against) a pledge to deliver agreed use cases in the next twelve months.

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The future delivery model follows the agreed TVS operating model

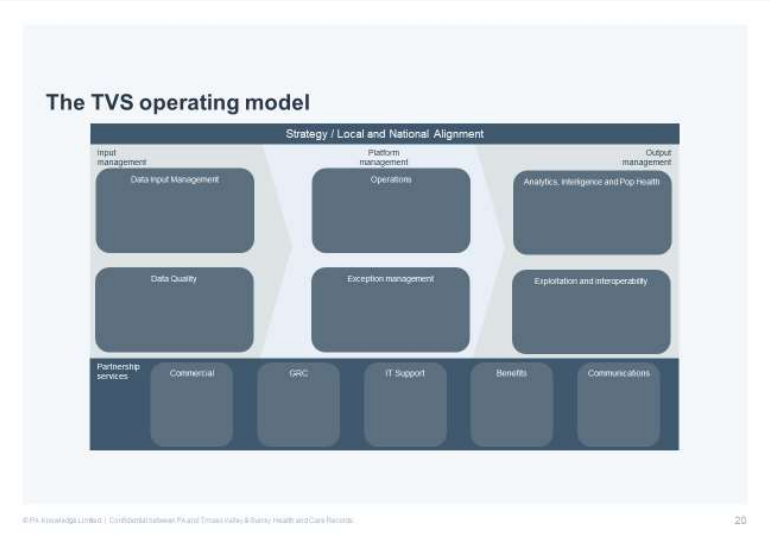
The discussions with stakeholders about the future delivery model was underpinned by the TVS operating model.

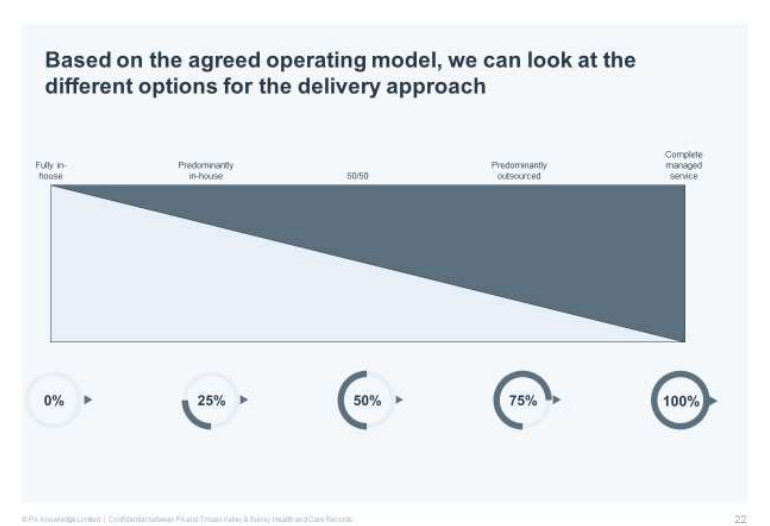
All stakeholders recognised the operating model provided the right basis for future delivery of the LHCR.

Stakeholders felt it important to focus on the exploitation elements on the right hand side of the model.

It was noted that some aspects of the operating model (such as data quality) were not receiving the attention they merited from either the LHCR team or the partners across the region.

PA defined a range of future delivery model options to discuss with stakeholders – these options were reviewed and agreed with the TVS LHCR Programme Manager. Appendix A to this report contains the slides used with stakeholders.





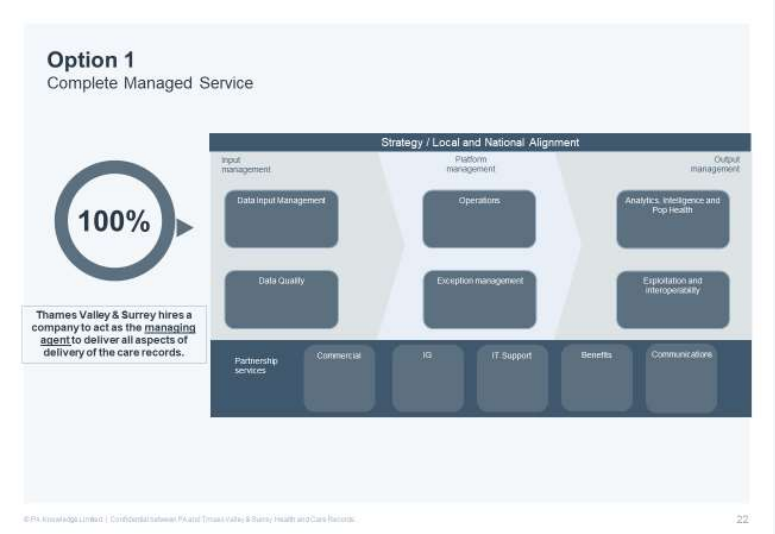
Stakeholders are clear that the future delivery model should be within the NHS (and not sub-contracted to a managing agent)

There was universal agreement that a Managing Agent model, with all activities out sourced to a third party to manage on behalf of the Partnership was not desirable.

Many described this as "*too distant*" or "*too far removed*" from delivery of the LHCR. As one stakeholder noted, "*you are seeking a Partnership arrangement with Graphnet – and that partnership is key for success – you don't want a customer / service relationship to develop [by using a managing agent]".*

PA has previously undertaken market soundings from organisations that could deliver a LHCR managing agent service. There is little appetite from the market to deliver this service and if it were to be procured from the market the pricing would likely be far in excess of the Partnership's budget.

Recommendation : The LHCR does not consider a managing agent approach to future service delivery.

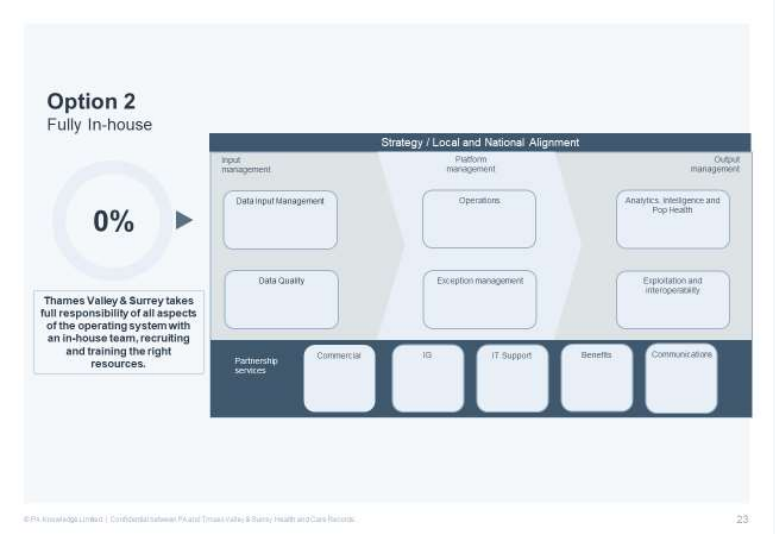


Concentrating the delivery team fully in-house within a single organisation of the partnership is seen as less attractive

Stakeholders were wary of concentrating the delivery team within a single organisation of the partnership (and it was assumed by all that this meant either Frimley or Oxford).

It was expressed predominantly as a perception issue – concentrating delivery in one organisation would be perceived as ceding control of the LHCR to one part of the region or one component of the Partnership.

There was no suggestion that this would actually be the case, rather it was a clear concern that 'the optics' of concentration was important to stakeholders across the region.



The current ‘mixed economy’ model is seen as the most appropriate approach for future success

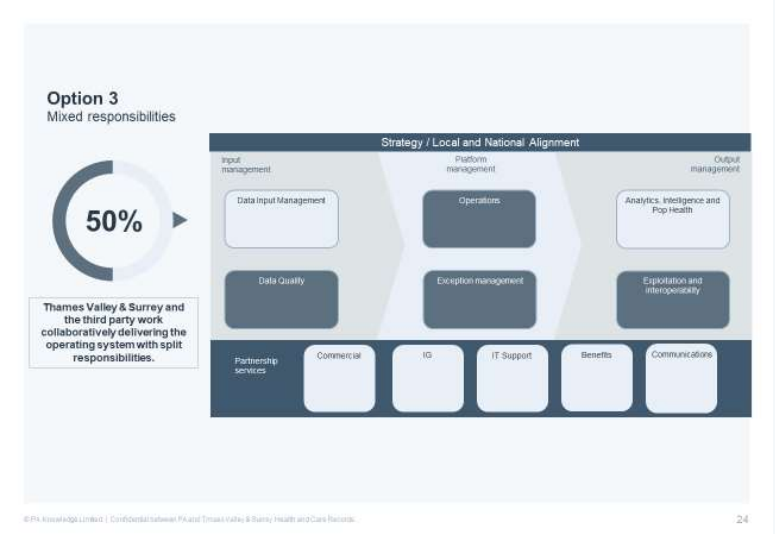
For stakeholders, a mixed economy approach for the LHCR was clearly the preferred future delivery model. But there was no consensus on the most appropriate ‘mixture’.

Recommendation : The LHCR continues to adopt a mixed economy delivery model.

What was clear was the perceived value of staffing the LHCR with individuals drawn from across NHS and social care organisations.

Recommendation : The LHCR continues to draw on NHS expertise to staff the delivery model.

Stakeholders were divided on the merits of drawing on external organisations to provide significant capability in the future delivery model. Whilst PMO and communications were mentioned in this context, one area where the involvement of third parties was positively encouraged was in business intelligence and analytics. As noted later in this report – this is an area where internal NHS capability is severely limited and drawing on external expertise would fill a substantial gap across the region.



But the future delivery model needs to evolve (and differ) from the current programme team

Stakeholders also struggled to reach consensus on the 'what' of the future delivery model – the functions and activities that should be available within the LHCR team of the future.

What was clear is that the future delivery model had to have a clearer focus on outputs and outcomes. A focus on inputs would lead the LHCR to *"act more as a regional IT department"* in the words of one stakeholder. As we will see, that ambition is in place for other stakeholders – the crucial element is distinguishing between systems of record and the LHCR.

As noted earlier, one area that brought the most comment was provision of an analytics capability. Many stakeholders recognised this was an area of weakness for individual organisations within the region and looked to the LHCR to provide a service to exploit data held in the LHCR. Other LHCRs have also considered the approach of providing a regional business intelligence and analytics service as a complement to their core LHCR service.

Recommendation : The LHCR develops or sponsors a regional BI&A capability to support organisations within the Partnership.

A small number of stakeholders felt transformation expertise sitting in the LHCR was a valuable regional capability that would enable best practice to be disseminated across the region. But there was a general feeling that transformation was most appropriately located within individual ICSs. The LHCR should

Recommendation : The LHCR does not provide transformation capability in the future delivery model.

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Leadership always has been, and always will be, vital to the success of the LHCR

One area in which there was unanimity from the stakeholder interviews was the desire for the future leadership to come from within the region – although not necessarily from within the current programme team or stakeholder teams.

It was recognised that the LHCR has achieved much of what it has achieved to date through **strong and visible leadership** from the SRO, programme leadership and key stakeholders.

Future leadership should retain this characteristic of strong and visible leadership

Stakeholders emphasised the ability of future LHCR leadership to establish empathy with the many groups across the region – from social care, acute care, primary and secondary care

There was disagreement from stakeholders as to whether a clinical background was necessary for the future leadership of the LHCR. Whilst generally considered advantageous, it was generally felt to not be a mandatory requirement. PA notes that only one LHCR has a clinical leader as SRO.

Several stakeholders suggested that leadership of the LHCR revolves around the Partnership (similar to the way in which the Council of Europe operates!). This may be an attractive approach to leading the programme, although there are few examples of how this might work in practice.

Recommendation : Draw leadership of the LHCR going forward from within the region. Recruit a leadership team that exhibits the range of soft skills required to lead an organisation with influence but limited authority.

Note: The future governance model for the TVS LHCR was outside of the scope of this options appraisal and it is assumed that the governance framework will continue in its current form once the new delivery model is in place.

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Characteristics of the future leader of the LHCR

Some different perspectives from stakeholders

Core characteristics of the future leadership of the LHCR

- Strength in stakeholder management to ensure engagement with all elements of the Partnership
- "Gravitas in the system" to be able to influence and support ICS leaders
- Passion for doing the right thing to communicate and evangelise about the benefits of the LHCR (one stakeholder explicitly described *"Evangelical leadership, we need someone who can express the shared vision of LHCR"*)
- Someone who can demonstrate empathy with clinical colleagues from many disciplines and types of organisation within the region. Some felt coming from a clinical background was advantageous, but not essential

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Corporate Headquarters
10 Bressenden PlaceLondonSW1E 5DN+44 20 7730 9000

paconsulting.com

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