

Thames Valley and Surrey LCHR Programme Board paper

Date of Meeting: 19/5/2020	Paper No: 3c
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Title of Paper: Paper 3c TVS LCHR Board 19.05.20 paper_03c MCR_SyCR TVS migration
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Paper is for:	Discussion	x	Decision		Information	
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Purpose and Executive Summary:
<p>To inform the Board of Buckinghamshire and Surrey’s plan to explore moving to the TVS LCHR Graphnet platform. Such a move would mean:</p> <ul style="list-style-type: none"> No local CareCentric platform Renegotiated contract with Graphnet – and presumably TVS. Reduced costs with Graphnet Reduced overheads (local and TVS) for BAU and implementation

Engagement:
TVS Programme and Frimley need to be engaged.

Action Required:
Support from Board

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Financial Implications of Paper: None

Conflicts of Interest	
No conflict identified	✓
Conflict noted: conflicted party can participate in discussion and decision	
Conflict noted, conflicted party can participate in discussion but not decision	
Conflict noted, conflicted party can remain but not participate in discussion	
Conflicted party is excluded from discussion	

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Tick if <u>Not</u> for publication:	
Reason:	

TVS LHCR Programme Board
Surrey and Buckinghamshire plans for Graphnet
14/05/2020

1. Introduction

This paper is to inform the TVS LHCR Programme Board of the intent by the Surrey partnership and Buckinghamshire ICP to explore moving onto the LHCR Graphnet platform. This is a direction of travel anticipated by the TVS programme at the outset, but not envisaged as early as this in the TVS journey.

2. Current Situation

Buckinghamshire' My Care Record (MCR) is on a Graphnet CareCentric instance on an MS Azure cloud. It is then fed into the TVS LHCR Graphnet CareCentric instance on an MS Azure cloud. The data feeds to MCR go through the validation and testing for both MCR and then onto TVS LHCR (ETL stages 1 and 2).

The data feeds to MCR have been updated since the Bucks MCR data was fed into the TVS instance. The two feeds have not been resynchronised. So the TVS instance does not have community or mental health data that is now on MCR.

The Surrey Care Record (SyCR) is being implemented on a Graphnet CareCentric instance on an MS Azure cloud.

SCAS and Milton Keynes UH are progressing with their preferred option to feed their data directly to and accessing the TVS LHCR instance directly.

3. Expected Benefits

There is duplication of both process and licence costs in maintaining both a local, in this case MCR and SyCR, and the TVS LHCR CareCentric instance. Moving to the LHCR platform will provide benefits around:

- **Cost reduction:** moving from several instances of CareCentric to one will save licencing and Graphnet support costs. Graphnet will see a saving in their processes.
- **Data on-boarding:** each local CareCentric data on-boarding process is then followed by TVS ETL 1, 2 and 3 processes. Only the TVS process is required if sitting on that platform.
- **Analytics platform:** the architecture and for local analytics pulling data from LHCR is not clear. Does the data get stored on both platforms? Having only one instance to set up would greatly simplify this. The platform(s) will need to be architected to support segregated access, e.g. based on organisational/geographic requirements. Doing this and maintaining it only once will be more efficient than undertaking several times.
- **IG processes:** a reduction in the number of overlapping shared care records will simplify IG processes such as subject access requests and audits. These will only have to be run against the TVS instance. This will also resolve questions about the validity of persisting data in several instances: there is only the one persisted data repository.
- Absolutely agree
- **User issues:** triaging of user problems will be compounded with two, possibly more, CareCentric instances. For instance one would need to determine if a user problem is at a local or TVS level?

4. Impact of moving to the TVS Instance

Moving to the TVS instance will provide the benefits identified above. However, other implications need to be considered, and assurance provided that these are not a risk to the wider programme. The potential impacts, or risks, are listed below. They are not exhaustive nor are they fully discussed. None are deemed show stoppers, but some work will need to be undertaken to manage them.

4.1. Commercials

The current Graphnet contracts do not support the move to TVS LHCR platform and will have to be renegotiated so they are consistent with that move. The renegotiation will have to consider the impact on Frimley as the current contract holder and owner of the TVS “information asset”.

4.2. New organisations and data feeds

The processes for on-boarding new data flows directly to the TVS instance, i.e. not through a local shared care record, have to be established. This is being determined for SCAS and MKUH so is not a new requirement. Qualifying criteria for new organisations have already been identified.

4.3. Areas not moving to TVS Instance

Not all areas are going to move the TVS instance. Is there an impact on those with a local platform? This needs monitoring as the LHCR system evolves.

4.4. Information Governance

The current IG structure and IG framework with lead data controllers representing local areas needs to be reviewed. Does the model still hold? The principle and processes behind it appears at initial consideration to be still valid but this needs to be worked through.

5. Future Instance

It was entirely logical to establish the current architecture setup: local shared record instance feeds TVS wide shared record and PHM data platform.

However, it has become apparent since putting Buckinghamshire’s MCR data onto the TVS LHCR CareCentric instance that a number of BAU processes have been replicated. Surrey has identified the same issues in their planning, hence their desire to explore moving onto the TVS instance and not having a local instance.

While exploring moves for Buckinghamshire and Surrey the aim will be to help define a model for others to move directly to the TVS LHCR instance.

Buckinghamshire and Surrey ask the TVS LHCR Programme Board to support these considerations.