

Report to the NHS Somerset Clinical Commissioning Group on 24 September 2020

Title: Digital Portfolio Annual Report	Enclosure H
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Executive Lead	Alison Henly, Director of Finance and Performance
Clinical Lead:	Dr Justin Harrington, Chief Clinical Information Officer
Author:	Allison Nation, Associate Director – Digital Strategy

Summary and Purpose of Paper

To provide an overview of the Digital Team portfolio, achievements since September 2019 and future plans for the rest of 2020/21.

Recommendations and next steps

To Approve the annual report and provide feedback on future plans.

Impact Assessments – key issues identified

Equality	These elements are covered within each project/initiative/programme, retaining vision on improving information sharing through digital transformation for all people in Somerset			
Quality	As above			
Privacy	As above			
Engagement	As above			
Financial / Resource	As above			
Governance or Legal	As above			
Risk Description	As above			
Risk Rating	Consequence	Likelihood	RAG Rating	GBAF Ref



SOMERSET CCG DIGITAL PORTFOLIO UPDATE 2020

September 2020

SOMERSET CCG DIGITAL PORTFOLIO UPDATE 2020

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EXECUTIVE SUMMARY

Wow – what a difference a year makes!

The Annual Digital Update 2018-19 noted that the CCG Digital Team portfolio “looked set to be another exciting year!”

A personal reflection - this is clearly an understatement. 2020 has been an incredible year to really implement and extend our digital tools and services in delivering health and care to our local communities. Of particular focus has been our role in enabling shielding and improved safety for both local people and our workforce in accessing and delivering care during the COVID19 pandemic.

I recall the early days in responding to a range of urgent needs. In particular, the sense of relief with the arrival of MS Teams in mid-March 2020 enabled the Team to support CCG colleagues to begin the exit from Wynford House and start to work remotely from home. The success criteria was the metric of less cars in the car park viewed from the Digital Team office over 3 days – proving our CCG colleagues ‘can do digital’!

The following weeks saw the Team stretch to respond to the fast track of digital transformation – building on the previous 15 years of developing trust and confidence to improved information sharing, a sound technical infrastructure and planned investment in business continuity laptops for new ways of working.

In recognition of this work, our CCG Digital Team have received the British Computer Society vITalworkers pin badge. Working together with local and regional colleagues across the system, we have responded at pace to the need for extra laptops and video-conferencing tools, the extension of online consultations as part of total triage arrangements, and supported rapid need for new information sharing tools, such as Treatment Escalation Plans, and options for new ‘Digital First’ services.



The Somerset CCG Digital Team remain part of the Operations Directorate, with current links to Finance Directorate, overseeing a portfolio of clinically led, digitally enabled initiatives, and with an increased focus on digital access and inclusion for all people living in Somerset. Our team has extended with the welcome addition and hosting of our first DOTs – Digital Outreach Team members - who work within Primary Care Networks, local practices and communities, in using digital tools to access health and care services and information. Through the ‘Joining the DOTs’ Network we are sharing best practice, hints and tips, through standardised training materials, webinars and

podcast developments, for use by workforce colleagues and in engagement with local people seeking health care.

We have also welcomed an additional Clinical Lead to the team, focusing on the exciting development of BRAVE AI – a digital tool used in conversation with a patient to understand their health and lifestyle factors with potential risk of an unplanned admission in the next year. The tool also has scope to support our increasing focus on population health management, and emerging from the groundwork of the Public Health 2019 JSNA, discussions continue to explore how we best utilise data to understand the wider determinants of health. This element of the Digital Portfolio is a key part of Phase 3 activities and we are planning to introduce some key roles to focus on Primary Care data analytics as leads and 'Data-DOTs'.

With the current COVID19 pandemic providing both learning and opportunity across the digital and data portfolio, the team have supported a depth, breadth and pace of initiatives to support transformation across corporate CCG workforce, primary care workforce, and as part of wider system discussions. We continue to work with colleagues to ensure good information governance with clear purpose is established, and utilising secure protected infrastructure. One new focus identified is for NHS support to care homes and establishing a digital baseline for these organisations, in order to plan how we engage and support relevant information sharing.

As we move into Phase 3 activities, the SDeR Programme to establish our Somerset Shared Care Record remains a core priority for delivery, with good development progress including training and support materials prepared. Following a pause in Spring 2020 as the impact of COVID19 became apparent; the work has now restarted with User Acceptance Testing before soft launch across a number of settings planned in the coming weeks.

Our CCG Non-Executive Directors have recognised the heart of digital transformation and we are delighted that three have recently become 'Digital Champions' to provide both support and challenge. This will ensure the 'digital threads' form part of CCG and system strategy and planning, and the elements of people, process and technology are addressed during transformation.

2019-20 has been another year of substantial transformation, with the CCG Digital Team continuing to stretch, spread and explore opportunities and welcoming engagement and task team working with our local communities and colleagues.

Allison Nation
Associate Director - Digital Strategy

SOMERSET CCG DIGITAL PORTFOLIO UPDATE 2020

1 INTRODUCTION

- 1.1 This document provides an update of the Digital Portfolio managed and delivered by the Somerset CCG Digital Team. This includes the breadth, depth and pace of achievements and progress relating to three elements of Digital Transformation, Data Security and Protection, and Population Health Management.

2 CONTEXT

- 2.1 The Annual Digital Update 2018-19 noted that the CCG Digital Team portfolio “looked set to be another exciting year!”
- 2.2 On reflection, this is clearly an understatement. With the impact of the COVID19 pandemic, the early days needed action for a range of urgent needs. In particular, the arrival of MS Teams in mid-March 2020 enabled the Team to support CCG colleagues to begin the exit from Wynford House and start to work remotely from home. The success criteria was the metric of less cars in the car park viewed from the Digital Team office over 3 days – proving our CCG colleagues ‘can do digital’!
- 2.3 The following 5 weeks saw the Team stretch to respond to the fast track of digital transformation – building on the previous years of developing trust and confidence for improved information sharing, a sound technical infrastructure and planned investment in business continuity laptops for new ways of working.
- 2.4 Working together with local and regional colleagues across the system, we have responded at pace to the need for extra laptops and video-conferencing tools, the extension of online consultations as part of total triage arrangements, and supported rapid need for new information sharing tools, such as Treatment Escalation Plans, and options for new ‘Digital First’ services.
- 2.5 Digital technology underpins contemporary ways of working and therefore is a fundamental part of NHS sustainability and transformation. The Somerset Sustainability and Transformation Partnership (STP) through Fit For My Future (FFMF) has a number of workstreams that are clinically led and will need to be digitally enabled, an ethos established through the Somerset Digital Roadmap in 2016. The Somerset Digital Delivery Board (DDB), that oversees digital initiatives across the Somerset health and care community, will now begin to report to the Somerset System Assurance Forum (SAF).
- 2.6 The need for matrix working, as outlined by Somerset CCG leads, is an approach the Digital Team continues to be ambassadors for, with continued and expanding engagement opportunities with clinical, executive, operational and patient led groups.

- 2.7 The following organisations are core to the Somerset Digital footprint:
- Somerset CCG
 - Somerset GP Practices
 - Somerset County Council (SCC)
 - Yeovil District Hospital NHS Foundation Trust (YDH)
 - Somerset NHS Foundation Trust (SFT)
 - St Margaret's Hospice
 - Devon Doctors 111 and Out Of Hours.
- 2.8 Other organisations vital to delivering effective care include:
- Dorothy House Hospice
 - Weston Hospicecare
 - Children's Hospice South West (CHSW)
 - Somerset Care Homes
 - Care UK
 - Professional Committees including Somerset Local Medical Committee (LMC), Local Dental Committee (LDC), Local Optical Committee (LOC) & Local Pharmacy Committee (LPC).
- 2.9 The priority of focus is to improve the local information flow and digital services within the county of Somerset before we focus on a wider flow across the South West and then nationally. There is more limited engagement with further organisations that provide health and care services in our neighbouring areas, and local opportunities continue to be offered and explored based on need and level of engagement from these providers. These include Weston Area Health NHS Trust, Royal United Hospital Bath NHSFT (RUH), Circle Bath, Devon CCG, Dorset Care Record, Bristol Connecting Care, Gloucestershire CCG, RD&E in Exeter, Swindon CCG, Wiltshire CCG and Cornwall CCG to name a few.
- 2.10 Somerset is an active member of the South West Community, attending South West CIO / CCIO events, as well as regularly meeting with colleagues from surrounding counties as part of professional digital networking, co-design, sharing knowledge and collaborative working. Somerset is also engaged with multi-agency and regional initiatives such as the One South West Local Health Care Record (LHCR) programme. This regional networking includes Cornwall and the Isles of Scilly, Devon, Bristol, North Somerset, South Gloucestershire, Bath, Swindon and Wiltshire and Dorset.

3 COVID19 – a Digital Journey

3.1 The COVID19 pandemic has accelerated the need for digital transformation across the health and care system. In a world where face to face contact needs to be limited, technology is required more than ever to maintain services to patients, for staff to be enabled to work remotely and for information to be shared between organisations.

3.1.1 The Digital Team has supported many of the Incident Cell Groups formed

over COVID19 due to technology underpinning transformation and changes in ways of working.

3.1.2 We quickly embraced additional support capacity from SCW and the SWAHSN for rapid implementation of projects during COVID19, facilitated by the regional digital team in NHS England.

3.1.3 This section explores the main projects that have been implemented since lockdown on 16 March 2020.

3.2 SUPPORTING REMOTE WORKING

3.2.1 By working in partnership with SCW, we were able to respond at pace to the digital challenges presented by COVID-19 lockdown. SCW built in excess of 500 laptops and with the direct support and assistance of the CCG Digital Team, the laptops were delivered to healthcare professionals across Somerset to enable them to continue to deliver services remotely.

3.2.2 There was also a smooth shift for CCG workforce to work from home due to laptops replacing PCs as part of the rolling programme and staff were able to take kit (i.e monitors/ peripherals) home if required.

3.2.3 VPN licences were made available to all staff via pinsafe or Always On VPN (plus real VNC for appropriate practice staff). Webcams and smartcard readers were also rolled out where available to GP Practices (there was a national shortage of webcams and headsets).

3.2.4 Weekly communications to GP Practices regarding digital developments commenced the week of lockdown and are still ongoing via the GP Bulletin.

3.2.5 **Microsoft Teams** - Microsoft Teams (MS Teams) was rapidly rolled out nationally to all nhs.net users at the end March 2020 by NHSmail enabling users to video call, chat and create local Teams. Local communications were issued and user guides created with initial support provided by the Digital Team. The SCW Training Team were soon prepared to provide support to GP Practices.

3.2.6 Extra functionality is still being added by NHSmail and hand raising, dial in functionality, recording in Microsoft Streams and 3x3 split screen have already been made available. The Digital Team are working directly with the Microsoft Customer Success Team to better understand the functionality and link with other local organisations such as SCC who are also using Teams.

3.2.7 Functions not yet included are still being signed off from both technical and information governance (IG) perspective by NHS Digital.

3.2.8 MS Teams is to be part of the national Office 365 (N365) offering moving forward and the Digital Team have commenced are working through this rollout process with SCW to procure licences and upgrade the whole

estate to N365. N365 offers improved resilience and flexibility working and the Digital Team are working with Microsoft and SCW to look how best this can be utilised going forward.

3.2.9 Skype, Webex, Zoom, Attend Anywhere and Hospify are just some of the other Tools being used across Somerset NHS and Care providers and the IG Team have been working with SCW to understand information governance compliance of these Tools and produce DPIAs. The Digital Team has worked with provider IT Teams to provide a common message and ensure support is available for their staff to join MS Teams meetings. Support is also available via SCW for CCG and practice staff joining Skype and Webex meetings via the web app.

3.2.10 High level conversations continue with providers regarding alignment of videoconferencing systems.

3.3 DIGITAL PATIENT FACING SERVICES

3.3.1 **Total Triage** - Due to COVID19 NHS England asked all GP practices to implement total triage, including both an Online Consultation solution and a Video Consultation solution (as detailed below) by 30 April 2020. Total triage means that every patient contacting the practice is first triaged before making an appointment. It is possible to do this entirely by telephone, but this is likely to be less efficient

3.3.2 **Online Consultations** – Online Consultations enables asynchronous communication between the patient and their GP practice via the practice website. Engage Consult is the chosen CCG procured solution but practices are able to choose from several suppliers including Ask My GP, e-Consult and the Online Consultation product from EMIS. Funding is available via Somerset CCG until March 2021 at approximately 20p per patient with the first year funded at a minimum. The CCG (Primary Care and Digital Team), SCW and South West Academic Health Science Network (SWAHSN) supported help practices implement their chosen solution and communicate to staff and patients. As of August 2020, 91% of Somerset GP practices are live or have procured a supplier to provide online consultations.

3.3.3 **Video Consultations** – Video consultations are used for direct clinician to patient consultation in place of a face to face consultation where appropriate. The clinician would usually commence the appointment as a telephone call and then text the patient a link to join by video if required. The free, secure, solution AccuRx is used by the vast majority of Somerset Practices as it is quick and easy to use on any device. EMIS Video Consult is also used in a handful of practices. The SCW and CCG have rolled out a limited number of webcams (due to the shortage) and monitors with built in cameras in order to streamline use. 100% of practices have a video consultation solution in Somerset and there is very positive feedback from clinicians and patients and benefits are being collated.

3.3.4 **Antibody Testing Sites/ Covid Trac** – The Urgent Care Team were tasked with setting up antibody testing sites for NHS staff and procured an online booking system (Covid Trac). The Digital Team were involved in providing kit, working with YDH (who run the clinics) to ensure that the technology worked and gave advice on how Covid Trac should link with organisations and their existing systems. There were a few issues that needed to be resolved due to the pace of the rollout.

3.3.5 **Think 111** – Preparation for Winter 2020, we are working with NHS Digital and NHS England, as well as part of the local programme of work, to determine the clinical, communication and digital aspects of changing the way patients are directed and managed via Emergency Departments, Minor Injury Units (MIUs) and other clinical settings in Somerset. As part of this, YDH is looking to be a national pilot site for use of the national 111 Emergency Department Data Integration (EDDI) information flow, dashboard and booking service.

3.4 INFORMATION SHARING

3.4.1 **Treatment Escalation Plan Sharing during COVID19** – Covid-19 highlighted the need to share Treatment Escalation Plans (TEPs) between Trusts and GP Practices. A process was formed in March 2020 whereby TEPs were sent to an email account staffed by SCW and then sent to the patient's registered GP, which are then embedded in their electronic record and visible throughout the county via EMIS Viewer. Although this is a relatively simple process, TEPs have not been shared in this way before. Approximately 1,450 TEPs have been shared since the process was put in place. As well as sharing these TEPs, SCW have been monitoring the data quality in order to raise issues with the Trusts and the CCG quality Team to help improve the way these documents are completed.

3.4.2 **COVID19 Clinical Assessment Service (CCAS)** – CCAS is a national COVID clinical assessment service stood up by NHS England as a central service to support the process of NHS 111 being the primary touchpoint for patients with COVID19 symptoms and concerned. Practices were asked to make slots available for direct booking from CCAS using GP Connect. The Digital Team facilitated this alongside NHS Digital and the Urgent Care Team to complete this work and troubleshoot and resolve any issues in line with the national deadline. This service is now online and appointments are regularly booked into GP slots. There has been some validation and audit work carried by NHS Digital and local teams.

3.4.3 **Vulnerable Patient Reports from Primary Care** – The national programme to identify and protect patients who may be at high risk from developing complications from COVID19 has been ongoing since March 2020, and is referred to as the Shielded Patient List (SPL). Since early May 2020 NHS Digital have EMIS with weekly lists of patients who are being added or subtracted from the SPL, and EMIS has then been adding these into affected EMIS Web GP systems in England. This process will

continue until NHS Digital advise that such action is no longer required. The Digital Team, particularly the CCIO, has been keeping track of these lists and notifying practices when they change.

4 DIGITAL PORTFOLIO – THREE ELEMENTS

- 4.1 In line with national structure, the day to day Digital Portfolio of work is divided into three elements:
- Digital Transformation (identified through SIDeR Programme, other local initiatives and national initiatives)
 - Data Security and Protection
 - Population Health Management.

4.2 Digital Transformation

- 4.2.1 The Digital Team manage, support and promote an expanding programme of local, regional and national initiatives. This section will provide an overview of current achievements within this element of work, focusing initially on the SIDeR Programme, followed by further local digital transformation initiatives.



- 4.2.2 **Somerset Integrated Digital e-Record (SIDeR) Programme** – this is the broadest digital transformation programme in the county. It aims to improve information sharing for direct care purposes across health and social care, ensuring the right person gets the right information at the right time. There are a number of projects within this programme as this section explores.
- 4.2.3 In April 2018, Black Pear (SoftCat Ltd) was awarded a three year contract as Somerset’s Technology Partner to work with us to build a bespoke set of services to realise the SIDeR Programme ambitions and objectives. This contract is funded by the Estates and Technology Transformation Fund (ETTF) received in 2016/17.
- 4.2.4 **EMIS Viewer** has been live since October 2016 and now enables read only access to Somerset residents’ GP record for clinical staff at SFT, YDH, St Margaret’s Hospice, 111 and Out Of Hours (OOHs), Weston Area Health NHS Trust, Care UK (Shepton Mallet Treatment Centre), CircleBath (NHS only), Children’s Hospice South West, Safeguarding Staff and School Nurses, Health Visitors at Somerset County Council, Weston Hospicecare, Somerset CCG services supporting direct care and 12 Community Pharmacies.
- 4.2.5 EMIS Viewer has been used over 220,000 times since go live and usage is vastly increasing month by month, with feedback shared with GP Practices. A significant number of benefits have been realised, including

resource saving; streamlining of personal care by treatments being able to commence quicker; a reduction in tests ordered / repeated and an improved care experience.

- 4.2.6 The aim is to rollout EMIS Viewer to further engaged community pharmacies over 2020/ 21. A Level 2 ISA is in place between all Somerset GP Practices and community pharmacies to enable this.
- 4.2.7 **Learning Difficulties** - In January 2017, SIDeR established an Information Sharing Agreement (ISA) to allow notification of a formal assessment outcome that a person has a Learning Difficulty (LD) and/or Autism, to be shared by SCC, with YDH and SFT. Refreshed lists of people with LD and/or Autism are now securely shared every 6 months. To date, over 1600 Acute records have been flagged to make clinicians aware of the people's LD and/or Autism status when presenting for treatment.
- 4.2.8 **End of Life** - The Electronic Palliative Care and Coordination System (EPaCCS) SIDeR service launched in April 2019. This enables a more effective and efficient clinical process for managing End of Life records as all main organisations involved in that person's care are now able to read, write and create records within the same system. Records are also automatically uploaded to the patient's GP record for any other clinicians to view via EMIS Viewer too.
- 4.2.9 EPaCCS is hosted using Black Pear's Core software and is accessible by GP Practices, District Nurses, the End of Life Care Coordination Team, 111 and OOHs, St Margaret's Hospice, Dorothy House Hospice, Weston Hospicecare and the YDH Palliative Care team. Over 2,220 records are currently live on the system.
- 4.2.10 **Basic Notes** – The Black Pear Core software now also hosts a basic note facility for practices to flag information that may be important for 111 and Out of Hour services. Approximately 4,500 basic notes have since been created on the system.
- 4.2.11 **NHS Number** - The NHS number has been adopted, in line with national standards, as the primary person identifier in SIDeR. Black Pear created and launched access for SCC to have access to the national spine service in 2019, to enable them to add the NHS number to their Child Social Care records (Adult Social Care records already have the NHS number embedded). This bridges health and social care with a unique person identifier, enabling care professionals to confidently discuss a person's case using this identifier only.
- 4.2.12 **Bed Management** - The Digital Team has established a system with a supplier called Sundown, as a sub-contractor of Black Pear, to work with Somerset CCG (including Continuing Health Care) and SCC to define, manage and track nursing and residential care home occupancy, bed state levels, specialist services and performance monitoring throughout the county.

- 4.2.13 The Sundown service was launched with nursing homes in January 2019 and residential homes mid-way through the year. This contributes to a countywide bed state, which in turn will allow more effective winter planning. Acutes and Community Hospitals are in tandem, working as part of the Business Intelligence element of the Somerset Digital Portfolio, to develop a hospital bed state, to combine with Sundown data, delivering a countywide view of bed state capacity and control.
- 4.2.14 **SIDeR Shared Care Record (SSCR)** – the SSCR is a presentation layer that draws information, on demand, from person records held by the main care organisations in Somerset. SSCR will be accessible directly and by context launch from the main clinical electronic patient record system in each organisation (see Appendix A for a mock up view of the SIDeR presentation layer).
- 4.2.15 The SSCR was due to go live in April 2020 but had to be paused to allow the Somerset digital services to support their organisations to respond to Covid-19 priorities. The SSCR programme was restarted on 1 July 2020 and the aim is to now go live in a staged approach from the end of September 2020 with data from YDH, St Margaret’s and GPs to be available first, and SCC and SFT acute, community and mental health data to follow. The SSCR will also surface hospital encounter information from the Bristol shared care record service, Connecting Care, for Somerset patients treated in specialist services in BNSSG.
- 4.2.16 The SSCR presentation layer consists of a summary screen, as well as individual tabs for each organisation, with the content and layout prioritised, crafted and validated by Chief Clinical Officers, Clinical Safety Officers and health care professionals. Context launch is being built for SIDeR in native clinical systems, allowing health care professionals to seamlessly access SIDeR using their own native system logon credentials.
- 4.2.17 A detailed SIDeR communications and training plan has been developed and the Digital Team are engaging with IT and training teams within the stakeholder organisations. The system will be intuitive to use, but local training teams will be prepared and provided with support tools created by Black Pear and Somerset CCG Digital Team.
- 4.2.18 SSCR is developed as an on-demand system that will pull live records when required and not retain once viewed, save the underlying audit trail. This model ensures data will be timely and reduces risk as well as delivering a lean and GDPR compliant information governance overhead.
- 4.2.19 The SSCR is underpinned by a Level 2 ISA between all parties involved and is solely for the use of direct care purposes. A Quality and Equality Impact Assessment (QEIA) and a Data Protection and Impact Assessment (DPIA) have also been produced.

4.2.20 **Community Mental Health Service led by SFT** have contracted Black Pear's technical services to create, store and share their mental health assessment data with GP practices and others, together with an associated workflow tool. This project has a shared infrastructure and governance with the SDeR programme and should be visible in time via the SSCR.

4.2.21 **Treatment Escalation Plans** - The TEP sharing process as detailed in the COVID19 section has highlighted the need to have a shared platform to create and update TEPs. This could potentially be possible via Black Pear Core Care Plans. There is still currently a requirement for a paper version of the TEP to be present in the patient household in case an ambulance crew attend. SWASFT continue to be invited to join Somerset and regional information sharing initiatives in the South West. Should they join any of these at any point in the future, the value of an electronic TEP process and the Shared Care Record services would exponentially increase.

4.3 Further Local Digital Enabling Initiatives

4.3.1 The following streams of work have emerged through local discussions and need for digital transformation as part of new ways of working.

4.3.2 **Care Homes** – The Digital Team were involved in the NHS Support to Care Homes and the Somerset Strategic Care Cell to understand digital support requirements for care homes. This led to creation of a Digital Baseline of digital status across Somerset care homes. Through PCN discussions it has been identified that there is a clear need for improved connectivity between care homes and the health and care system. We are working with Primary Care Network Clinical Directors, Care Homes and NHS England & Improvement on this work. In tandem with the national framework released, Somerset have and continue to engage with Care Homes to determine how the Somerset system can increase digital maturity, improve the information flow and provide more effective care of patients in all settings, via multi-disciplinary team working and establishing communal access to and co-creation of patient information. SDeR may well become the solution for a proof of concept that could well spread across Somerset.

4.3.3 **Hospices** – Supported by NHS England and Improvement, Somerset have built on their existing relationship with all hospices in and over the borders of Somerset, to ensure we advise, guide and train them on digital tools available, such as MS Teams and AccuRx, to enable them to provide remote video consultations with their patients during and beyond the COVID pandemic.

4.3.4 We also supported Children's Hospice South West to establish HSCN connection in order for them to be able to access EMIS Viewer.

4.3.5 **Local Pharmacy Committee (LPC) Digital Engagement** – Monthly digital engagement meetings are held with the LPC to discuss digital

projects linked to pharmacy such as EMIS Viewer, the Electronic Prescription Service (EPS) and 111 referrals to the Community Pharmacy Consultation Service. The Digital Team has utilised primary care funding to support the LPC with digital engagement. This has enabled the rollout of digital projects to facilitate working and information sharing initiatives between pharmacies and health and social care organisations.

- 4.3.6 **Local Medical Committee (LMC) Digital Engagement** – Monthly digital engagement meetings are held with the LMC to discuss upcoming projects and address any digital issues arising in primary care. The Digital Team has utilised primary care funding to support LMC to provide digital engagement and work with practices to ensure they understand and sign up to changes in ways of working.
- 4.3.7 **Electronic Referrals** - The highest spend in Somerset is on elective care; therefore improving the quality of the referral process is key. The majority of referral forms have been converted to EMIS templates that enable appropriate demographic and coded information to be auto-populated thus saving GP time to complete and upload to eRS. 98% of referrals are made through the electronic Referral System (eRS).
- 4.3.8 **EMIS Resource Publisher** - EMIS Resource Publisher was purchased with ETTF in 2016, but still has a number of issues and therefore has not been fully released by EMIS across its estate of Practices that use this clinical system. Once this software is available, referral documents can be made centrally available within EMIS and protocols can be released to prompt GPs that information is available from within EMIS.
- 4.3.9 **Digital Forum** – The Digital Forum comprises of IT Operational managers across our Stakeholder organisation and enables them to share resources and learning to move away from siloed organisations in line with the aspiration of creating an Integrated Care system. The Group meets every 6 weeks and has proved beneficial as a more ‘on the ground’ forum.
- 4.3.10 **Village Agents** - Village Agents were awarded funding from the ETTF allocation by the CCG to purchase devices and were also set up with nhs.net accounts to support close alignment in working with GP Practices. Run by Community Council for Somerset (CCS), Village Agents are kept up to date with the digital agenda so they can work with people to promote and assist them with person facing digital services as they are rolled out.
- 4.3.11 **Primary Care Networks (PCNs)** - The Digital Team is proactively linking in with the Clinical Directors and the CCG Primary Care Leads to support PCNs with the technological, information sharing and data analytics components of their plans.
- 4.3.12 **GovWiFi** - Working with SCW CSU, we have also now launched GovWiFi in Somerset CCG and beyond, allowing public sector staff to automatically connect to a single WiFi service across multiple public

sector locations. This also enables staff to work seamlessly from public sector sites and further supports the agile working policy.

- 4.3.13 **Communications** – The Digital Team maintains regular channels of communication to both health and social care staff and members of the public. There is a Digital Team Communications and Engagement Plan that is being reviewed with the new restrictions in place due to COVID19. Updates on the digital agenda have been delivered virtually via Microsoft Teams to the Somerset Engagement and Advisory Group (SEAG) and PPG Chairs Meeting held in August 2020. There will also be a digital item at the Somerset CCG AGM in September 2020.
- 4.3.14 Quarterly newsletters are produced for members of the public and health and care staff and are disseminated via the Communications and Engagement Team. We regularly provide updates for the CCG 60 seconds staff newsletter. A weekly digital bulletin is given to the primary care team to be sent out to all 65 GP surgeries across the Somerset estate containing up to date information and resources available on all matters digital. We also use a Tool called *Storyboard That* to create use cases and examples of how some services work in an easy to read format for the public. Some examples of these storyboards can be found in Appendix B.
- 4.3.15 **Public Engagement Events** - The Digital People’s Champion Group (DPCG) has been formed was meeting bi-monthly until COVID19. This forum is attended by Patient Participant Group (PPG) Chairs, the Somerset Parent Carer Forum and other Somerset lay users. This meeting will reform virtually in September 2020. The team also regularly presents updates at public meetings run by the CCG communications and engagement team.
- 4.3.16 ‘Sharing Your Health and Care Information’ articles have been created quarterly as part of the public newspaper, Your Somerset, published by SCC. These articles contain information regarding Somerset Shared Care Record (SSCR), “SIDeR” initiatives, including EMIS Viewer and EPaCCS and have generated public engagement in the work that we do, as well as interest from other Shared Record programmes in the region.
- 4.3.17 A leaflet and a poster have been designed and printed for the SSCR to be available to interested patients. This will be distributed once the SSCR goes live and there will also be a final item in Your Somerset.
- 4.3.18 **Somerset CCG Website** – The Digital Team were involved in the procurement of the new Somerset CCG website and are trained to upload content to the website.
- 4.3.19 **Heart of the South West (HOTSW) Digital Skills Partnership** - The Digital Team represent Somerset CCG at the Heart of the South West (HOTSW) Digital Skills Partnership. The purpose of this Partnership is to tackle the digital skills divide across the South West and is responsible for coordinating and delivering a digital strategy that raises digital skills for

our community, working to eradicate social and geographical imbalances to ensure everyone has access to digital services.

- 4.3.20 A number of public, private and third sector organisations attend this forum and it is an excellent networking opportunity as well as an opportunity to share digital NHS developments and share learning regarding digital upskilling.
- 4.3.21 **Child Health Information Service** - Health Intelligence (HI) is the new provider for Child Health Information Systems across the region. HI has worked with NHS Digital to keep MiQuest functioning in order to extract the data. IG associated issues are being addressed in the standard operating procedure and still working towards the idea of using EMIS Enterprise Search and Reports to extract the data with SCW to save practices additional work.
- 4.3.22 **Corporate IT Rolling Programme** – The programme of work to move users from desktops to laptops was further escalated as the organisation entered lockdown due to COVID19. All CCG colleagues have been provided with a fit for purpose laptop to enable working from home and ensuring consistency, support and continuity in an ever increasing agile / matrix working programme. The laptops are of standard build including MS Teams and Always on VPN (AOVPN). CCG and CSU continue to provide the necessary equipment updates as laptops reach maturity and / or fail ensuring that future programmes continue in their appropriate timelines.
- 4.3.23 **3CX Telephony Soft Option** – A pilot of the ‘3CX soft option’ was undertaken with identified teams within Somerset CCG with positive responses from users who made use of both the laptop version and the app which is available for both Android and iPhone. Both options provide users with a mobile version of their desk phone provided there is access to WIFI and see the need for a physical unit removed and ensure that patients and carers as well as partner organisations have a consistent means of communication with the CCG organisation.
- 4.3.24 **Axe the Fax** – Practices continue to remove fax machines within their environments and embrace alternative means of communication in line with the Health Secretary’s call to action. In order to support this change of practice, nhs.net email addresses have been provided for partner organisations including Practices, Care Homes, social care and pharmacies. We continue to engage with our partners to promote a positive, joined-up approach to the sharing of data and information as well as its collection, ensuring that the public are confident that their information is safe and secure at all times.
- 4.3.25 **Digital Team Transformation**- During 2019/20, the CCG Digital Team has continued its growth in needing to support the breadth, depth and pace of digital transformation within the CCG and Somerset health and care system. Our CCIO role is now also the Associate Clinical Director of Digital Strategy and an additional Clinical Lead has been appointed to

progress work on BRAVE AI and population health.

4.3.26 **Digital Apprentice** – The Digital Team has worked with Yeovil College to create a post to offer a Level 3 Business Administration apprenticeship. This is an 18 month post and has been a great opportunity for the Digital Team to have a young team member to help us think in new ways. As well as supporting our team with business administration tasks our apprentice has been using Instagram and LinkedIn to further extend our reach on social media and engage with a younger demographic. She has been so successful that she is being used as an example by the college for their media campaign.

4.3.27 **Digital Outreach Team Communicators (DOTs)** – There are currently three DOTs employed by Somerset CCG funded by the Taunton and Wellington Extended Access Estates and Technology Transformation Fund (ETTF) scheme. The focus of their role is to share technological skills across online health platforms and social media, to promote how NHS digital contribute to the long-term plan. This has been vital during the COVID19 pandemic. They help educate members of the public who have a desire to use digital tools but may not have ability or confidence to do so and call patients identified by the practice to help talk them through the sign up process plus show staff how they can raise awareness of digital tools. They have supported practice staff in setting up appointments for online booking to achieve the NHS England expectation to have 25% of appointments available to book online and patients being able to access their record. They have also assisted with updating practice websites to help meet accessibility standards and promoted materials to assist in signing up to GP Online and the NHS App.

4.3.28 Benefits cases are being collated and NHS England has demonstrated interest in these roles. Other areas of Somerset such as Frome and South Somerset have appointed their own DOTs and there is a hope to make these nationally funded roles permanent when practices/PCNs see the advantages of having a DOT. Digital First funding received over COVID19 can be used by PCNs and Practices to recruit their own DOT across 4 key areas, patient communications and engagement DOT, data DOT, clinical engagement, BRAVE AI.

4.3.29 **Digital Summer School, national and regional events-** All team members are encouraged to network and attend other relevant digital events held nationally (Rewired, EMIS National User Group) or regionally (NHSE GP IT Operating Model, cyber security meeting) to bring learning and ideas into team planning and delivery.

4.4 National Requirements

4.4.1 |As part of the Somerset Digital Roadmap and the CCGs requirement to deliver GP IT Services, there are a range of nationally led initiatives for local implementation. This section highlights the achievements and progress during 2019/20.

- 4.4.2 **HSCN in GP Practices-** The NHS National Network (N3) was required to be replaced by the new national Health and Social Care Network (HSCN). The significant work programme is complete and all GP and CCG HQ sites are now migrated to HSCN within the required timescale and budget.
- 4.4.3 **NHS App** - The NHS App was promoted by Somerset CCG and rolled out for Somerset people in April 2019, and has since gone live nationally. The app can now be used via smartphone, tablet or desktop and negates the need for people to physically register for online services with their GP Practice. New additions to the NHS App include proxy access, ability to choose your nominated pharmacy and integration with e-Consult, one of the online consultation offerings. 8,509 people in Somerset have registered for the NHS app so far which has increased significantly due to digital need to access services over the last 6 months.
- 4.4.4 **GP Online Services** - GP Online Services to book appointments, order repeat prescriptions and view the Detailed Coded Record are available and can be accessed on any device; all Somerset Practices have enabled these services. There are a number of platforms available such as EMIS, Evergreen and iPatient, as well as the NHS App, to provide people with choice.
- 4.4.5 National statistics from NHSE show that in August 2020, 30.38% of the GP population in Somerset are registered for GP Online Access. The Team has worked closely with NHS England to engage with Practices regarding this go live and are supporting Practices to release 25% of appointments online in line with national requirements. NHS England does not currently have a way to monitor these statistics so we are working with Practices individually.
- 4.4.6 **Electronic Prescription Service (EPS)** - 93% of GP Practices are live with EPS and the remaining sites are dispensing so have less inclination to go live. This has been escalated nationally. To help prepare for winter, NHS Digital has accelerated deployment of EPS Phase 4 which allows EPS to be used for patients without a pharmacy nomination. All GP practices using EPS in Somerset will be live with Phase 4 by mid-September 2020. We continue to work with SCW and NHS Digital to increase use of EPS, particularly electronic Repeat Dispensing (eRD).
- 4.4.7 **Public Access WiFi** - Public Access WiFi is now available across all Somerset GP Practices and Trusts, as mandated by NHS Digital.

4.5 Data Security and Protection

- 4.5.1 The second element of the digital portfolio is a focus on aspects of cyber security and information governance that provide policy, process and assurance around the sharing of information and its protection across the health and care system. This work is enabled by the Operations Directorate through matrix working between Corporate Information Governance Team and Digital Team members, and supported by

technical IT and governance expertise in the SCW CSU.

- 4.5.2 **Cyber Security-** The requirements for cyber security are essential in the protection of data held by the health and care system. A new action plan, based on latest national CareCert advice and guidance, is in place with the Digital Team and the SCWCSU actively monitoring and improving. Social Engineering (e.g. Phishing emails, malicious callers, etc) continue to be a significant concern.
- 4.5.3 Actions resolved or in delivery include:
- Project to review and upgrade Firewalls in 2021 has been initiated
 - End Point Security (USB Lock Down) is now in pilot phase and full deployment is expected to be completed before the end of the year 2020
 - The final phase of upgrade Window 7 devices to Window 10 is in progress and completion expected before the end of 2020
 - Advanced Threat Protection (ATP) that can detect and control a device that has been compromised has been deployed over 90% of the estate. Work continues to increase ATP coverage with 100% coverage as the target
- 4.5.4 The control of User Privileges (user/system that require admin rights to function) is being reviewed. N365 licences provide additional security feature that contribute to mitigating this cyber security risk and it was agreed on SCWCSU advice to avoid costs duplication to reassess User Privilege Controls
- 4.5.5 **Somerset Information Sharing Panel and Network (SISP)** The first meeting of the SISP Network took place in January 2020 and was attended by health and social care, as well as the Police and other council and community organisations. The intention is for this Group to continue and to have shared ownership across the organisations for priority initiatives to be established, engaging Caldicott Guardians, Information Governance/Data Protection leads and key strategic/operational leads. Below is the visual created from the themes of the first meeting and the desire of the group to enable information sharing across Somerset, with the motto 'Share to Care'.



- 4.5.6 **Information Governance** - Progress has been made in establishing a system wide approach to information sharing and understanding of all staff across the system. The Somerset Overarching Information Sharing Agreement has been reviewed and reissued via DocuSign via Corporate IG Team, together with clear requirements and flow being established for Tier 2 project agreements, Data Privacy Impact Assessment and Fair Processing Notice templates. These are essential in developing digital delivery plans for system transformations.
- 4.5.7 **Somerset Information Governance Working Group** – this group was established as a combination of cross system organisational IG leads, to discuss system wide digitally enabled transformations, particularly SIDER Programme and the Business Intelligence Strategy.
- 4.5.8 **Phishing** – communications are ongoing to staff to remain vigilant regarding suspicious emails.
- 4.5.9 **DocuSign** – Digital Signature Solution – ‘DocuSign’ was purchased and implemented in May 2019 and is now Business As Usual (BAU) for the sign up of ISAs. This provides robust and fully compliant audit trails; cloud based central storage and meets cyber security requirements, providing assurances to all parties.
- 4.5.10 **NHS Mail and Toolkit Support for Care Homes** – The 2018/19 project to enable nhs.net accounts to all Somerset Care Homes continues in order to enable secure electronic communication between NHS organisations. The majority of Care Homes have already been set up with nhs.net accounts and the IG Team are working with Somerset Care Homes who have not yet completed the Data and Security Protection (DSP) Toolkit support them with completion of the kit and set them up with nhs.net accounts via the National Administration Service (NAS).
- 4.5.11 **NHS Mail for wider community** - SCW administers sponsored nhs.net accounts on behalf of Somerset CCG and there is a Service Level Agreement (SLA) in place for this which is funded by an allocation previously identified as Primary Care Enabling Services (PCES) from NHS England. A number of other organisations apart from care homes have been provided with nhs.net accounts where patient information is exchanged with NHS services, including: e-Zec transport, My Diabetes My Way, St Margaret’s Hospice, Village Agents, Devon Doctors and Optometrists.

4.6 Population Health Management

- 4.6.1 The third element of Digital Strategy focuses on data as part of Population Health Management Strategy development and links to current use of data for Business Intelligence, activity reporting and analysis. The Phase 3 letter and the preparations for our Somerset Integrated Care System identify the clear priority to progress this need for a shared vision and strategy on the use of data to support care and services across Somerset.

- 4.6.2 **Business Intelligence Strategy** - Emerging from system wide discussion, the Somerset Business Intelligence Strategy was developed and agreed in April 2019, to support the co-ordinated system wide approach to the use of data, in improving population health and service planning. This included need to review the 'Symphony' data set, its limitations for local access due to national governance process and the possibility to explore a 'locally-owned' approach to data integration. During Summer 2019 focused work was required to be undertaken to establish sound and assured governance for each organisation, with this work resulting in a clear set of documents establishing Data Privacy Impact Assessment, Data and Information Sharing Agreements, and Data Controller/Data Processor arrangements in Winter 2019/2020.
- 4.6.3 The Somerset Business Intelligence Working Group, chaired and supported by the Digital Team, aligned with the Somerset Information Governance Working Group, utilises expertise in shared discussions to provide assurance and build trust and opportunity for shared working. Both Groups report to the Somerset Digital Delivery Board, and work was intended to be undertaken on dataset discussions and organisational sign up as COVID19 impacted on work progress.
- 4.6.4 During 2019/2020, the difference between current BI functions and the vision and strategy needed for Population Health has become apparent. As we emerge from COVID19 learning on data linkage, data analytics and gaps in data sets, and we progress with Phase 3 and ICS needs, the vision and strategic objectives for population health management will need review.
- 4.6.5 **BRAVE AI (Bering Research)** – the Digital Team have worked with NHSE/I, NHS Digital, South West Academic Health Science Network, Axbridge and Wedmore Medical Practice and Bering Research, through phases of research, development and pilot to explore the potential of a patient facing artificial intelligence tool, to support holistic conversations to reduce unplanned admissions. Initial evaluation has been undertaken, with presentations to national conferences during 2019, to share the learning to date. Further plans are in place to rollout BRAVE AI across further practices and PCNs in Somerset, to understand the benefits this could bring to patient-practitioner discussions in primary care and how the artificial intelligence could support risk stratification in our work with population health management.
- 4.6.6 **EMIS Health Analytics** – a small GP focused Health Analytics Project Implementation (HAPI) Group was established to engage with GPs interested in exploring the new tool of GP system data from EMIS. Initial analytics potential was identified and Tier 2 Information Sharing Agreements developed, in order to facilitate extraction of GP data across all Somerset GP practices to provide data for returns previously provided via MIQUEST tool (no longer active). Agreements have been developed for Health Intelligence (Child Health Information System) and NHSE data return requirements, in readiness for discussion with Somerset LMC

before issuing to all practices, with technical discussions continuing to understand primary care data extraction options. This work will continue during 2020.

5 FUTURE PLANS 2020/21

5.1 As part of the wider system transformation underway, there remains a significant digital portfolio in planning and delivery stages with expectation of further requirements identified as demand continues for new digital ways of working and innovations.

5.2 We recognise the need to continue to improve system and organisational digital maturity, capacity, skills and access across Somerset, of both local workforce and our local population in providing and accessing health and care services and information.

5.3 Many of these initiatives will be subject to continuity of funding secured, alongside new investment, research and innovation opportunities, and will need to continue to be led and supported by the requisite clinical and care bodies across the Somerset health and care system.

5.4 To ensure the shared vision and strategy of digital enabling priorities, plans, progress and achievements across our system, and with the emerging ICS approach, we will need to ensure clarity of governance, assurance and leadership for the digital portfolio as part of system transformation. This aligns with the other enabling portfolios of finance, workforce and estates.

5.5 The current team portfolio has extensive plans for next year, including:-

5.6 *Digital Transformation*

- Go live with the SDeR Shared Care Record and expand to include further organisations and information sharing for care organisations
- Identify digitally excluded areas (i.e West Somerset) and work to support residents to access online healthcare services with support from other organisations i.e council and community services
- Continue to improve remote working experience for the CCG and primary care workforce
- Further developments to the NHS App including access to the electronic Referral Service (eRS) booking and linking to online consultations
- Enabling care homes to use proxy access on the NHS App for their patients
- Continue to explore opportunities for regional sharing of information as part of the One South West programme
- Ensure that all primary care providers have a significant and informative online presence
- Continue to support the development and new ways of working for practices across the PCNs
- Work with organisations to develop information sharing capabilities

across the health and care system including the community and voluntary sector

- Support CHC Digital Pioneer transformation work
- Continue to work with workforce and High Performance Organisation (HPO) Teams to optimise use of technology and digital services for staff and patients
- Support delivery of the FFMF programme, aligning with clinical models and creating integrated care services
- Establish use of assisted technologies in conjunction with Social Care
- Working with providers to replace paper flow with electronic solutions (i.e Talking Therapies, faxing etc)
- Explore further extension of digital capacity through the national Digital Graduate Programme run by Health Education England and SCW
- Expand the DOTs network for learning and engagement with the public and workforce teams
- Explore digital funding opportunities (e.g social media research, digital innovation and digital first in primary care)
- Link with local business and academic communities via the Digital Taunton initiative.

5.7 **Data Security and Protection**

- Support wider health and care community, including care homes and voluntary sector organisations in understanding the requirements for good DS&P and completion of the annual DS&P Toolkit
- Continue to engage with community and voluntary sector organisations to improve information sharing through use of NHSMail sponsored accounts, SIDeR and electronic flow of information
- Continue to raise awareness on cyber security across the health and care system, through 'people, process and technology' aspects
- Provide assurance to local people and patient representative groups on status of DS&P across the widening health and care system.

5.8 **Population Health Management**

- Establish support for clinical and digital leads with identified project management and Data DOTs resources to focus on primary care data analytics function, working with Primary Care, Digital, BI teams
- Use predictive analytics and technology to support local health systems to plan care for population
- Work with regional Population Health expertise and networks
- Use decision support and artificial intelligence (AI) to help apply best practice, eliminating unwarranted variation across care pathways
- Expand primary care adoption and use of artificial intelligence, through Quality Improvement and 'spread' techniques
- Explore opportunities with health and social care around spatial representation and analysis of person flow and service delivery
- Develop resources to demonstrate tools, functions and support available in understanding data and analytics, facilitating shared and applied uses of data

- Facilitate shared population health discussions across Somerset system, incorporating a range of services in line with 'wider determinants of health' approach
- Support the linking of clinical, genomic and other data to support the development of new treatments to improve the NHS
- Explore potential for health and care data in collaboration with academic and clinical research agencies.

6 MOVING FORWARD

- 6.1 The breadth, depth and pace of the digital portfolio continues to grow and evolve, with the challenge of identifying the need for digitally enabled changes to support system transformation, alongside appropriate innovative technologies to support clinical need in relevant timescales.
- 6.2 During 2019/20, we have seen the planned growth of the role for digital communications and engagement – with the continued move away from 'IT projects done unto services' and towards digitally enabled change through engaging with clinicians, patients and operational staff. The Digital Team will continue to support discussions through co-design, shared procurement processes, joint planning and digital communications and engagement activities. This spans work from awareness raising and information sharing, through to training and embedding new ways of working. We continue to work to ensure digital transformation optimisation and sustained into business as usual activities, addressing inclusion, diversity of access with improved digital connectivity, literacy and maturity.
- 6.3 2020/21 looks set to be another busy year for digital transformation across the Somerset health and care system, building on COVID19 response activities, with a continuing need to evolve safe and secure core infrastructures to support wider shared working, establishing our shared care record and the use of shared data to inform population health management.
- 6.4 The CCG Digital Team portfolio continues to be both exciting and challenging. With strategic planning, clinical and digital leadership, digital engagement from the outset of patient transformation initiatives, and relevant funding and innovative opportunities to explore, we look set for another amazing year ahead!

Allison Nation
Associate Director – Digital Strategy

On behalf of the CCG Digital Team

APPENDIX A – SIdER SHARED CARE RECORD PRESENTATION LAYER

Justin Harrington - justin.harrington1@nhs.net (Admin) Somerset Clinical Commissioning Group Endor - eSP - SIdER (Test Environment) ?

You have 0 unsent notifications. Click here to see the notifications dashboard or to view Audit Events.

TARANG, RAJSHRI SHARVARI MRS Born 30-May-1930 (90y) Gender F NHS 944 930 7210

Address 2 SIMONS COURT, RANDALLS ROAD, LEATHERHEAD, SURREY, ., KT22 7TE Phone and email Not Known

Summary Alerts End of Life Care 1 GP Record SCC YDH SFT - Comm&MH SFT - Acute SMH Contacts

Data from SFT - Comm&MH could be out of date - please be aware that you may not be looking at real-time data. Clinical judgment remains paramount.

Data from SMH could be out of date - please be aware that you may not be looking at real-time data. Clinical judgment remains paramount.

Active Medications	Allergies	Problems
<p>SCC does not share Active Medications</p> <p>Repeat</p> <p>Furosemide Oral Solution, Sugar Free 10 mg/ml (50 mg/5 ml). <i>drink as required</i></p> <p>Paracetamol Soluble tablets 500 mg. <i>One To Be Taken Every 4-6 Hours Up To Four Times A Day</i></p> <p>Amoxil Powder For Solution For Injection 500 mg vial. <i>as directed</i></p> <p>codeine phosphate, tablets, 15mg, tablet(s) [28 tablet(s)]. <i>Do not drink alcohol., Warning. May make you sleepy. If so do not drive/use tools or machines</i></p>	<p>SCC does not share Allergies</p> <p>[X]Oth non-ster anti-inf drg [NSAID] caus advers ef ther use. diclofenac</p> <p>Adverse reaction to penicillins</p> <p>cats and pollen</p> <p>Drug-induced haemolytic anaemia. diclofenac</p> <p>Penicillamine</p> <p>Penicillin</p>	<p>Asthma</p> <p>Death cert. Med A signed 12/04/2019</p> <p>Patient died at home 09/04/2019</p> <p>End of life care 01/04/2019</p> <p>Treatment Escalation Plan 01/04/2019</p> <p>Not for attempted CPR (cardiopulmonary resuscitation) 01/04/2019</p> <p>Double incontinence 08/01/2019</p>

APPENDIX B – STORYBOARDS

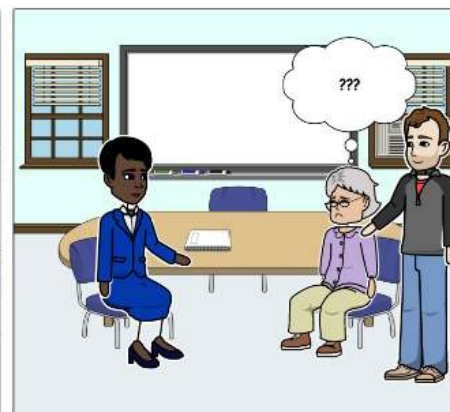
SIDeR



Betty goes to the GP because she burnt her hand. The GP finds out she left a saucepan on the cooker that boiled dry so the handle was hot.



The District Nurse visits Betty at home to change her dressings. She notices that Betty has not been taking her medication and is confused about the time of day. She refers Betty to the 'Memory Clinic' Dementia Team at Somerset Partnership.



The Dementia Team make an assessment in clinic and diagnose Betty with Alzheimer's. They recommend some medication and create a Treatment Escalation Plan.



The Dementia Team make a referral to Social Care to help Betty adapt to living with the condition at home.



Using SIDeR, Social Care can see the GP history, and District Nurse and the Dementia Team records. In the past, they would have called each service to get this information.



Using this information, and speaking to Betty and her family, social care are able to provide the right support to help Betty to continue to live as independently as possible in her own home.



Brinda's daughter developed a rash on her feet and the skin was peeling and sore



Brinda logs into her GP surgery Online Consultation account via their website. Brinda uploads a photo of the rash and short message at 7am



Within a few hours Brinda received a reply from one of the GPs at the surgery and they send a prescription to her local pharmacy for Brinda to pick up.



Brinda is pleased with how quickly her daughter was treated and says she will definitely use this service again for herself or her family.

Total Triage



Bonnie has been suffering with indigestion for the last week or so.



Bonnie visits her GP surgery's website and goes through their Online Consultation service, writing down what symptoms she is having



Bonnie's Doctor arranges a video consultation to speak to her and check her symptoms. He prescribes some medication to help Bonnie with her indigestion.

BRAVE AI



I came into the surgery waiting room and was asked by the receptionist if I was interested in completing some simple questions on a tablet in the waiting room. There was a designated area where I could sit and follow some instructions printed on a poster.



As I was answering the simple questions, a health coach came over and offered to help and have a conversation with me about the BRAVE Tool. It was really beneficial to see my score of 88 in relation to everyone else in Somerset on the map.



I have lots of medical problems and also have care provided at home. I knew my problems were complicated but I didn't realise how big the chance of me going to hospital was. It has made me think about how my diabetes and heart failure need to be better controlled.



Talking to the health coach gave me some ideas about meeting with some other patients in the community at the drop in café on a Tuesday. Knowing there are other people with similar problems really helped me.



I went into my appointment with my doctor. I had intended to discuss some more medication because I felt I was more depressed, but the BRAVE conversation gave me a different perspective on how I could meet some other people like me and work with the health coach.



I liked the simplicity of the score and how it gave me a sense of where I was in comparison with other Somerset people. My consultation with the doctor was shorter and I would be interested if my score changed in the next six months.



2020... The Digital Journey

Where no CCG has been before...

COVID-19 – A Digital Shift

- Pace - breadth – depth!
 - ✓ Digital transformation in response to pandemic
 - ✓ Built on core infrastructure established over many years
 - ✓ With readiness to support needs of colleagues across CCG, Primary Care and wider system
- Expansion of Digital Team
 - ✓ Clinical Lead – BRAVE AI
 - ✓ Digital Outreach Team (DOTs)
 - ✓ Non-Executive Directors – 3 Digital Champions
 - ✓ Digital Apprentice

CCG Digital Team



Overview:

Usually provide digital transformation and oversee a range of digital business as usual activities across CCG, General Practices and system wide information sharing project planning and delivery. During 15 weeks of lockdown, highlights includes:

Provision of c400 laptops to General Practices for remote working

Rapid practice go live of Online Consultation and optimising process

Supported creation of Shielded Patient Datasets

PCN PACs discussions for digital solutions to information sharing

Creation of digital TEPs form, process and data sharing across system (over 1600 so far)

Released EMIS Viewer for use by Adult Social Care; Children's Health Visitors and School Nurses and more

GP Connect configuration and go live with all General Practices and Care.UK

Discussions at Primary Care Cell, End of Life Cell, NHS Support to Care Homes Cell

Creation of a digital baseline for NHS Support to Care Homes, continuing work to extend use of email and MS Teams

Supported Somerset Hospices with use of digital patient consultation tools

Continued provision to oversee essential GP IT requirements, including new HSCN connectivity

Secured ongoing MS Teams for use across CCG and General Practices

PCN Digital First discussions for introduction of Digital Outreach Team approach

Provided digital support for Antibody Testing

Continued with development of the SIDER Shared Care Record programme on best endeavours basis

Biggest challenge:

Our biggest challenge has been proactively delivering and supporting the breadth and depth of initiatives at pace!

“ On behalf of the team - what are you most proud of? ”

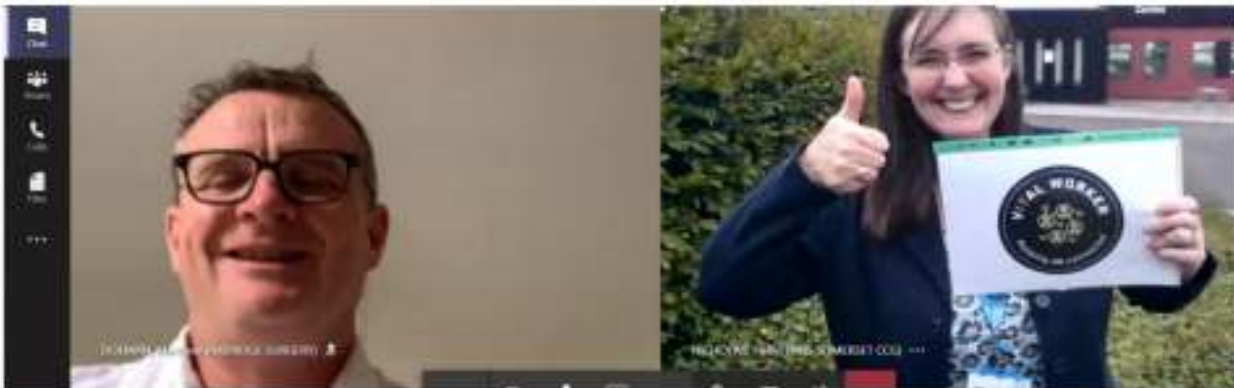
Sustained support and successful outcomes provided over the last 4 months, pace of transformation, welcoming 3 colleagues to a virtual team (our DOTs and Clinical Lead), maintained team spirit, energy and mutual support to each other and strengthened working relationships with stakeholders.



Pin badges received from BCS (Chartered Institute for IT) in recognition of vITal workers during COVID.



Presented by Grahame Paine, one of our NEDs following social distancing guidelines!



VITAL
WORKERS
Keeping **us** connected

Digital Portfolio - Three Elements

In line with national structure, the day to day Digital Portfolio of work is divided into three elements:

- Digital Transformation (identified through SDeR Programme, other local initiatives and national initiatives)
- Data Security and Protection
- Population Health Management.



- ✓ EMIS Viewer extended to Safeguarding and CHC CCG staff, SCC Children's Health Visitors and Children's Hospice South West
- ✓ 290,000 views of EMIS Viewer since go live 2016
- ✓ Approx. 2,200 records on the Electronic Palliative and Care Coordination System (EPaCCS)
- ✓ Approx. 4,800 Basic Notes created that are integrated with 111/ Out of Hours clinical system
- ✓ Single sign on live at YDH and St Margaret's and in testing phase in RiO
- ✓ Shared Care Record – continued development



You have 0 unsent notifications. Click here to see the notifications dashboard or to view Audit Events.

TARANG, RAJSHRI SHARVARI MRS Born 30-May-1930 (90y) Gender F NHS 944 930 7210

Address 2 SIMONS COURT, RANDALLS ROAD, LEATHERHEAD, SURREY, , , KT22 7TE Phone and email Not Known



- Summary
- Alerts
- End of Life Care 1
- GP Record
- SCC
- YDH
- SFT - Comm&MH
- SFT - Acute
- SMH
- Contacts

Data from SFT - Comm&MH could be out of date - please be aware that you may not be looking at real-time data. Clinical judgment remains paramount.

Data from SMH could be out of date - please be aware that you may not be looking at real-time data. Clinical judgment remains paramount.

Active Medications	
SCC does not share Active Medications	
Repeat	
Furosemide Oral Solution, Sugar Free 10 mg/ml (50 mg/5 ml).	<i>drink as required</i>
Paracetamol Soluble tablets 500 mg.	<i>One To Be Taken Every 4-6 Hours Up To Four Times A Day</i>
Amoxil Powder For Solution For Injection 500 mg vial.	<i>as directed</i>
codeine phosphate, tablets, 15mg, tablet(s) [28 tablet(s)].	<i>Do not drink alcohol. Warning. May make you sleepy. If so do not drive/use tools or machines</i>

Allergies
SCC does not share Allergies
[X]Oth non-ster anti-inf drg [NSAID] caus aduers ef ther use. diclofenac
Adverse reaction to penicillins
cats and pollen
Drug-induced haemolytic anaemia. diclofenac
Penicillamine
Penicillin

Problems	
Asthma	
Death cert. Med A signed	12/04/2019
Patient died at home	09/04/2019
End of life care	01/04/2019
Treatment Escalation Plan	01/04/2019
Not for attempted CPR (cardiopulmonary resuscitation)	01/04/2019
Double incontinence	08/01/2019

Local Focus

- ✓ Care Homes
 - ✓ Established a Digital Baseline
 - ✓ Support for DSP Toolkit and NHS Mail

- ✓ CCG Remote Working
 - ✓ MS Teams in 3 days!

- ✓ Digital Communication and Engagement
 - ✓ Weekly bulletin to GPs
 - ✓ Digital People's Forum
 - ✓ Digital Forum (colleagues)
 - ✓ DOTs

National Requirements

- ✓ **GP Total Triage** (revised timeline by 30 April 2020)
 - ✓ Online Consultations (now in 91% practices)
 - ✓ Video (in 100% practices)
- ✓ **Acute and Community (video consultations)**
- ✓ **COVID-19 Clinical Assessment Service**
 - ✓ GP Connect in place for Direct Booking by CCAS
- ✓ **NHS App**
 - ✓ Increasing uptake
- ✓ **Health & Social Care Network (HSCN)**
 - ✓ Achieved August 2020 for CCG and GP estate
- ✓ **Wifi connectivity**

1.



Brinda's daughter developed a rash on her feet and the skin was peeling and sore

2.



Brinda logs into her GP surgery Online Consultation account via their website. Brinda uploads a photo of the rash and short message at 7am

3.



Within a few hours Brinda received a reply from one of the GPs at the surgery and they send a prescription to her local pharmacy for Brinda to pick up.

4.



Brinda is pleased with how quickly her daughter was treated and says she will definitely use this service again for herself or her family.

Data Security and Protection

- Cyber security action plan in place
- Communications ongoing re: phishing campaigns, security breaches
- Somerset Information Governance Working Group ongoing, represented by key health and social care providers
- Somerset Information Sharing Panel (SISP) – wider representation from SCC, Police and community sector



Population Health Management

- ✓ Somerset Business Intelligence Strategy

- ✓ BRAVE AI
 - ✓ Development and pilot at Axbridge Surgery
 - ✓ Explore the potential of a patient facing artificial intelligence tool, to support holistic conversations to reduce unplanned admissions
 - ✓ Potential as population health management tool

- ✓ Primary Care Data Analytics

- ✓ Planning for Data DOTs



I came into the surgery waiting room and was asked by the receptionist if I was interested in completing some simple questions on a tablet in the waiting room. There was a designated area where I could sit and follow some instructions printed on a poster.



As I was answering the simple questions, a health coach came over and offered to help and have a conversation with me about the BRAVE Tool. It was really beneficial to see my score of 88 in relation to everyone else in Somerset on the map.



I have lots of medical problems and also have care provided at home. I knew my problems were complicated but I didn't realise how big the chance of me going to hospital was. It has made me think about how my diabetes and heart failure need to be better controlled.



Talking to the health coach gave me some ideas about meeting with some other patients in the community at the drop in café on a Tuesday. Knowing there are other people with similar problems really helped me.



I went into my appointment with my doctor. I had intended to discuss some more medication because I felt I was more depressed, but the BRAVE conversation gave me a different perspective on how I could meet some other people like me and work with the health coach.



I liked the simplicity of the score and how it gave me a sense of where I was in comparison with other Somerset people. My consultation with the doctor was shorter and I would be interested if my score changed in the next six months.

Next Steps...

- Phase 3 Plan
- Digital First Strategy

- **Shared Care Record** (SIDeR Programme)


- **Population Health Management**
 - Primary Care Data Analytics

- **People**
 - Inequalities – digital access, digital literacy
 - Workforce

Keep up to date with our projects by following us on social media:

 @SomersetCCGIMT

 @JulieCCGDigital

 “Digital Team at Somerset
Clinical Commissioning Group”