
Information Management and Technology Strategy

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1. Executive Summary

2. Introduction

Bury Clinical Commissioning Group (CCG) believes that robust and flexible informatics services are essential to underpin improvement in the quality and provision of services. Our vision is to capitalise on the transformational developments in digital technology to support and underpin both clinical services across care settings and commissioning activity.

The health community in Bury has a long history of innovation in information management and technology (IM&T), especially in the primary care sector. This strategy will build on the previous work but will provide the direction of travel for IM&T over the next five years to support the commissioning strategies and plans whilst being aligned with priorities and allocated resources. It will provide a guide for decision making in IM&T, whilst accepting that the pace of change and national policy may require some deviation by exception.

The CCG recognises that the healthcare system is facing the challenge of significant and enduring financial pressures that demand new and innovative ways of delivering care. Technology can help facilitate this and is a key enabler for change.

2.1. Approach

This strategy has been developed by the CCG in consultation with clinicians, managers, staff, patient and provider organisations through a number of established groups:

- CCG Sector Groups
- CCG IM&T Steering Group
- Clinical Cabinet

3. Drivers

In developing the Strategy the CCG has considered the enabling technology required for the CCGs commissioning and strategic business plans with respect to the local and national context.

3.1. National Drivers

This strategy takes into account a number of national initiatives, expectations and mandates that have an effect on the IM&T agenda. The key national drivers are summarised below.

3.1.1. The Information Revolution

The Information Revolution (August 2011) describes a vision in which people have the information they need to stay healthy, take decisions about and exercise more control over their care, and make the right choices for themselves and their families; This includes accurate records of their care which will be available to them electronically. The information revolution is seen as transforming the way information is collected, analysed and used by the NHS and adult social care services which will be critical to achieving its main goals below:

- The Information Revolution benefits everyone and does not increase inequalities
- Information to improve outcomes
- Need for information to be linked across Health, Social Care and Public Health
- Patients have access to information held in their own records
- Information for Patients, Service Users, Carers and the Public
- The need for clear routes to information (Help in sign-posting and navigation)
- Information for Autonomy, Accountability and Legitimacy
- The need for a single set of Information Standards

3.1.2. The Power of Information

The Power of Information (NHS England May 2012) sets out a ten year framework for transforming information for health and care by harnessing the value of information and new technologies to achieve higher quality care and improve outcomes for patients and service users. There is a focus on information in its broadest sense, including providing the support people need to navigate and understand the information that is available and ensuring that information reduces, not increases, inequalities and benefits all. The main ambitions of the Power of Information are:

- Information used to drive integrated care across all settings
- Information regarded as a health service in its own right
- “Nothing about me without me”
- Information recorded once at first contact
- Electronic care records to become the source for core information
- A culture of transparency
- An information-led culture

The key elements of The Power of Information include:

- A commitment that, by 2015, anyone in England will be able to access their GP health record online as well as book appointments with their GP or request repeat prescriptions online
- A longer-term commitment that all health and care records held by hospitals and other service providers will be made securely available to patients, enabling them to become much more involved and in control of their own healthcare
- The way information is recorded in patients’ records will be accurate, consistent and standardised. This will both improve the quality of data available for patient care and also reduce over time the need for time consuming and costly additional data collections
- There will be clear national standards in place to ensure that locally developed IT systems can “talk” to each other and exchange information effectively and securely
- Technology will be used to give patients high quality and convenient care – whether this be telehealth monitoring equipment which can be put in people’s homes or equipment such as digital pens or clinical websites which make the working lives of NHS staff easier and more efficient.

3.1.3. Safer Hospitals, Safer Wards: Achieving an Integrated Digital Care Record (IDCR)

Safer Hospitals, Safer Wards (July 2013) sets out the case for adopting safe digital record keeping as a precursor to achieving integrated digital care records across the health and care system.

The IDCR is described as the ability of local health and care services to use digital technology to ensure that vital patient related information and clinical decision and support tools can be viewed by an authorised user in a joined up manner in any single instance. The idea is for local NHS providers to make investment decisions on the solutions which work best for their organisations as long as they meet the national standards in vital areas such as data security and interoperability with other systems.

The vision set out in this paper is for high quality care for all, now and for future generations. The key messages in the paper are as follows:

- An information rich care system built on innovative and integrated solutions
- Local decision making within a framework of national standards
- Professionals and patients collaborating to ensure digital systems reflect the care planning process
- Care and treatment options that are data driven and evidence based
- Care that is constantly improving

3.1.4. Securing Excellence in GP IT Services

This sets out a number of operational and strategic expectations which NHS England see as their Vision for the future of GP IM&T in England. These include:

- Defined vision of GP IT
- Defined scope of a high quality 'Core' GP IT service that must be funded and listing optional 'Additional' services to be considered
- Measurable and comparable levels of service and performance
- Adoption and use of the latest GPSoC Clinical systems and subsidiary applications
- Utilisation of all national GP applications
- Alignment to national standards and applications
- Promote and share innovation with the aim of moving towards closer integration between care settings
- Mutually agreed and enforced CCG-Practice agreement
- Robust Asset management and control processes and reporting

3.1.5. GP Contract

The new GP Contract which came into place in April 2014 mandated that every GP practice will have, or have a plan in place to deliver the Summary Care Record (SCR), GP2GP and Patient on-line Access. Furthermore, GMS contractual arrangements that will come into force from April 2015 will include:

Access to medical records online. From April 2015, practices will be required to offer online access to summary information with detailed information to be made available later in the year.

Online appointment booking. Practices will be expected to expand the number of appointments patients can book online and ensure that there is appropriate availability of appointments for online booking.

The GPC have also committed to actively promote the use of NHS IT services and will issue joint promotional guidance and good practice with NHS England:

- NHS Employers and the GPC have agreed that 60% of practices will be expected to be transmitting prescriptions electronically using EPS Release 2 by 31 March 2016.
- GP practices to promote and offer the facility for patients to receive consultations electronically, either by email, video consultation or other electronic means.
- Referral management - GP practices to make referrals electronically, using the NHS E-Referrals system. It is agreed that 80% of elective referrals will be made electronically using the NHS E-referral system by 31 March 2016.
- Actively promote the completion of the Health and Social Care Information Centre information governance toolkit including adherence to the requirements outlined within it.

3.1.6. Personalised Health and Care 2010 – A Framework for Action (National Information Board November 2014)

This framework details the progress made by the health and care system in exploiting technology and sets out a series of proposals to deliver change to improve health and provide better, sustainable care for all:

- 'enable me to make the right health and care choices' – citizens to have full access to their care records and access to an expanding set of NHS-accredited health and care apps and digital information services;

- ‘give care professionals and carers access to all the data, information and knowledge they need’ – real-time digital information on a person’s health and care by 2020 for all NHS-funded services, and comprehensive data on the outcomes and value of services to support improvement and sustainability;
- ‘make the quality of care transparent’ – publish comparative information on all publicly funded health and care services, including the results of treatment and what patients and carers say;
- ‘build and sustain public trust’ – ensure citizens are confident about sharing their data to improve care and health outcomes;
- ‘bring forward life-saving treatments and support innovation and growth’ – make England a leading digital health economy in the world and develop new resources to support research and maximise the benefits of new medicines and treatments, particularly in light of breakthroughs in genomic science to combat long-term conditions including cancer, mental health services and tackling infectious diseases;
- ‘support care professionals to make the best use of data and technology’ – in future all members of the health, care and social care workforce must have the knowledge and skills to embrace the opportunities of information;
- ‘assure best value for taxpayers’ – ensure that current and future investments in technology reduce the cost and improve the value of health services and support delivery of better health and care regardless of setting.

3.1.7. National direction for Integrated Health & Social Care, Partnership Approach / Care Bill

The Government announced in the June 2013 Spending Round, that there was to be a transformation in integrated health and social care. This change creates a single pooled budget, to support health and social care services to work more closely together in local areas and is called the Better Care Fund (BCF). The Integrated Care agenda, not only brings together NHS and Local Government resources, but also provides a real opportunity to improve services and value for money, protecting and improving social care services by shifting resources from acute services into community and preventative settings.

3.1.8. NHS Five Year Forward View

The NHS Five Year Forward View sets out a national direction to upgrade prevention and public health, give people greater control over their own care and remove the barriers in the provision of care across providers. The Business plan for 2015-16 sets out the technology enablers to transform digital care including richer standardisation of data, integration between NHS111 and NHS Choices, digital inclusion and better access to health records online. Road maps setting out which organisations will do what to deliver the transformation in digital care will be published during 2015/16.

3.2. Greater Manchester Context

Across GM, the Healthier Together programme of large scale transformational change is looking to reduce the variations in quality of services patients receive and in regards to secondary care changes, save more lives with the centralisation of emergency general surgery services. To this end, the Healthier Together consultation sets out some key aims for primary care services across the region. These include;

- by the end of 2015, everyone living in Greater Manchester who needs medical help, will have same-day access to primary care services, supported by diagnostics tests, seven days a week;
- by the end of 2015, people with long-term, complex or multiple conditions such as diabetes and heart disease will be cared for in the community where possible, supported by a care plan which they own; community-based care will focus on joining up care with social care

- and hospitals, including sharing electronic records which residents will also have access to;
and
- by the end of 2016, residents will be able to see how well GP practices perform against local and national measurements.

3.3. Greater Manchester Combined Authority (GMCA) Devolution Agreement

As part of the Greater Manchester Devolution NHS England has agreed plans with the Greater Manchester Clinical Commissioning Groups (CCGs), NHS providers and local councils to bring together health and social care budgets – a combined sum of £6bn with with plans for joint decision-making on integrated care to support physical, mental and social wellbeing. Full devolution of health and care services will be in place by April 2016.

The scope of the Memorandum of Understanding includes the entire health and social care system in Greater Manchester, including adult, primary and social care, mental health and community services and public health. Integrated care in Greater Manchester will focus more on preventative work in the community – putting strategies in place to keep people well and as independent as possible. For example, people with long-term conditions like asthma or heart conditions will be treated by specialists in the community as much as possible – only going to hospital when necessary.

3.4. Local Aims and Ambitions

The Bury Vision is to transform the whole health and social care system over the next five years, in order to support people and enable them to live in their own homes and communities. The vision is that people will live well, stay well, remain active and have better outcomes and experiences. There will be a focus on citizenship, prevention, self-care and independence, with the aim of reducing the demand for services and making efficient and effective use of both health and social care resources.

The CCG is also committed to driving up productivity through reducing duplication, improved workload planning, and using technology to reduce administration overheads and to share clinical information and good practice.

4. Roles, Responsibilities and Relationships

4.1. Commissioner's Responsibilities

As Commissioner Bury CCG has a threefold duty in terms of informatics:

- A duty to have effective and efficient systems and information systems to manage its core business;
- A duty to encourage providers to have robust IM&T systems and reporting functionality with the added requirement to look at IM&T innovation and information requirements from the patient and service user perspective;
- A duty to commission GP IT services.

It is also the Commissioner's role to make sure there is alignment of priorities for IM&T investment across the Health community to maximise the benefits of existing technology and to ensure that there is adequate governance arrangements in place to ensure good quality and secure data.

The CCG is also responsible for ensuring safe and secure patient information under the umbrella of Information Governance (IG) including achievement of the Information Governance Statement of compliance (IGSoC) by providers.

The CCG must also be confident that its own IM&T services and that of any providers have robust disaster recovery processes in place to ensure they can continue business/service delivery in the event of a computer system disaster.

4.2. Commissioner's Relationship with Providers

In commissioning services, the CCG uses the standard NHS contracting procedures which where relevant will be used to leverage uptake of IM&T developments in areas such as electronic discharge letters and use of the Summary Care Record. Contracts with providers will also clearly set out the requirements for timely and relevant transmission of data.

In Primary Care, GPs have to ensure they meet the standards set out in the Quality Outcomes Framework. Data feeds into key data repositories such as SUS will continue but with continued improvements in the data quality and the breadth of feeder systems and the tools to process the data into meaningful information and dashboards for commissioning activity.

4.3. Partnerships

The CCG currently commissions IM&T and Information Governance from the North West Commissioning Support Unit who will need to agree the strategy and delivery plan.

The CCG will continue to work closely with the current Clinical system supplier (INPS Limited) to exploit developments in functionality to support the IM&T strategy, in particular the need for integrated records and access to records by patients.

There will need to be a greater emphasis on integrated working with Health and Social care organisations for information sharing.

5. Background and Current State

5.1. Primary Care Clinical Systems

Primary Care Medical services are provided by 33 practices located on 23 sites. Data is pooled at two sites, there are 29 distinct databases holding GP records, none of which are shared or integrated. However, all but one practice is streaming data to the INPS Vision 360 'cloud'. Over ten years ago, a decision was made to standardise on a single clinical system for use in General Practice (INPS Vision). Of the 33 practices, 21 use the hosted Vision system (AEROS) with the remainder operating with a local server on a LAN. This common platform has been an enabler for several national projects, many of which have had "early adopter" status. For each project, the aim has been to fully engage stakeholders and to roll-out functionality safely and as rapidly as possible to maximise improvements in patient care as well as gains in efficiency for both practices and the wider NHS.

All Bury GP practices enjoy the benefits brought about by the following national spine and local electronic initiatives:

- Summary Care Record (SCR)
- GP 2 GP (GP2GP)
- NHS e-Referrals (formerly Choose & Book)
- Electronic Clinical Correspondence (EDT)
- tQuest electronic Pathology and radiology ordering
- Electronic pathology and radiology results reporting

GP sites are all able to exchange entire electronic medical records upon the transfer of patients between practices via GP2GP. Most sites are also providing data to the national Summary Care Record Service which can be accessed by clinicians in unscheduled care settings. All General Practice sites operate the DocMan document management system provided by Docman Ltd.

5.2. Infrastructure

The legacy network infrastructure in Bury is complex. There are currently two different Community of Interest Networks (COINs) in place with an interconnect and high bandwidth links to the national N3 network. The contractual complexity and costs associated with these networks are significant whilst performance and efficiency is suboptimal. Most Local Area Networks (LANs) in General Practice operate isolated domains which do not share security or directory rights with each other or the corporate CCG network, resulting in significant loss of flexibility and efficiency. As part of the CSU infrastructure transformation programme work to migrate Bury onto the new GM COIN has commenced, due for completion during 2015/16.

The current CCG data centre is located in the basement of Silver Street, a less than ideal environment with a constant threat of flood. As part of the CSU infrastructure transformation programme work to migrate Bury onto the new GM Data Centre has commenced, due for completion during 2015/16.

The GP practice estate underwent a widespread desktop and server infrastructure refresh programme in 2012 although the corporate IT infrastructure was not subject to the same level of investment. The desktop IT assets in use by the corporate CCG were replaced or upgraded as part of the Windows 7 upgrade during 2014/15.

As part of the server infrastructure refresh in 2012 the GP practices operating with a local server on a LAN had Windows Server 2003 installed because INPS were not supporting 2003 on LAN sites at this time. Windows Server 2003 goes end of life on 14th July 2015 and the Operating system is being upgraded to Windows Server 2008.

The old PCT VPN service for remote access is due to expire in July 2015 and the CCG will need to look to another solution for continuity of remote access for CCG personnel. Existing remote users access CCG files using an old Citrix server in the legacy data centre.

The potential for Voice over IP and other communications services has yet to be exploited and telecoms services are currently stand-alone.

5.3. IT Support and Maintenance

Bury CCG has commissioned a fully managed IM&T service from the North West Commissioning Support Unit (NWCSU) that transitioned into the Greater Manchester Shared Service from the 1st July 2015. The CCG should ensure that the IT strategy is aligned with that of the other CCGs across Greater Manchester to deliver large scale IT programmes as efficiently as possible. The transition from the PCT in-house IT department has resulted in the loss of some local knowledge but the CCG does value the local knowledge that has been retained by the CSU and recognises the value this has in meeting local needs.

The CCG will continue to ensure appropriate IT support and maintenance is in place to support both the CCG commissioning functions and delivery of primary care services by member GP practices.

5.4. Project Management

Project Management for IM&T projects is commissioned from the NWCSU as part of the IM&T managed service. The CCG has a named Project Manager but the remit of the project manager is restricted to a set number of project days.

5.5. Training

IM&T training for the CCG is commissioned from the NWCSU. There is currently no Clinical system support directly provided by the CCG for its constituent practices.

5.6. Data Quality

The Data Quality Service is currently commissioned from the NWCSU. Analysis of the quality at Bury practices have shown it to be significantly better than average. Practices are supported by the NWCSU Data Quality team with data submissions for the CCG, Public Health England and the HSCIC. The CSU also provides support and training to support data quality, including but not exclusively the development and installation of bespoke referral templates and Guidelines.

5.7. Information Governance

Information Governance support for the CCG is commissioned from the NWCSU to ensure safe and secure patient information. Achievements against information governance standards are undertaken using the Information Governance Toolkit. The CCG will continue work towards improving on its already robust IG scores to achieve the next level of assurance.

IG support for GP Practices is commissioned from the NWCSU by the NHS England Greater Manchester Area Team.

5.8. Key CCG Information Systems

The key systems and applications in use within the Corporate CCG are predominately the Microsoft Office suite of applications; however the following additional software and applications are in use:

- Oracle Invoice payment system
- Covalent risk management
- DMIC data warehouse Link with Business Intelligence team to extract data from SUS

The CCG also retains the legacy Bury PCT Intranet web portal and a SharePoint site. The SharePoint site has not been used extensively by the CCG as a CCG wide communication portal due to both limited in-house skills and the lack of a domain relationship between the CCG and GP practice sites.

Survey Monkey is used under licence from the NWCSU but has limitations around data collection, for example participant e-mail addresses and contact details due to IG issues due to the servers residing overseas.

The CCG also uses 'EventBrite' 'freeware' for event bookings.

The Referral Booking management Service in Bury retains access to the iSoft Lorenzo system (under an SLA with Pennine Care Foundation Trust) to provide 'Choice' clinics in Choose and Book. The future software requirements to support referral management are currently under review owing to the Lorenzo contract exit by Pennine Care in July 2016.

5.9. Patient Facing Media

The CCG currently has a patient facing website (<http://www.buryccg.nhs.uk>) that contains patient facing health and service related information, policies, reports and Board minutes as required by NHS England. The website also has a link to an externally hosted 'WordPress' blog and houses the public newsletter and the CCG E-News. The annual cost of the website only covers hosting and maintenance with any developments incurring additional costs.

The CCG also uses Facebook and Twitter to aid communication and engagement and has recently launched 'My NHS' a communications tool that patients and the public can sign up to receive information about the work of the CCG and public consultations.

In March 2015, to support both patient education, self-care information and the provision of consistent information to patients the CCG deployed patient information screens with patient call functionality into all GP Practices, the content for which can be managed centrally.

6. Vision for the future and Strategic Objectives

The CCG fully supports the accurate recording, sharing and use of health and social care information to provide safe, effective and efficient care to patients and recognises the role information has to help patients to stay healthy, take decisions about and exercise more control over their care, and make the right choices for themselves and their families, including access to electronic records. The CCG uses information to support the commissioning process in the knowledge that it is doing so to ensure optimal performance of existing services and that future services are designed to promote quality and efficiency. Supporting healthcare professionals with high quality and timely information about how best to manage a patient within the local healthcare system is imperative. Bury aspires to be at the forefront of developments in IM&T to support and empower the redesign of clinical care, to improve the patient experience and to improve efficiency.

A number of themes are emerging, driven through both national priorities and local experience:

1. IM&T to support Integrated Care
2. Information to support patients, carers and the public
3. Information to support Commissioning decisions
4. Information to support and empower clinicians
5. Increased efficiency
6. Mobile and remote working facilities

These themes will be explored in more detail below with the IM&T developments required to support the delivery.

6.1. IM&T to support Integrated Care

The agenda to integrate Health and Social Care requires health and social care record integration/interoperability and there are a number of different models and approaches to integrating information and information systems that broadly fit into three categories:

- A single system approach
- A shared data repository fed by individual health and care providers (a Portal)
- Interoperability

The CCG must support integration, interoperability and information sharing between health and social care information systems to facilitate out of hospital care and better joined up working across secondary, Primary and community services.

The CCG will explore the technical options available and will invest in the best solution for the health community whilst ensuring that any investment secures effective interoperability for the longer term.

It is widely acknowledged that this is a complex area and one that will require time and resource to fully realise the potential and there may need to be some interim solutions to meet the immediate requirement to share health and social care information.

The CCG is already represented on the IM&T Sub group of the NE Sector Transformation Board that has initiated a project to procure an Integrated Clinical Record Portal. The procurement is currently at the 'preferred supplier' stage and a business case with financial modelling is being prepared. The Clinical Record Portal would allow information from multiple systems to be viewed and updated in a single view and would be integrated with organisations' source systems to provide information at the point of care. The project stakeholder organisations are Oldham CCG,

HMR CCG, Bury CCG, Pennine Acute Hospitals NHS Trust, Pennine Care Foundation NHS Trust, North West Ambulance Service, BARDOC, GOTODOC, Bury MBC, Rochdale MBC and Oldham MBC.

In the short term the CCG will use the available technology of the Summary Care Record and particularly the functionality to add additional information to support patients with Long Term Conditions and specific elements of health records /care plans that are of greatest benefit to out of hours providers.

Any plans for cross-organisation sharing of information will be underpinned by a robust Information Governance framework and programme.

6.2. Information to support patients, carers and the public

There is an expectation that information about health services will be accessible to patients through a range of media. The CCG will review the available options to facilitate the following:

- Patient engagement in work of the CCG
- Provision of Information about local services
- Sign posting and help with navigating health and social care information
- Information to help patients with choice of provider
- Information about local GP practices
- Patient Education

Since April 2015, all general practices have been expected to make available electronic booking and cancelling of appointments, ordering of repeat prescriptions and access to a summary record. This functionality has been made available via the Vision On-line services module already deployed to all Bury GP Practices. The functionality to allow booking of appointments and ordering of repeat prescriptions is already live and the system development to allow patients to see their summary record has now been enabled at all sites. The CCG will continue to provide advice and support for practices to implement and promote online access.

Expansion of patient access to electronic services will need to be accompanied by appropriate safeguards, such as identity checks, appropriate support for those who need it, and the protection of personal information. The CCG will work with patient representatives, system providers and information governance specialists to ensure that public awareness campaigns are put in place alongside technology changes. There are particular elements of risk in access to records for vulnerable people and the CCG will work with GP Practices in order to ensure the appropriate safeguards are in place as recommended in the Royal College of General Practitioners' guidance.

The CCG also wishes to support any developments by the GP Systems supplier to make patient online services available on mobile devices. There is also a growing expectation from patients and members of the public that they should be able to access the internet in public places using WiFi.

Some GP practices currently make use of the Short Message Service (SMS) provided free of charge via NHSmail to communicate with patients with appointment reminders and recalls for review appointments. The SMS service will not be provided as part of NHS Mail 2, however NHS England has confirmed it will support the SMS service, for primary care organisations, until September 2015, and are working with the DoH on the procurement process.

To support self-care and the empowerment of patients to take a more active role in improving and maintaining their health and wellbeing the CCG will explore the Health App market and other on-line resources for patients. Apps are available to track exercise and diet, fitness coaching and medication compliance and there is a library of Apps on NHS Choices that have been reviewed by the NHS to ensure they are clinically safe. In the short term the CCG can link with 'The Bury Directory', developed by Bury MBC, as a platform for promoting services to patients.

6.3. Information to support commissioning decisions

The CCG as commissioner requires detailed activity data in order to monitor contract and financial performance. Better information about what is happening now, and the quality of care provided is needed to allow the CCG to make better, informed commissioning decisions.

Currently data is derived from multiple sources but whilst supplied in electronic format, require manual intervention and processing whereas it is essential for analysis and processing of data to be both automated and in real-time to be of real value in commissioning. There is further work required to present the data in easy to understand and meaningful 'dashboards'.

The CCG commissioned Business Intelligence (BI) services from the NWCSU, but are now planning to bring the service in house to support the data analyst already working with the Sector Support Team. The CSU BI team has access to data stored in a data warehouse, which allows analysis of Bury patients at a local level across all secondary care organisations and independent sector organisations. The team develop dashboards for the CCG to monitor QIPP schemes, secondary care activity and local schemes as well as providing many ad-hoc reports requested from the CCG and partner organisations. The team also work closely with CCG Finance teams to validate and work up contracting and planning preparations and the submission of NHS England contract returns. The CSU locality BI team also work closely with the CSU Service Redesign team to support their work streams from inception to monitoring.

Bury CCG has expressed an interest in co-commissioning primary care at Level 2 (Joint Commissioning with the NHS England Area Team) and will consider the data requirements of this commissioning activity, to understand the current position and allow for informed commissioning decisions. Any new arrangements for information handling as a result of joint commissioning must also meet relevant information governance standards.

Data Quality services will be commissioned in order to continue the support to practices to maintain a high level of data quality to support commissioning.

6.4. Information to support and empower clinicians

All 33 GP member practices use the Vision 3 system supplied by INPS Limited. Of the 33, 21 are currently on the AEROS remotely hosted solution, leaving 12 practices on the LAN system with a local server on site. The IT operating model (Securing Excellence in GP IT Services) when describing "excellent GP IT" suggests the adoption of Clinical IT systems which are fully hosted to GPSoC standards. The CCG must therefore plan to migrate the remaining practices to the AEROS platform. Hosted systems require highly resilient communications links and therefore further migrations have a dependency on completion of the replacement COIN by NWCSU. GP practices also rely on a local server to provide local domain control functionality. The CCG will need to plan for replacement of local domain servers but will also be mindful of any opportunities to move all GP practices onto a central Greater Manchester Active Directory provided from a central data centre.

The CCG has demonstrated the benefits of all GP practices using the same clinical system and will continue to commission a primary care clinical system that provides the required level of functionality to support both the day to day requirements of General Practice and the added functionality to support the CCG commissioned activity. The GP clinical system also must be at the forefront of new functionality developments to facilitate innovation, greater interoperability and integration whilst providing the necessary standards of stability and resilience.

GPs in Bury CCG already enjoy the benefits from collaboration on IT developments with Pennine Acute Hospitals NHS Trust and Pennine Care Foundation Trust. The CCG will work with other neighbouring organisations to look at further collaboration where benefits can be identified – especially to support the care of patients who receive their care outside the local provider footprint.

The CCG is required to develop an Electronic Palliative Care Co-ordination Systems (EPaCCS) by July 2015 to enable the recording and sharing of people's care preferences and key details about

their end of life and Palliative Care. Sharing End of Life and Palliative Care information electronically has been via the Summary Care Record but limited in that other care providers can only view and not add to the record. It is the CCG intention that the NE Sector Integrated Clinical Record Portal will serve as the delivery platform for EPaCCS with EPaCCS as the first clinical deliverable for the ICR Portal project.

The CCG will be mindful of developments and innovation in the area of communication technology especially where it can facilitate different models of patient consultation to support self care, care closer to home, prevent unnecessary hospital admissions and support independent living.

To take full advantage of new technology and new information, users need support and training. Greater recognition of the importance of informatics and informatics skills for all those working in healthcare will be critical if we are to empower users to benefit from IM&T implementation. GP practice staff and CCG employees will be surveyed and training needs analysis will be undertaken and alternative models of training delivery will be assessed.

Opportunities will be sought to exploit developments in the area of contextual decision support. Current functionality includes DXS, Scriptswitch, Vision Guidelines and referral forms, but for decision support functionality to be acceptable to clinicians it must be responsive, tightly integrated and be perceived as relevant to the clinical context. The current intention is to expand on the use of local embedded guidelines currently in use.

Map of Medicine is a nationally procured product which provides evidence based decision support in a clinical setting and has been deployed previously but usage at that time was low. The product now has additional functionality so that it can be used within Vision. The CCG will pilot and review the new Map of Medicine product but only as part of a wider exploration of other options available to provide GPs with easier access to referral pathway information, copies of guidelines and referral template forms and policies and procedures to support clinical decision making and appropriate referrals.

The CCG recognises the need to level up the functional IT maturity of all member GP Practices and will ensure documented Data Quality policies and standards to not only set the criteria but to maintain these standards to ensure that the benefits of IT investment are maximised by all practices for service efficiencies and improvements in patient care and experience. The expectation is that system usage (for example Online services and EPS), data quality standards and the responsibility for IT and system management at practice level will form part of the CCG Practice contract.

6.5. Increased efficiency

IM&T providers are increasingly offering cloud-based storage and software solutions which offer benefits of reduced maintenance and potentially lower revenue costs. The use of handheld/mobile devices should be further explored to allow staff to work remotely and be more agile. The CCG will continue to identify opportunities to support and promote mobile access.

The CCG will exploit the opportunities offered by the commissioning of the new Greater Manchester COIN to introduce new functionality such as private and public facing WiFi.

The CCG will explore the potential for the introduction of Voice Over Internet Protocol (VOIP) based telephony services which may allow more flexible voice services along with significant revenue services.

Considerable efficiencies in both management time and travel costs can be achieved through teleconferencing. Audio teleconferencing services can be commissioned without a requirement for IT infrastructure and could be implemented quickly. Video conferencing will be considered as it may support clinical decision making, education and peer.

A high quality and responsive IM&T service is essential to support both CCG and primary care users. The CCG currently contracts with the NWCSU for delivery of GP IT and corporate CCG IT but this arrangement cannot be extended beyond April 2016 because the NWCSU were unsuccessful in their bid to gain a place on the Lead Provider Framework. For the provision of services beyond April 2016 the CCG must plan alternative arrangements for the commissioning of IM&T Services that could include use of the Commissioning Support Lead Provider Framework (LPF), setting up a shared service across more than one CCG or taking the service in-house.

The CCG realises the value of having ex Bury PCT engineers continuing to support Bury users as the local knowledge remains invaluable as the services transition to cover a wider footprint. The CCG would wish to retain some local level of support and working relationships in future commissioned IM&T services.

The CCG will make efficiencies with respect to corporate document management and document sharing for collaborative review and comment. The CCG has a SharePoint server, which is a Bury PCT legacy asset which was intended primarily to provide a document repository for efficient sharing. Due to the limitations of the network design, namely individual GP practice domains, it was not easily accessible or popular with GP users and is not now used by the CCG or GP practices. The detailed requirements for corporate document management will be specified as part of a wider scoping of requirements for CCG central shared storage, including a CCG member forum, shared calendar and internal communication. This work will be undertaken to support delivery of the CCG communications strategy.

The CCG will continue to use the national NHS Mail e-mail service and migrate to NHS Mail 2 when available through 2015/16. NHS Mail 2 will give users access to larger mailboxes but the CCG will ensure that appropriate support and training is provided to allow users to manage their e-mail effectively.

To maximise the benefits from a centralised network and data centre the CCG needs to have a common Active Directory of users. Not only will this facilitate easier log on and access for users who work across sites, it will also allow easier remote working.

6.6. Mobile and remote working facilities

GPs increasingly require real time access to records across care settings and the emerging mobile clinical system solutions now make this a realistic proposition. It has benefits for patient safety, quality and efficiency allowing the clinician to see the record at the point of care and real time recording and prescribing. The CCG will support the move to mobile working and will work with their IT Delivery partner and the GP clinical supplier. Mobile solutions will however be best served by WiFi, itself dependent upon the new CoIN.

In addition to the mobile solutions GPs still have a need for a fully-fledged remote access solution that will allow GPs to access Spine services using a Smartcard when away from the surgery to give full access to the record including DocMan documents and the Electronic Prescriptions Service.

As part of the Windows 7 upgrade for the CCG all the desktop hardware was replaced or upgraded during 2014/15. It was decided that some users would be best served by a laptop rather than a desktop PC to facilitate mobile and remote working. However for the benefits to be fully realised the CCG needs the provision of WiFi that would allow both secure access to files when off site as well as guest WiFi.

A suitable infrastructure including WiFi, VPN, mobile devices and 3G access will need to be considered to facilitate remote and mobile working.

7. Current Priorities and Key Programmes

This section outlines the current priorities and key programmes currently underway that support the CCGs strategic Aims and Objectives.

Infrastructure Improvements

The main priority for 2014/15 and into 2015/16 is to complete the essential infrastructure upgrade specifically the Migration to Greater Manchester COIN and Data Centre Migration.

As part of the CSU infrastructure transformation programme the Bury COIN is being migrated to the new GM COIN and this work is due for completion during 2015/16. The new COIN offers faster and more resilient link to N3 for GP practices at a reduced cost than the existing arrangements. A GM approach will also allow connectivity to the wider Provider and Local Authority services in the future to support more flexible collaborative working.

The CSU will migrate the existing data centre to the CSU data centre during 2015/16. This is part of a GM wide transformation project and will reduce long term running costs of servers and systems as well as increasing resilience.

Record Sharing

The CCG will continue to support the sharing of the core GP clinical record to support Extended Working Hours.

NE Sector Integrated Clinical Record Portal

The CCG will continue to contribute to the on-going work on the development of the NE Sector Integrated Clinical Record portal in collaboration with partner organisations. The Clinical Lead for IM&T is Chair of the Project Board for the project. The fulfilment of this project, which is essential to support the development of Out of Hospital Services and delivery of an EPaCCS system, will require significant capital investment.

Complete EPS Release 2 Deployment

Twenty seven Bury GP practices out of the total 33 (82%) are already live with EPS Release 2 with significant gains in efficiency of repeat prescription administration. The six practices that use shared instances of Vision (Minden Family Practices and Peel GPs) are unable to go-live until their shared database business model has been resolved. The CCG will support these practices in resolving these issues.

Referral Management

The Booking management service in Bury retains access to the iSoft Lorenzo system to provide 'Choice' clinics in Choose and Book. The software requirements to support the referral management and the options available in the new e-Referral system will be reviewed.

Greater Manchester Electronic Clinical Correspondence Service

The CCG will continue to support the Greater Manchester ECC project to deliver electronic correspondence from all Trusts in Greater Manchester to GP practices.

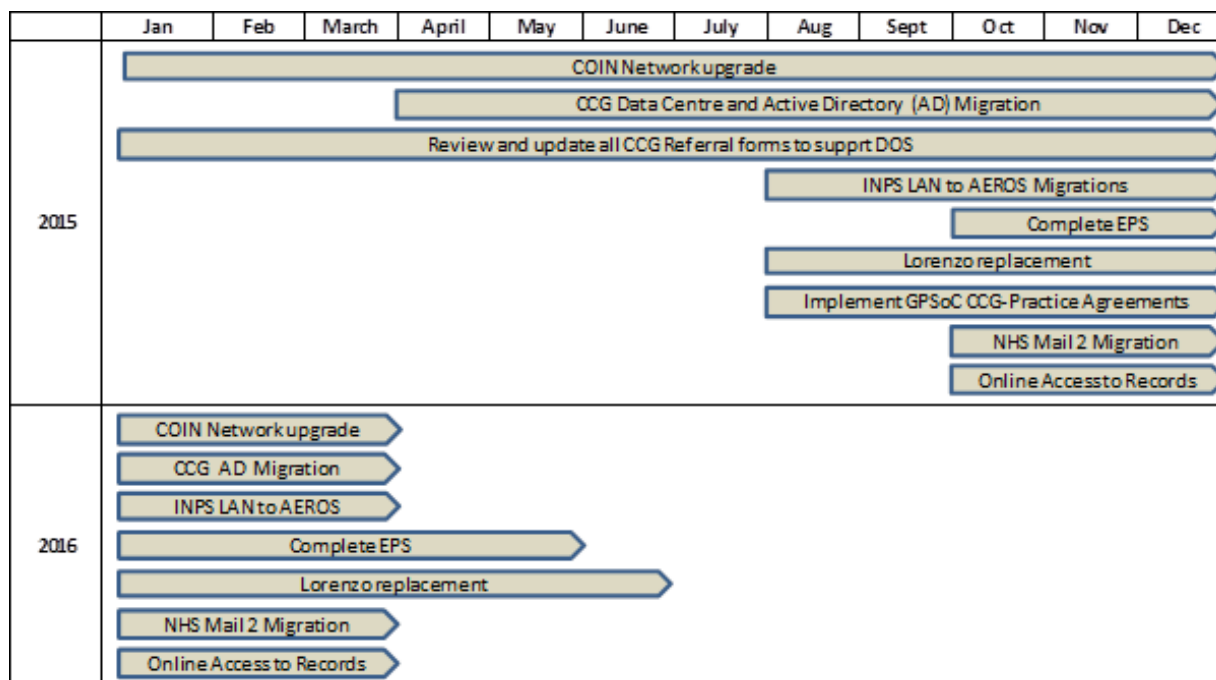
8. Delivering The Strategy

The Vision for IM&T is ambitious and will take time to realise in an increasingly challenging financial environment. However, information and information technology are critical tools that the CCG will need to harness to deliver the QIPP challenges. Prioritisation is therefore required taking into account:

- Existing projects
- Business requirement
- National requirements
- Resource and investment required

A summary of the projects with prioritisation can be found in Appendix 1.

The immediate work programme will include the areas classed as essential but there will be an ongoing need to make further decisions about prioritisation to support the strategy in the longer term in an environment where technological developments and available resources are changing rapidly.



8.1. Governance and Resources to deliver the strategy

Operationally, IM&T services are delivered through NWCSU, with services established for ongoing maintenance, support and development of the IM&T infrastructure for CCG and GP IT. The programme of work includes national and local projects, business as usual and an extensive infrastructure transformation. The relationship between the CCG and the Local Delivery Provider will be a key factor in the successful implementation of the strategy.

Staff Resources for supporting and delivering IM&T within the CCG are limited to an IT Manager reporting to the Deputy Chief Finance Officer and the GP Clinical Lead for IM&T. IM&T is managed through an IM&T Steering Group. The Steering Group includes membership from Primary Care, the CCG Executive team, NWCSU and a Patient Cabinet member with invitations extended to other specialist and providers when required. A key function of the IM&T Steering Group is to support the IT requirements of the CCG and constituent practices to provide assurance to the Clinical Cabinet on the use of limited IM&T resources and to promote a co-ordinated approach to IT projects.

With effect from April 2014 the CCG has had responsibility for both CCG IM&T and the commissioning of GP IT services in accordance with the "Securing Excellence in GP IT services".

The GP IT costs are to be met from the funding allocation delegated from NHS England Area Team. However, the original transfer of GP IT funding into CCG for 2014/15 (based on equitable allocation based funding) did not reflect the historical GP IT allocation or current spending; Bury CCG has historically invested in richer clinical systems and infrastructure beyond the core service model upon which the allocations have been based. To manage the shortfall in funding the Greater Manchester CCGs submitted bids for additional NHS England capital and transitional funds to support GP IT service for 2014/15 and 2015/16.

As the CCG develops detailed work plans to deliver the strategy a financial plan will be developed to look at the requirements of each project. The speed of implementation will depend on finding affordable solutions to deliver the IM&T ambitions. The CCG will finance projects from within its allocation where possible and affordable. Major IM&T developments and Infrastructure programmes will need more innovative financing solutions or look to bid from national allocations should these become available.

8.2. Review

There is a need to continually review and update this strategy and to develop detailed implementation plans. The CCG programme to deliver the strategy will be managed and progress monitored by the CCG IM&T Steering Group, whilst the GM wide infrastructure projects will be monitored through the GM Programme Board. Service performance issues will be managed through the GM Assurance Group.

9. Glossary

CCG	Clinical Commissioning Group
CoIN	Community of Interest Network (method of connecting computers to N3)
CSU	Commissioning Support Unit
DoH	Department of Health
EPaCCS	Electronic Palliative Care Co-ordination Systems
EPS	Electronic Prescription Service
GM	Greater Manchester
GP	General Practitioner
GPSoC	GP System of Choice, national framework for clinical systems
GP2GP	National GP to GP record transfer system
HSCIC	Health and Social Care Information Centre
IM&T	Information Management & Technology
LAN	Local Area Network
N3	NHS National Network
NWCSU	North West Commissioning Support Unit
QIPP	Quality, Innovation, Productivity and Prevention programme developed by the Department of Health to drive forward quality improvements in NHS care.
SCR	Summary Care Record
SLA	Service Level Agreement
VPN	Virtual Private Network that allows authenticated remote access
VOIP	Voice over IP (provisioning of communication services (e.g. voice, fax, SMS over the public internet rather than the telephone network)
WiFi	Wireless Fidelity Wireless connections from user devices to local networks and the internet

Appendix 1

Ref	Project	Notes	Priority			
			Immediate 2015/16	High	Medium	Low
1	Infrastructure upgrade (Migration to GM COIN and Data Centre)	Current architecture constrains other projects and is expensive	✓			
2	Migration to NHSMail2	National project. The contract award is due to take place in March 2015 followed by a transition to the new service throughout 2015-2016	✓			
3	NE Sector Clinical Record Portal	Requirement for integration across and between services. Significant resource and investment required by all stakeholders.		✓		
4	Assess requirements for internal staff communications, engagement and information management.	Business requirement for robust document store, members forum, project collaboration. To include review of current tools i.e. CCG Intranet, SharePoint and Basecamp			✓	
5	Review CCG referral forms and publish a library of referral forms meeting standards for usability and design.	Business requirement to support referral management and CCG Directory of Services		✓		
6	Replacement for RBMS iSoft Lorenzo	Lorenzo Contract Exit July 2016 Business requirement for CCG Referral Gateway		✓		
7	Assessment of IT training needs for CCG and Primary Care	National requirement of GPSoC CCG-Practice Agreements			✓	
8	Teleconference facilities for CCG and GP practices	Efficiency gains Dependency on infrastructure upgrades				✓
9	Implement GPSoC CCG- Practice Agreements	National requirement by December 2015		✓		
10	Completion of the Greater Manchester Electronic Clinical Correspondence project (including hub to hub transfers)	Project in progress Efficiency benefits for providers and for general practice			✓	
11	Complete implementation of Electronic Prescription Service across Bury	National expectation Efficiency benefits for general practice and improved service to patients			✓	
12	Development and enhancement of contextual clinical decision support tools	Constrained by product availability and interoperability but a key priority for clinicians		✓		
13	GP Practice WiFi	To support mobile clinical system		✓		
14	Secure on line access by patients to their records	National requirement Implementation constrained by product availability		✓		
15	Mobile Clinical System solution (Vision Anywhere)	Dependency on WiFi and mobile devices		✓		
16	Provision of secure remote access solution for CCG	Supports Agile working Improved resilience and business continuity			✓	
17	End of Life Care Register	Constrained by system availability		✓		
18	Migration of Vision LAN systems to hosted solution (AEROS)	National expectation (GPSoC Level 4)	✓			