

Health Select Committee STP Digital Update

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Digital Vision

EMPOWERED PATIENTS

We will place patients at the centre of their own health and care by adopting technologies that help citizens stay in their homes for longer, open new digital avenues into health and care services and promote shared care through 2-way information sharing, utilisation of apps and connectivity to wearable technology



- Patient App
- Digital Comms
- Remote Care

DIGITISED CARE

We will ensure that all health and care information is recorded electronically to a high standard and digital tools are available to make health and care professionals lives easier. We will implement a range of new technologies aimed at improving the efficiency and effectiveness of health and care including the use of artificial intelligence.



- Paperless 2024
- Shared Records
- AI Healthcare

POPULATION HEALTH

We will provide a range of tools and data sources and support these to be sensitively utilised in new and innovative ways so as to directly and indirectly benefit the health and care offered to the citizens of Staffordshire and Stoke-on-Trent.



- Data Sources
- Data linking
- Analysis Tools

INFRASTRUCTURE & SERVICE

We will provide health and care professionals with an infrastructure that simplifies access to the right resources using appropriate devices to the highest possibly cyber security standards. We will provide staff with high quality digital support services at a time and place convenient to them and in accordance with industry level standards.



- Standards
- Modern Systems
- Back-Office

CAPABILITY & INNOVATION

We will seek to develop the digital capability of both our workforce and the wider population to ensure the digital initiatives stand the highest chance of success. We will develop and embed innovation at the heart of how we operate ensuring that we are constantly exploring how cutting edge technologies can benefit the local population.



- Digital Leadership
- Upskilling
- Innovation Hub

INVISIBLE BOUNDARIES

We will ensure that all residents of Staffordshire and Stoke-on-Trent are able to receive the same high quality health and care by ensuring that professionals outside of the immediate geography are as informed as those within it. We will routinely collaborate with local partners to share ideas and deliver digital technology faster.

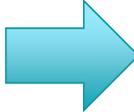


- S(L)HCR
- Black Country
- Shropshire



The COVID Factor

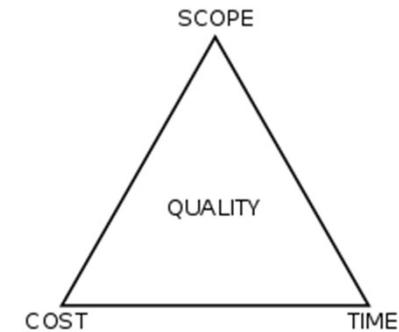
In March 2020 the implications of COVID-19 really began to take hold:

- Almost overnight:
 - Reduced availability of hands-on staff due to the need to shield, self-isolate or sickness/absence
 - Growth of waiting lists due to stopping all non-urgent activity
 - Staff being forced to work from home due to government enforced “lock down”
 - Patients being unable or unwilling to attend for healthcare appointments
 - Unknown but potentially extremely large demand for healthcare services to treat COVID-19
 - Elevated risks for front-line health and care staff coupled with limited availability of personal protective equipment
 - Lack of readily available information about patient COVID-19 status
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- The Digital Factor:
 - 25,000+ staff able to access all of their electronic resources from home
 - Microsoft Teams deployed to all users – full online collaboration
 - National procurement and local deployment of patient virtual consultation technology
 - Locally developed COVID dashboards
 - Remote monitoring of patients (admission avoidance and early discharge)
 - Digital enablement of COVID vaccination services
 - All done with very little hands-on help and support initially due to the pace of deployment



Lessons Learned

- We can achieve an extraordinary amount in a very small space of time – when the conditions are right:
 - Burning platform
 - Polarised priorities
 - Strong leadership
 - National support
- Those conditions are not sustainable
- The project quality triangle cannot be cheated ...
 - We know not everything was perfect
 - However the impact was still extraordinary
- Stakeholders are far more tolerant to change than we realise:
 - Digital adoption was high (staff and patients)
 - Innovation and self-led learning was high
 - Most likely driven by the conditions
 - We mustn't get complaisant:
 - Digital literacy
 - Digital inclusion
- It is easy to not embed the changes and slip back to “the old ways”
 - Too much of a “good thing” may not be the answer – we need a balance



The benefits of well executed digitally enabled transformation are high!



The Long Term

- COVID is here to stay
 - Digitally supported vaccination programmes
 - Expanded but appropriate use of virtual consultations
- Long COVID
 - Remote patient monitoring (Care homes, Long Term Conditions, Virtual Wards)
 - PHM and Data Analytics – identify and manage the long term implications
- Growing waiting lists
 - Patient empowerment and self-management.
- Primary Care – The unseen demand
 - On-line digital triage/Artificial Intelligence
 - Patient empowerment and self-management
 - PHM and data analytics – forecast interventions (clinical or self managed)



What Else Have We Done?

- One Health and Care: Integrated Care Record for Staffordshire and S-o-T
 - UHNM
 - MPFT Mental Health
 - Combined Mental Health
 - c140 GP Practices
 - Stoke-On-Trent Adult Social Care
 - Staffordshire Adult Social Care
- Information Governance: Common ISA covering all parties
- Initial connectivity into West Midlands Shared Care Record (formerly LHCR)
- TECS Programme
 - Digital Upskilling
 - Patient empowerment and engagement
 - Remote patient monitoring
- Foundation IT Services Review (in progress)



Getting Back to the Strategy ... 2021/22 Priorities



Patient Facing Digital Services: Pioneer the use of NHSApp as the primary gateway to local health and care services and commence integration between NHSApp and a range of other locally approved apps/information to create seamless access to digital services for local citizens.

Local Health and Care Records Connectivity: Focus on the technical and Information Governance connectivity of the current Integrated Care Record to neighbouring organisations either through directly sharing the technology or by interoperability between different ICR solutions.

COVID Driven Priorities

Population Health Management: Establish the information held within the ICR as a primary source of linked data to support populations health management whilst deploying tools to support population health analytics,

Integrated Care Planning: Develop and implement a series of integrated care plans and assessments using the ICR as a basis for multi-organisation and multi-disciplinary care planning and assessments.

Focus Areas: Actively seek partners and/or funding opportunities for Digital/Transformation projects in these areas.

Remote Monitoring/Care

Care Homes

Digital Upskilling



Digital Work Programme 2021/22 (Delivery)

- **ICR User Connectivity:**
 - NHS111/GPOOH
 - Hospices
 - Continuing Health Care
 - MASH
- **Single Graphnet Instance:**
 - Shared IG Activities (STeW)
 - Data take on scheduling (STeW)
- **Local Health and Care Records:**
 - Establish full interface into Intersystems application
 - Shared Graphnet instance
 - Explore shared PHM data resources

- **Graphnet Revised Support Model:** Ensure new support model for Graphnet is live and fully effective
- **Information Governance to Support the Programme:**
 - LHCR
 - Secondary Use of Data
 - MASH
 - Children's data
 - Shared Graphnet Instance
- **Integrated Care System Preparation:**
 - ICS Digital design and mobilisation

- **Develop use of NHSApp locally as preferred citizen gateway**
 - **Increase local uptake:** Implement a marketing plan supported by identified areas to target specific patient cohorts
 - **Local Service Integration:** integrate the NHSApp into a series of local apps such that the information held is surfaced through NHSApp in a seamless way
 - Graphnet CareCentric (ICR)
 - Patient Access
 - Establish baseline of other Apps use and prioritise for integration
- **Publish MyHealthAndCare Website:** Specifically to support non-Staffordshire patients who will need an alternate route access the digital services

- **PHM Analytical Data Source:** Establish the ICR as the primary source of data to support population health analytics:
 - Information Governance
 - Data Access Governance
 - Dataset awareness and documentation
 - Public information/Opt-Out
- **Procure/Deploy PHM Analytical Tools:** to support clinicians and commissioners in making effective and safe use of the data available

- **Integrated Care Planning:** Identify and implement 3x Integrated Care Plans/Assessments within the Graphnet Care Centric Solution
- **Careflow Connect:** Support each Integrated Care Plan implementation with CareFlow connect messaging and clinical communication tools
- **New/Enhanced ICR Datasets:**
 - NHS111 (if applicable)
 - Children's Social care
 - UHDB and MPFT Community (if not already completed)
 - Mental Health real-time ADT
 - Review and enhance Social care dataset
- **MASH Workflow Management:** Implement tools into the MASH to support workflow and case management and support wider system level alerting.
- **ICR Data Quality:** Develop and publish a series of reports to support organisations to improve their data quality.
- **ICR Benefits Management**
 - Regular utilisation reporting
 - Comm and Marketing for system promotion

- **Foundation IT Services:**
 - Complete foundation services review
 - Implement agreed recommendations
- **HIMMS CCM Model:** Baseline assessment and action plan for HIMMS CCM Model



Questions and Answers

