

# **Why Integrated Care Systems will transform the landscape for health and social care IT (and for everyone working with it)**



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# Government's Radical Modernisation Programme for the NHS



The Government recognises that the radical modernisation of the NHS set out in this strategy needs to be implemented at a realistic pace, both in relation to the flow of resources and the scale and complexity of the technical, cultural, and management challenge it represents.

## THE SHORT TERM

- Developing costed Local Implementation Strategies
- Completion of essential infrastructure
- Connecting all GP practices
- Offering NHS Direct to the whole population
- Establishing local Health Informatics Services
- Completion of the cancer strategy
- Beacon EHR sites plan

## THE MEDIUM TERM

- 35% of all hospitals to have implemented a Level 3 EPR
- Substantial Progress and implementing integrated primary care and community EPRs
- Community prescribing with electronic links to GPs and PPA
- Telemedicine and Telecare options considered in all Health Improvement Programmes
- Beacon EHR sites operational

## THE LONG TERM

- Full implementation at Primary Care of person based Electronic Health Records
- All acute hospitals with Level 3 EPR
- 24hr emergency care access to patient records

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- Completion of strategy
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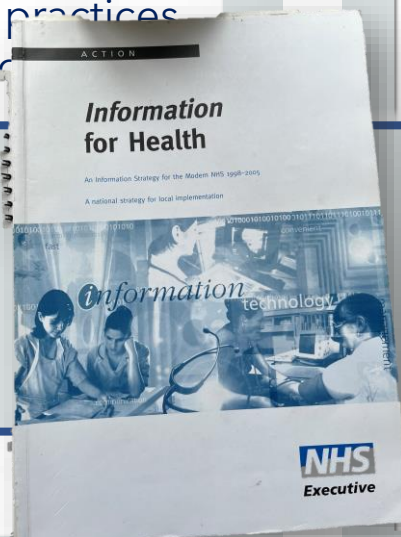
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# 1998


- Beacon EHR sites operational







# Big initiatives over the years...

## The HISS Programme 1988 - 1994

 ORACLE at NOTTINGHAM

 HBOC at GREENWICH

 MDIS at DARLINGTON


 FIRST DATA at KIDDERMINSTER

**£56,000,000**

'The achievements and lessons learned represent a poor return for the £56 million spent.'  
**NATIONAL AUDIT OFFICE**

## The Resource Management Initiative 1990-1996

**£300,000,000**

 260 'CaseMix' Systems (Various providers)

All switched off within months of the programme end

## The National Programme for IT (NPFIT) 2004-2012

**£20,000,000,000\***

 IDX in LONDON & SOUTH

 ISOFT LORENZO NE, NW, EM

CERNER LONDON & S

'one of the worst and most expensive contracting fiascos in public sector history'  
**PUBLIC ACCOUNTS COMMITTEE**

## The Global Digital Exemplars 2015 -

**£170,000,000**

Of the 17 GDE sites, 13 had EPRs from US vendors, only three from UK vendors (counting Birmingham's in house system) and one Irish vendor.

8 of the 17 were Cerner !

## Provider Digitisation Programme 2022 -

**£???**



# UK EPR and EHR is a tough market

**GTE**

1992-20

**Agfa**

**Oasis**

**BMDs/SMS**  
1985-2002

**McKesson**  
*TotalCare*

**HBO**

*Pathways*  
1992-19

**TDS**

1988-19

**Quadramed**

**ORACLE**  
1990-1995

**Torex**  
*Clinicom*

**IBA**

1995-200

**Microsoft**  
**AMALGA**  
2005-2015

**HBOC**  
**Star**

1988-2001

**iSOFT**  
*iPM*

1997-2018

**IDX**

1992-2010

**ICL**

**PerSe**

**Cambio**  
2009-2015

**CSC**  
**LORENZO**  
2010-2022

**Gerber Alley**  
**(FirstData)**  
1990-2000

**GE**  
**LastWord**  
1993-2005

**EPR**  
**Systems**  
**Graveyard**

**Northgate**  
**EXPRESS**  
1990-20

**SEMA**  
**Helix**  
1995-2002

**ALERT**  
2005-2010



ICSs are really important because patients are really important and patients have needs that span multiple providers

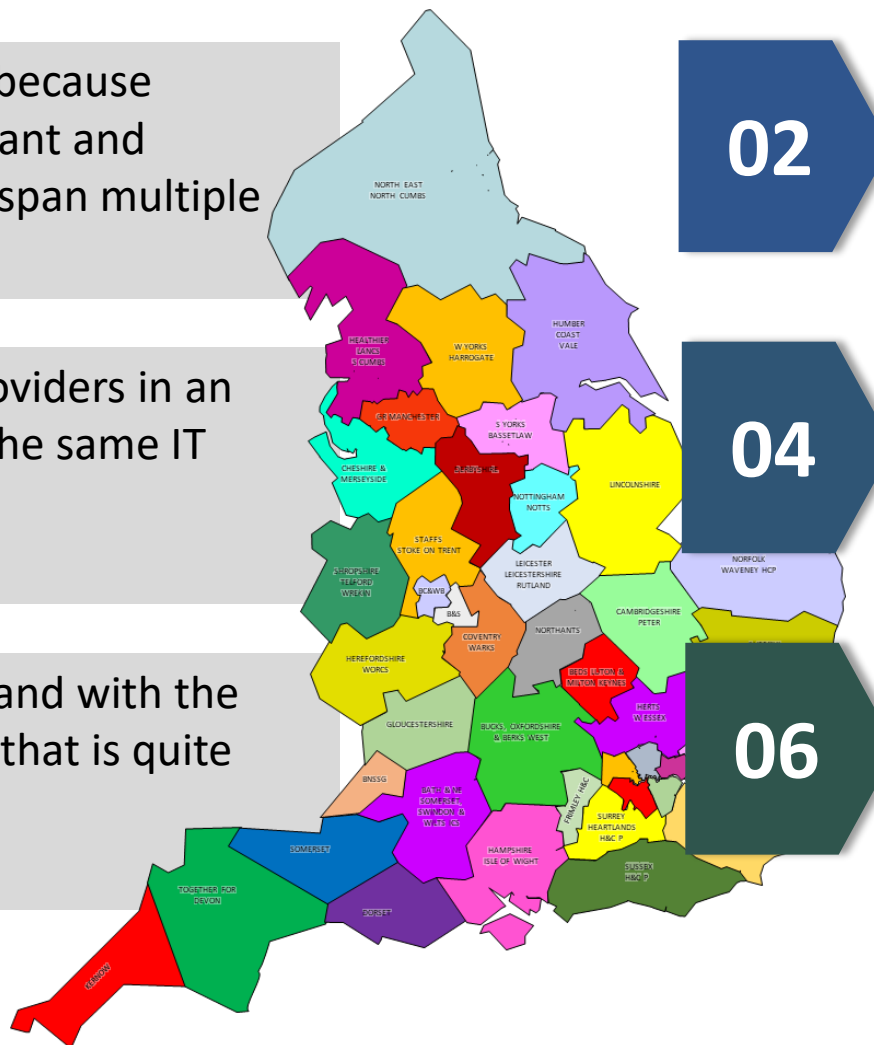
But organisational sovereignty cannot be superseded by ICS structures. There are many things that have to be done at a Trust level.

- Health and social care providers in an ICS do not need to have the same IT system.




All health and social care providers need to collaborate and integration and IT systems are required to support that

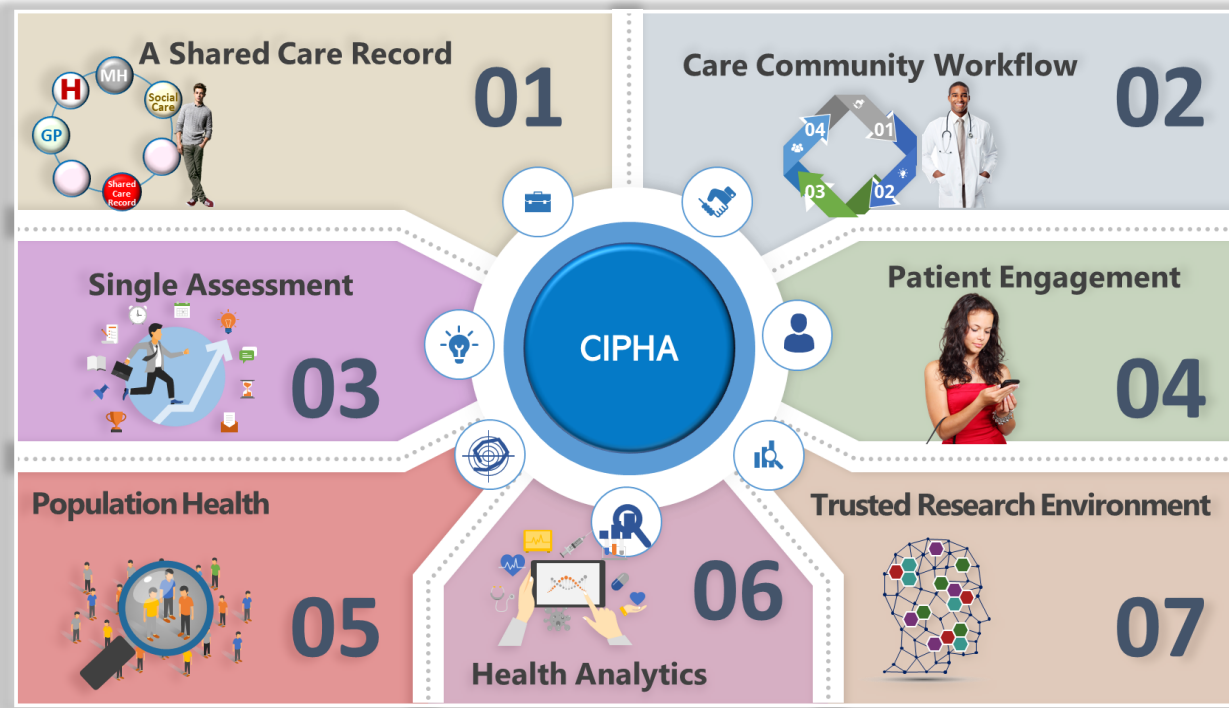
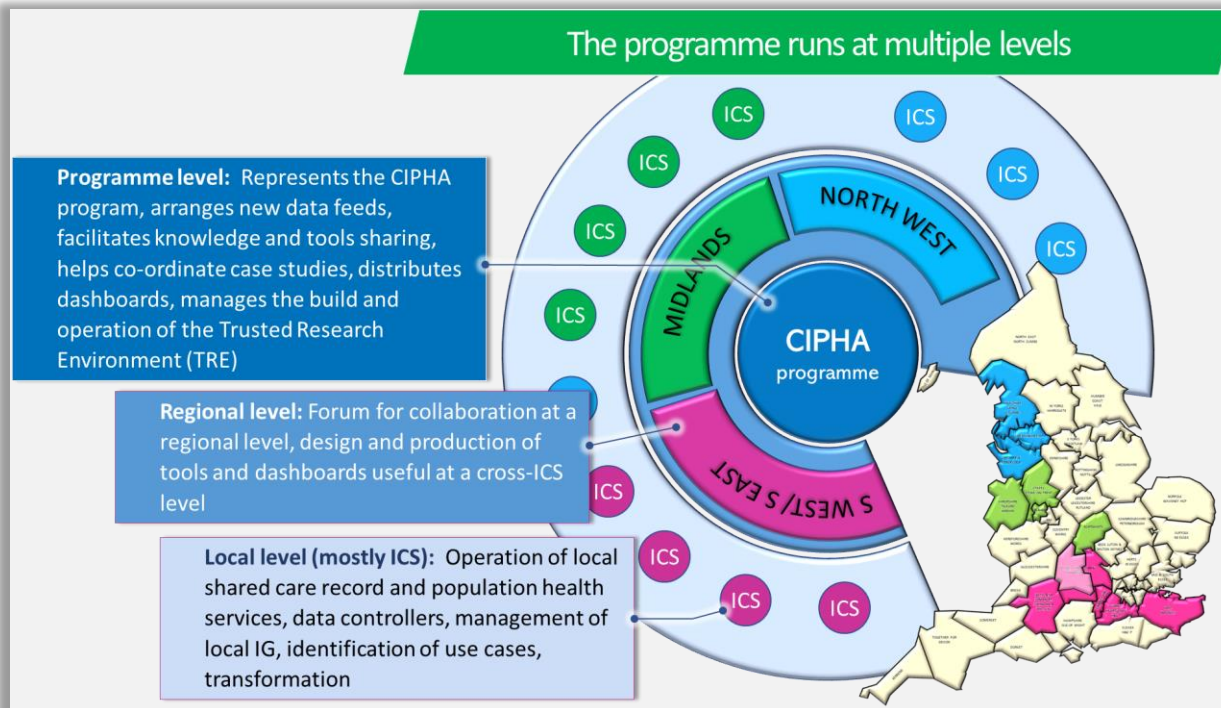
▶ We have to go paperless and with the technology we have now that is quite achievable

There is as much work to be done on change management as on the provision of IT solutions



# Population Health - The CIPHA Programme

WHAT IS CIPHA?	WHAT DOES IT DO?	WHO MAKES THE DECISIONS?	WHO RUNS CIPHA?	WHO CREATES CONTENT?	WHAT CONTENT CAN BE CREATED?
IT'S AN NHS PROGRAMME	IT ENABLES TRANSFORMATION	YOU DO	AN NHS TEAM	ALL USERS	EVERYTHING
<p>CIPHA is a voluntary and collaborative large-scale NHS programme for population health management and research</p> <p></p>	<p>CIPHA is a transformation programme supported by IT. Success requires senior leadership support from across care systems.</p>	<p>CIPHA is a collaboration of local care systems. Decisions are local. Data remains locally controlled</p> <p></p>	<p>CIPHA was initiated by Cheshire and Merseyside STP but is now managed by a dedicated NHS CIPHA team and the member care communities</p> <p></p>	<p>Like an 'open-source community' CIPHA users create added-value applications that can be used immediately by all NHS CIPHA communities</p>	<p>Everything from reports and COVID dashboards to end-to-end clinical programs for conditions like obesity, frailty, pulse oximetry, and end of life care</p>



- Over 50 use cases and growing rapidly
- Many cases already live
- Use cases are designed collaboratively and can be shared by all

01

## Pulse Oximetry

Manage COVID patients virtually



02

## End of Life

Putting patients at the centre to ensure their wishes are respected

## Waiting List Management

Identifying inequalities in PTLs providing analytics to identify waiters for targeted interventions.



03

## Pregnancy

Core20+5 analysing pregnant mothers for local priorities e.g. vaccination uptake and at- risk groups.

04

05

## SMI Physical Health Checks

Target and increase the number of physical health checks for those with severe mental illness

06

## Diabetes Management

Analysis of care pathway for Diabetes patients identifying health inequalities

## Suicide and self harm prevention



Identify, target and monitor and counsel patients at risk.

07

## BP@Home

Home management for patients with hypertension including candidate selection.



08

09

## Early Intervention

Identify and match individuals requiring accelerated social care support.



10

## Telehealth

Provides analytical information to support candidate selection





01

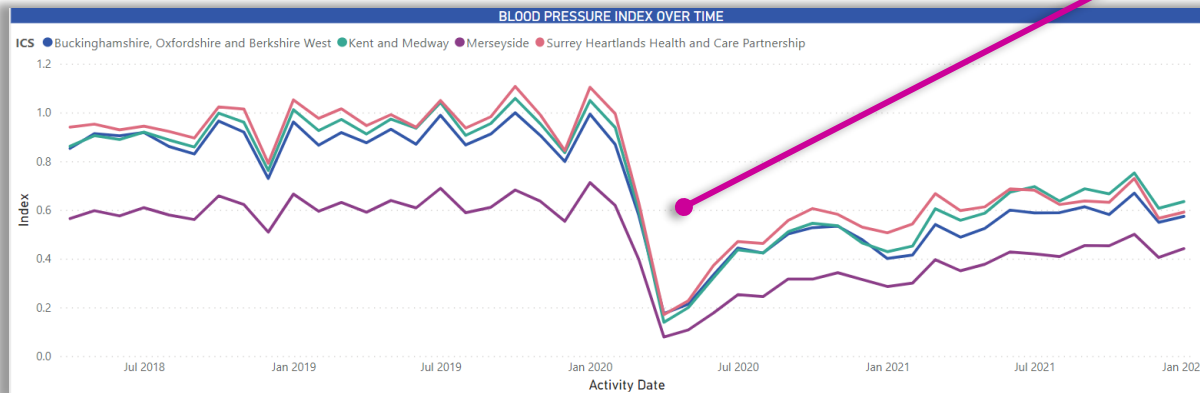
There is a reduction in blood pressure in patients with Hypertension across every ICS in the study. £4.5bn pa is spent on social care for people who have had a stroke.

02

Recording of BP for Hypertension patients fell sharply from March 2020 to December 2020. (75% - 50%) There is gradual recovery but further effort is needed to return to pre-pandemic levels.

03

It is estimated an extra 2% of the analysed population have not had BP recorded due to the pandemic - suspected 1.2 million additional individuals with hypertension not receiving this health check compared to pre-pandemic.



04

There is variation across ICSs. In Frimley ICS and Berkshire West ICP there was an identified variation pre-pandemic of 70% to 85%. This is now 43%-78%. Analysis across Merseyside, Kent, Surrey and Buckinghamshire identified variation ranging between 45% to 90% across PCNs.

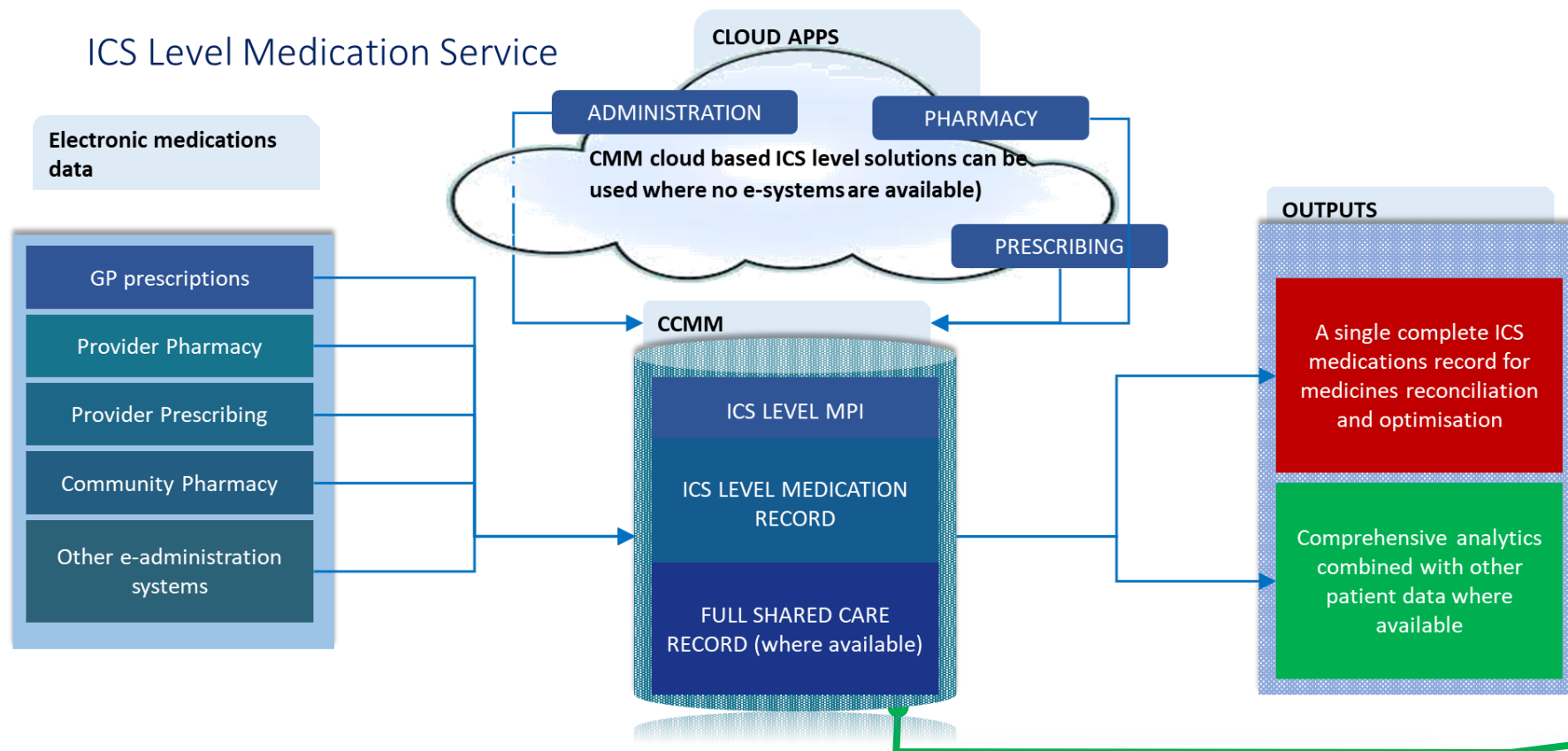
05

In Frimley and W Berks, BP recording for most deprived populations is improving (patients in the bottom 20% by deprivation now have the highest proportion of recordings.) Recording amongst Asian / Asian British population is now above that of the White population, however recording for Mixed and Black / Black British populations is currently lower

# Supporting working across the ICS

01

## A SINGLE MEDICATIONS RECORD FOR THE ICS



Make huge savings in duplicate prescriptions

Significantly improve patient safety

Reduce adverse drug incidents

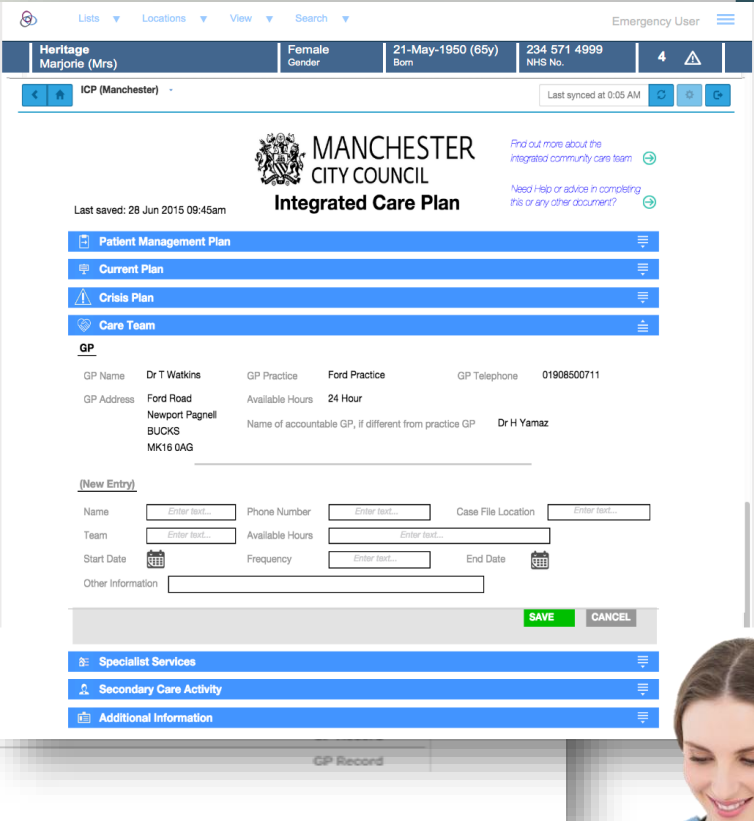
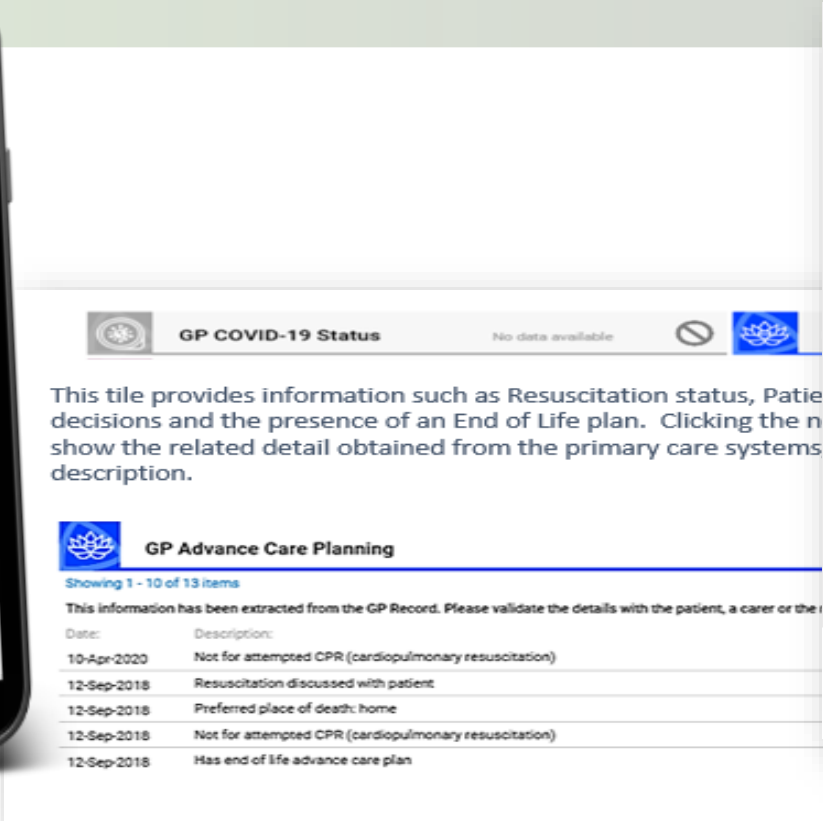
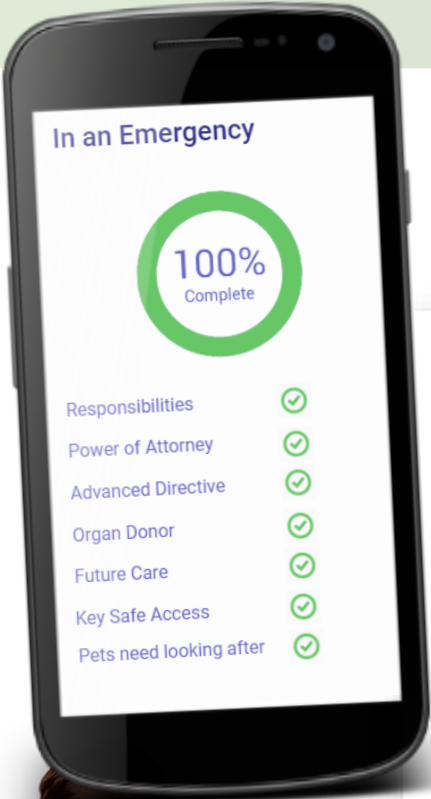
An ICS level medication service combines medications data from across the ICS and combines it into a single source of truth. It also provides cloud-based prescribing and medicines administration facilities so that clinicians, such as care home nurses, who may not have access to electronic systems can prescribe and administer meds.





02

## SHARED CARE PLANS



Improve patient outcomes

Reduce emergency readmissions

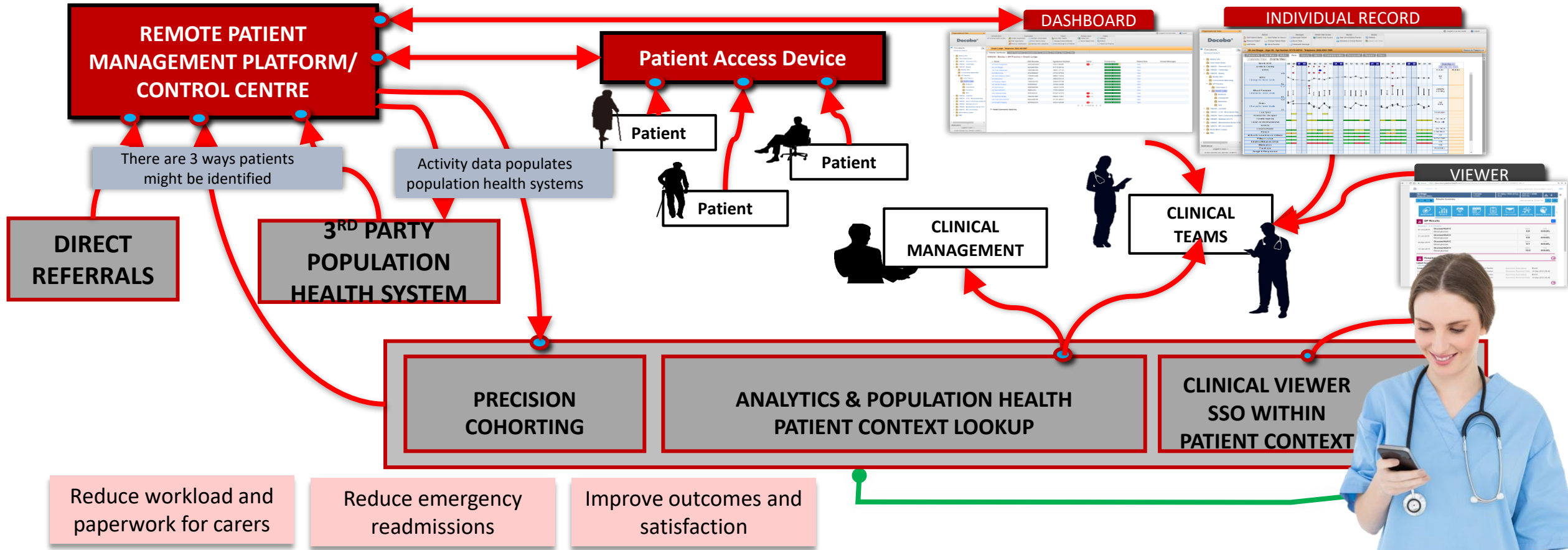
Streamline discharges and follow-up



## 03

## REMOTE PATIENT MONITORING

- 1 Patients for monitoring are selected by direct referral or precision cohorting from population health
- 2 Patients engage with their record using a CAREPORTAL
- 3 Clinical teams can access dashboards and can view individual patient records
- 4 Care managers and ICSs can access comprehensive analytics and reports





04

# Supporting working across the ICS

## CLINICAL COLLABORATION

1

### Patient lists & tags



Team lists with smart configuration and real time tags and dashboards.

2

### List Handover notes



Team handover notes captured against the patient record.

3

### Team based task management



Raise tasks to teams and individuals. Track status.

4

### Alerting



Flexible API to create Alert Notifications. Enable users and teams to subscribe.

5

### Secure messaging & PID photos



Encrypted mobile and web based messaging, integrated with the record.

6

### Team patient referrals



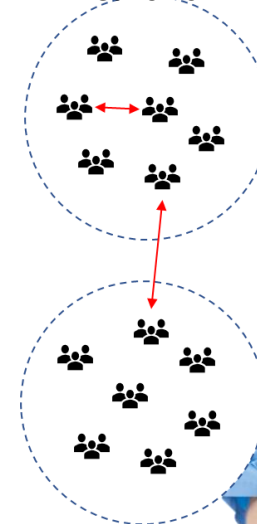
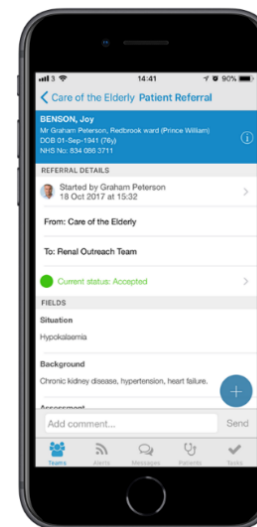
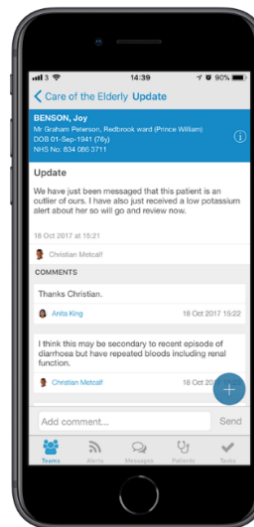
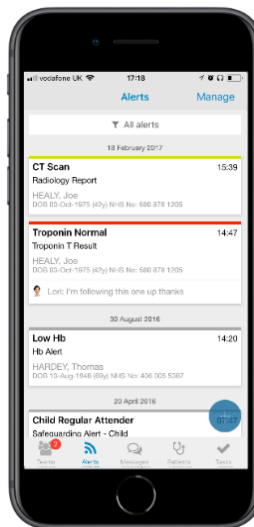
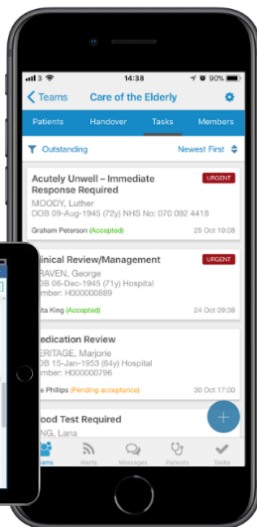
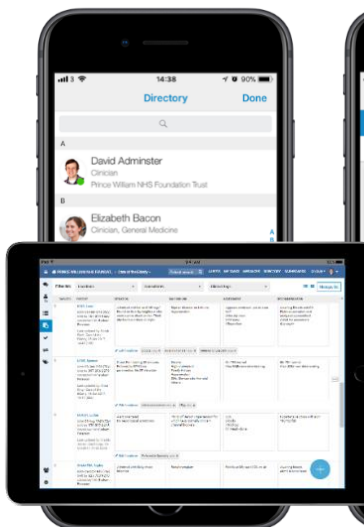
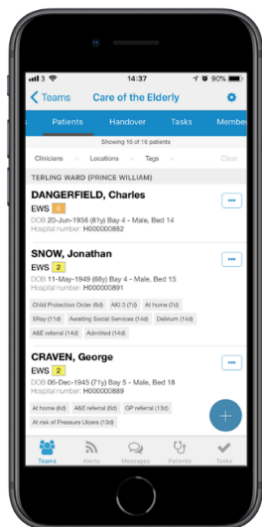
Referral of patients between teams and linked conversations.

7

### Affiliated Network patient referrals



Referral of patients between teams across different networks.

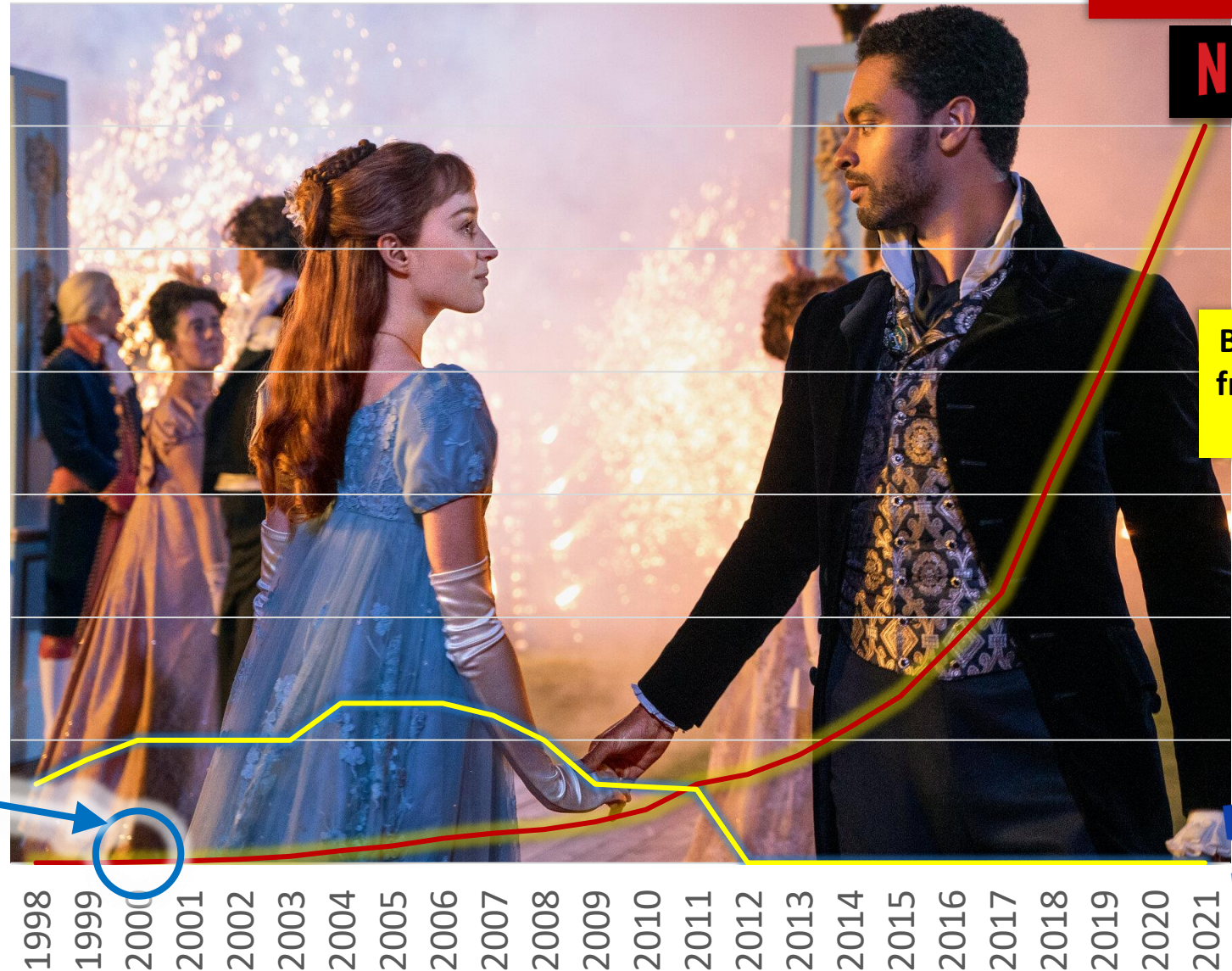


# Things change – adapt quickly

Do you remember when you wanted to watch a film at home, you'd have to drive down to Blockbuster and rent a video tape? That was a \$6 billion business just 15 years ago

**In 2000**  
Blockbuster declined to acquire Netflix for \$50 million

\$35,000,000,000  
\$30,000,000,000  
\$25,000,000,000  
\$20,000,000,000  
\$15,000,000,000  
\$10,000,000,000  
\$5,000,000,000  
\$-



**NETFLIX** from  
\$500k to \$30  
billion

**NETFLIX**

**BLOCKBUSTER**  
from \$6 billion  
to \$0

**BLOCKBUSTER**



# Thank You

