The Royal Wolverhampton NHS Trust

NHS Wolverhampton Clinical Commissioning Group

Wolverhampton Local Digital Roadmap

Version 1.1

Wolverhampton City Council

Black Country Partnership NHS Foundation Trust

West Midlands Ambulance Service NHS Trust

Contents

Vision

The vision for the Wolverhampton Local Digital Roadmap (LDR) is the development of a paper free NHS Service where local providers work in a cooperative way to better serve the patients within Wolverhampton. This will be achieved through the development of shared objectives and vision of the future requirements of patients within the NHS.

The Programme will be underpinned by the provision of a Shared Care Record across Wolverhampton that is accessible by both Health and Social Care. The solution will be developed to be fully interoperable to allow for greater integration across the Black Country or wider.

Roadmap Development/Involvement

The roadmap has been developed via a cooperative process involving the organisations who provide services within the Wolverhampton LDR footprint. The following organisations are within the boundaries and have inputted into the creation of the Wolverhampton LDR

NHS Wolverhampton CCG
Royal Wolverhampton Trust
Black Country Partnership Foundation Trust
Wolverhampton City Council
West Midlands Ambulance Service

Governance arrangements

The programme of work will be authorised within the individual trusts, with overall approval being given at the Wolverhampton Health and Wellbeing board. The individual organisations will gain additional approval from the following bodies/boards.

Wolverhampton CCG - Governance

CCG Governing Body
Wolverhampton LMC
GPIT Clinical Leads

BCPFT - Governance

EHR and PAS Project Board
Business Performance Board

Royal Wolverhampton NHS Trust Governance

RWT IEPR Governance Group
RWT Governance Steering Group.
RWT Trust Management Committee.

The continued Programme governance will be managed and monitored by the LDR Operations groups which will be chaired by the Chief Finance and Operating Officer for Wolverhampton CCG who also sits on the STP Board. The other members will be composed of members from the organisations within the Wolverhampton LDR.

LDR Programme Structure

The programme will be overseen via the LDR Operations/Programme Board made up of representatives from the organisations within the LDR Footprint. Individual Projects will be overseen by Project Boards within the organisations or across organisations dependent on the project but will also report to the LDR Operations Board.

All Projects within the LDR Programme of work will be run using PRINCE2 Project management methodology.

Projects within the programme will be required to complete Equality Impact Assessments to ensure that they are fully inclusive and take account of protected characteristics groups. Privacy Impact Assessments will be completed to ensure that information governance implications are fully analysed and action taken to ensure that any issues are resolved.

The LDR programme of work will be require robust change management processes involving Change request Board and Change advisory Boards.

To ensure that the benefits of the LDR Programme are realised, benefits trackers will be used for all projects within the programme of work to baseline the projects and to ensure that the benefits are realised and reported.

LDR and STP Alignment

The Sustainability and Transformation Plan (STP) in the Black Country is currently in early stages of development and is in discussion about potential joint opportunities that can be expanded across the footprint. Initial areas highlighted for discussions are around E-prescribing.

One of the key drivers for the Wolverhampton LDR will be to ensure that any solutions implemented will be fully interoperable so as to support the integration of solutions across the STP footprint.

The process for the alignment will be driven through the LDR Steering Group and the STP. The Chief Finance and Operating Officer for Wolverhampton CCG sits on both Groups and will act as the conduit for the alignment of the Groups and as the plans for the STP develop will oversee their implementation within the LDR.

Improvements in Co-operation and Resource Utilisation

The sharing of resources will be driven by the LDR Operations Board, STP Board and the project boards. An objective of the Wolverhampton LDR will be to promote improved levels of cooperation and to increase the levels of joint working both across the LDR Footprint and the wider STP Footprint.

A key factor will also be the sharing of skills, knowledge, ideas, technical expertise and good practice across the programme of work and the organisations taking part. The aim is for the experiences and expertise to be spread not just to the LDR footprint but also the STP footprint.

Shared infrastructure and mobile working infrastructure

Royal Wolverhampton NHS Trust host Wolverhampton CCG's IT infrastructure so although both organisations have their own domains the network and server infrastructure is joint. Additional links exist that connect both Black Country Partnership Foundation Trust and Wolverhampton City Council allowing for corporative working along secure private links. These connections not only support cooperative working but will aid in the development of greater integration and joint working.

Wolverhampton City Council has two connections into the NHS network. One is a direct link to the Royal Wolverhampton NHS Trust Network Infrastructure and the second is a N3 Connection allowing them to access the spine.

Royal Wolverhampton Trust and Wolverhampton CCG have Private corporate Wi-Fi Networks across a number of trust buildings within Wolverhampton. Work has also started on the development of a joint patient Wi-Fi network to include the acute hospital and all GP Practices within Wolverhampton.

Wolverhampton CCG and Royal Wolverhampton NHS Trust support secure mobile working via Trust laptops and a 2 factor authentication using the SWIVEL solution. The CCG have also rolled out the EMIS mobile solution using iPads and have now started a pilot to use EMIS Anywhere which allows Clinicians to access the full EMIS solution at Care Homes and Patients homes.

The use of briefcase technology is also utilised by both Black Country Partnership Foundation Trusts and Wolverhampton CCG who use it to support the Individual Care Team Nurses to input assessments in areas with poor signal strength.

Wolverhampton Council has also started the process of utilising mobile technology with a mixture of Microsoft Surface Pro's and Lenovo tablets.

Common information sharing agreement

To support greater cooperative working within the Wolverhampton LDR the partner organisations have started preliminary discussions on the development of a combined Information Sharing Agreement to cover all organisations within the footprint. The Wolverhampton Better Care Fund is also working on a common information sharing approach to cover all organisations within Wolverhampton

Wolverhampton CCG and Royal Wolverhampton NHS Trust have reciprocal agreement s to share data between the two organisations. The CCG's agreement also includes the sharing of information between the GP Practices and Black Country Partnership Foundation Trust.

The development of a combined data sharing agreement between all the partner organisations will be developed in conjunction with the development of the Wolverhampton Shared Care Record.

Shared Information Approach

Initial discussions have been held with both Black Country Partnership Foundation Trust and Wolverhampton City Council to include them in the Wolverhampton Shared Care Record Project.

A key factor in the sharing of information and the ability for systems and organisations to share records is the use of a common unique identifier. Wolverhampton LDR will use the Patient NHS Number as the unique identifier. The compliance of organisations within the LDR is detailed below with all organisations either at 100% or working towards 100% compliance.

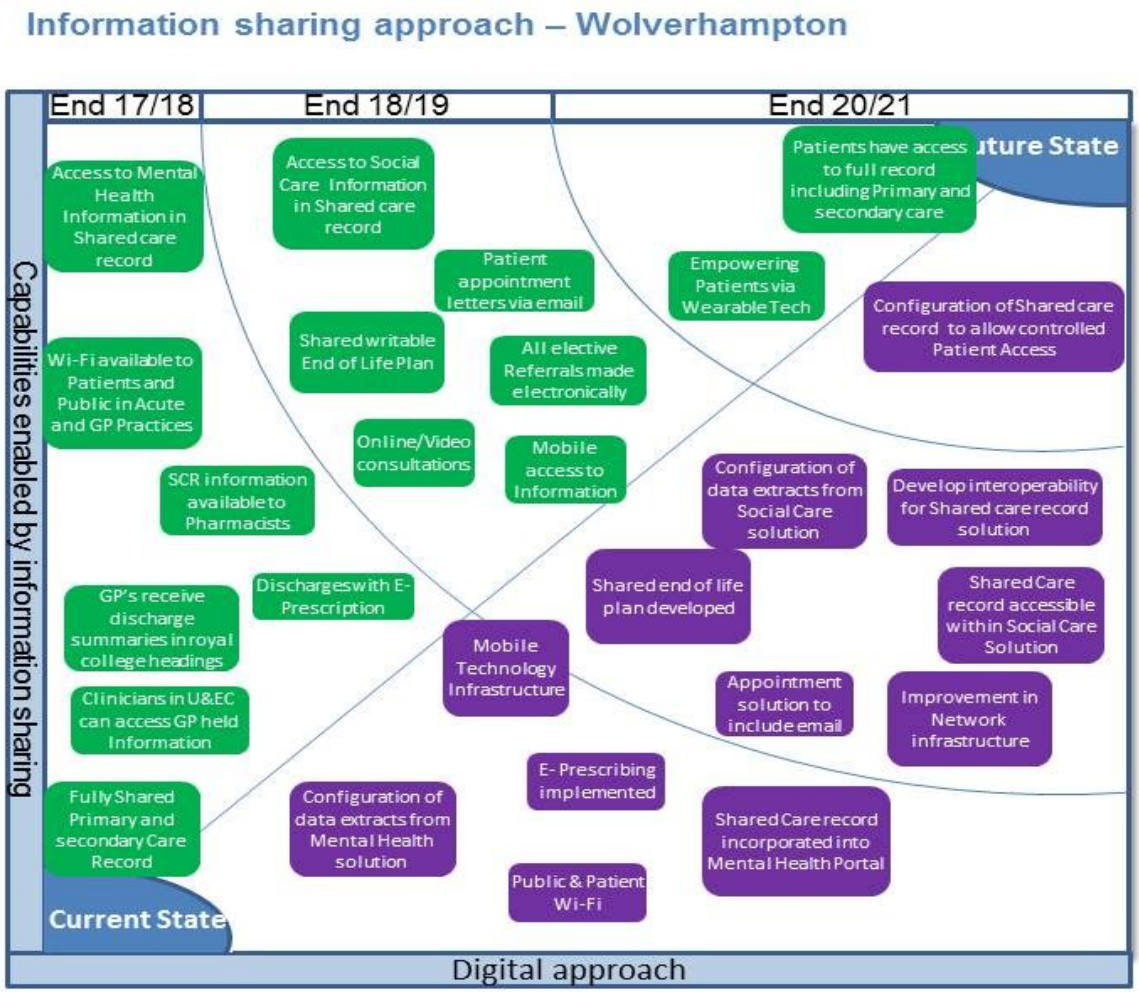
Wolverhampton CCG - 100% Compliant

Black Country Partnership Foundation Trust - 100% NHS compliant currently batch tracing but will be spine compliant in 2017

Wolverhampton City Council - 75% compliant - currently working to reach 100% compliance.

Royal Wolverhampton NHS Trust - Currently the Trust is NHS Number compliant across all of its key systems with around 99% compliance within the Data content. Currently the trust uses Batch Tracing, but once IPM Migration is complete in July 2016, Trust are moving forward with Spine rollout in August 2016.

The diagram below outlines the capabilities and associated solutions that have been identified to facilitate the organisations going paper free and using a Shared Care Record.



Interoperability

Wolverhampton LDR has interoperability as a key component in its development through use of the NHS Number which is a requirement for all Organisations. The requirement for interoperability and open APi's will be a precursor for all new systems that are developed as part of the LDR. This will support further joint working with other local Digital Roadmaps

Identification of rate limiting factors

To ensure the smooth development of the Wolverhampton LDR the factors that could impact on the programme have been identified and action will be taken to mitigate the effect. The identified factors are resource availability both Financial and Manpower, Information Governance relating to the sharing of patient data/information across organisations, Information Governance approval and finally technological constraints relating to hardware, software and interoperability.

Minimising risks to the LRD Programme

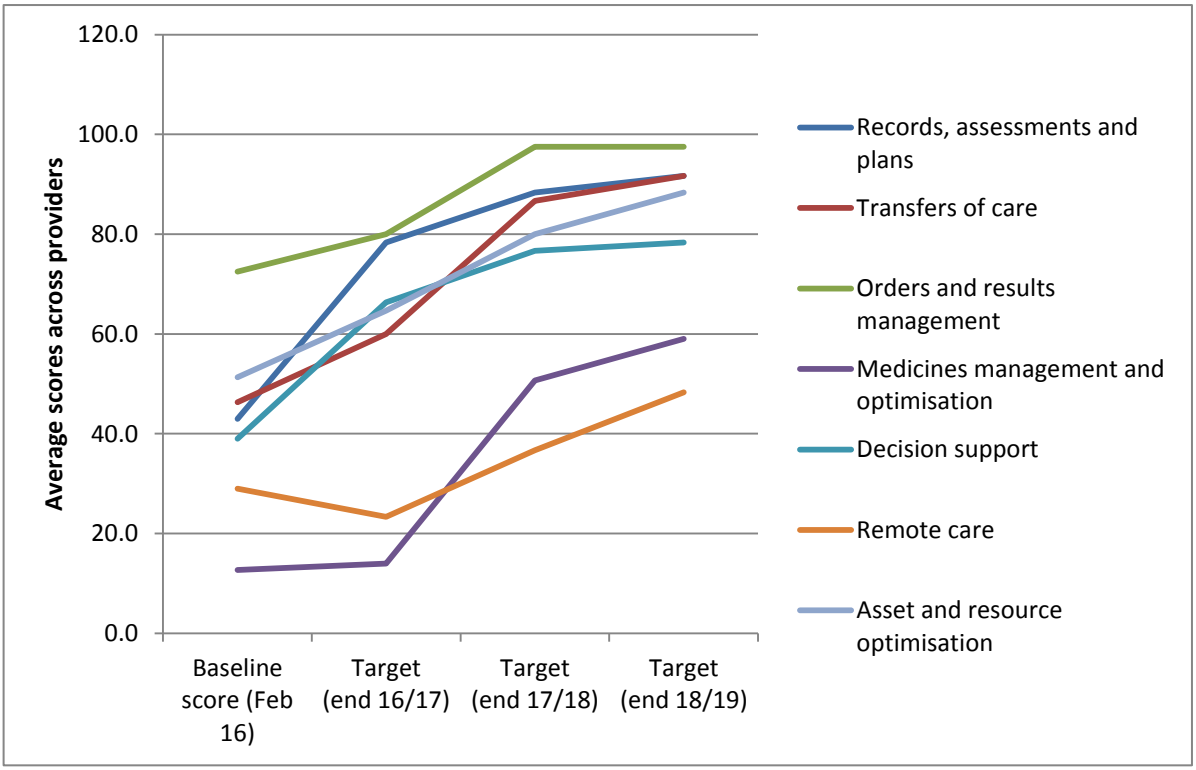
The LDR programme will be run using Managing Successful Programmes (MSP) methodology with individual projects run in accordance with PRINCE2 methodology and documentation. Workshops will be held to identify risks and issues as early as possible and these risks will be managed on both a programme and project level.

The projects will have oversight from each of the individual organisations and an overarching LDR Board will monitor performance and manage risks. The whole Programme will have Information Governance oversight and all organisations will amend their disaster recovery plans and Business Continuity plans to take account of the changes implemented as part of the LDR Programme.

Digital Maturity Trajectories

The Digital Maturity Trajectories of the Trusts within the Wolverhampton LDR are listed below the background data is available in Appendix 2 as are the Digital Maturity Baselines for all of the trusts.

	Average scores across providers			
Capability group	**Baseline score (Feb 16)**	**Target (end 16/17)**	**Target (end 17/18)**	**Target (end 18/19)**
Records, assessments and plans	43.0	78.3	88.3	91.7
Transfers of care	46.3	60.0	86.7	91.7
Orders and results management	72.5	80.0	97.5	97.5
Medicines management and optimisation	12.7	14.0	50.7	59.0
Decision support	39.0	66.3	76.7	78.3
Remote care	29.0	23.3	36.7	48.3
Asset and resource optimisation	51.3	64.7	80.0	88.3



Summary of key recent achievements

The organisations within The Wolverhampton LDR have implemented a large number of technology Projects, Key Projects are detailed below:

- The continued development of the Wolverhampton Shared Care record to provide information from the acute provider to GP's through their clinical system (EMIS).

- The provision of Primary Care data to Royal Wolverhampton Hospital including the Emergency Department, which is accessible via the Hospitals Clinical Portal.

- The replacement of aging infrastructure across the GP estate via provision of new server and network switches.

- The upgrade to Microsoft IE11 across both the CCG and Royal Wolverhampton Trust.

- Data sharing and provision of Acute Patient Record to neighbouring Cannock CCG GP Practices.

- Acute implementation of West Midlands Ambulance Service eHospital system for Ambulatory Handovers.

- Implementation of a 24/7 on call service for users of the EHR system at Black Country Partnership Foundation Trust.

- Review and Restructuring of ICT to consolidation the ICT and Information helpdesks, removing single points of failure and up skilling of key personnel at Black Country Partnership Foundation Trust.

- Black Country Partnership Foundation Trust instigated a Network/Mobile refreshment programme to replace Network Switches, expand the Wi-Fi coverage and replace firewalls.

Summary of key current initiatives

The Universal Capability Delivery Plan and Information Sharing approach outline the initiatives and projects. An overview of the key developments is detailed below:

- The development of a shared care record across the whole Health and Social Care economy within Wolverhampton, to include Primary, Secondary (Community, Acute and Mental Health) and Social Care.

- The rollout of patient online services to Patients so they can access their own records, book appointments, view test results, letters and order repeat prescriptions.

- The Continued development of e-referrals and the addition of referring to Black Country Partnership Foundation Trust electronically. The formatting of electronic discharges along Royal College headings.

- The expansion of e-referrals to Social Care

- The inclusion of Child Protection information within unscheduled care settings

- A project to initially populate the Wolverhampton Shared Care Record with Patients end of life preferences, then the development of a shared end of life plan.

- Continued development of the existing EPS project to increase utilisation within Wolverhampton.

- Utilisation of Electronic Performa's for Community Services

- Further expansion of Shared Care Record to Cannock CCG GP Practices (Royal Wolverhampton Trust initiative)

- Provision of Acute EPR Record and Electronic Discharge summaries to neighbouring care organisations.

- Expansion of SAN set-up to improve robustness of availability and to provide offsite and real time Disaster Recovery (DRS). Including building new server room system at Black Country Partnership Foundation Trust.

- VDI rollout scheduled for late 2016 (Black Country Partnership Foundation Trust).

- Deployment of VoIP IP at Quayside House system (Black Country Partnership Foundation Trust).

Funding Sources

The Wolverhampton LDR footprint will look to make use of existing resources within the organisations but to supplement this via the use of additional funding sources as they become available, with the organisations making bids either collectively or individually to support the LDR Programme of work. As part of the recent Primary Care Transformation Fund an IT bid has been submitted that would support the following projects.

Remote working EMIS Anywhere

EMIS Anywhere allows clinicians to access Patient data whilst at their GP Practice both as a desktop solution and on the move as a tablet solution. It provides GPs with a single solution that removing the need to use two devices. The solution supports paper free and has increased functionality, particularly around the areas of information governance and improved data collection. The solution enables GP to take their clinical system 'anywhere' with a single device.

Emis Community

To support a group of 8 GP Practices who have formed a horizontally integrated group work more effectively and increase capacity of services. Having the sites on a single clinical system provides them with ability to share records when providing shared care (enhanced services) and supports 7 working.

Wolverhampton Shared Care Record

The Project will be an upgrade and expansion to the existing Wolverhampton Shared Care Record between Wolverhampton CCG and Royal Wolverhampton Trust. The Scheme aims to facilitate joint working and improved information sharing, the net benefits of which will be to bring in both improved quality of treatment, Patient experience and cost savings through efficiency.
The solution will save time by reducing the need for clinicians to contact each other by phone or email as the information will be readily available. It will also reduce the need to use faxes.
The key benefit is that it will allow all clinicians to access the full record, which will support decision making and lead to improved treatment and diagnosis of conditions.
The addition of a data feed from Mental Health will be set up and then access to the Graphnet Care Centric portal will be incorporated into the Black Country Partnership Foundation trusts own portal.

Wolverhampton Auto- Arrival Solution
To standardise the entire estate within Wolverhampton to provide an enhanced patient experience through an all in one patient information LCD media screen patient calling-in solution with questionnaire module and self-checking-in facilities
Please see current state of 46 practices (61 sites including branch sites) in Wolverhampton:

New Models of Care

Wolverhampton has two new models of care being trialled within the LDR to improve cooperation and efficiency which are a Vertical model that integrates with the Acute/Community Trust and a Horizontal model that integrates Practices across Wolverhampton to provide services jointly.

Vertical Integration
Vertical Integration with Secondary Care providers is one of the new models of care outlined in the five year forward view. The Royal Wolverhampton Trust (RWT) has engaged in a pilot project with three Practices (Alfred Squire Medical Centre, MGS Medical Practice and Lea Road.

Horizontal Integration
Sites across the integration will be sharing Appointment books, delivering additional Enhanced Services and working towards increased numbers of consultations for patients who are registered within the 8 Practices. Furthermore, joining 8 Practices will open potential to provide 7 day care and increase the quality of care available to patients. The Practices that make up the group include (Tudor Medical Practice, Caerleon Surgery, Keats Grove Surgery, Fordhouses Medical Centre, The Newbridge Surgery, East Park Medical Practice, Church Street Surgery, Whitmore Reans Health Centre)

Appendix 1

Universal Capability:	A. Professionals across care settings can access GP-held information on GP-prescribed medications, patient allergies and adverse reactions
Capability Group:	Records, assessments and plans
Defined Aims:	• Information accessed for every patient presenting in an A&E, ambulance or 111 setting where this information may inform clinical decisions (including for out-of-area patients) • Information accessed in community pharmacy and acute pharmacy where it could inform clinical decisions

A. Baseline

Please summarise the current baseline across your local health and care system. The data may encompass deployment penetration (e.g. deployed in 80% of practices), volumetrics (e.g. accessed 2500 times in Q3) and take-up (e.g. accessed for 95% of prescriptions).

Wolverhampton has uploaded SCR records from all practices, allowing care professionals to access the information.

Wolverhampton CCG currently uses Graphnet Care centric solution to extract data and store GP data. This data is currently available via the Royal Wolverhampton Trust Portal which is available to authorised Clinical and non-Clinical staff within the Trust including Emergency Department.

The portal is also available in the Walk in centre and the Urgent Care Centre. Limited access to this portal is available to clinical staff (50 accounts) working as part of the Psychiatric Liaison Services based at the Royal Wolverhampton Trust's Walk in centre and the Urgent Care Centre.

The Portal has 8000 registered user accounts with over 1 million searches conducted annually (This includes searches for Primary and secondary care and test results)

Black Country Partnership NHS Foundation Trust will use SCR data in the short term but will look to integrate into the Graphnet Care centric solution for Wolverhampton patients.

WMAS do not currently access Summary Care Record as part of normal operational practice.

B. Ambition

With reference to the defined aims set out above, please set out your ambition in the grid below. Remember that 'clear momentum' is expected in 16/17 and 'substantive delivery' in 17/18. Also note that you can go further than the defined aims – examples are provided in the Universal Capabilities Information and Resources document.

Year	Ambition
16/17	To start Project with Black Country Partnership NHS Foundation Trust to join Graphnet Care centric solution. To have SCR rolled out to all Pharmacies within Wolverhampton (Midlands and Lancs CSU Project) WMAS Deploy electronic patient record to provide platform for crew access
17/18	To include access to GP data through Black Country Partnership Foundation Trusts own portal Work with Graphnet to link the care centric portal with the Adastra solution used by West Midlands Ambulance service. To start project with Wolverhampton City Council to share information into the Graphnet CareCentric Portal WMAS SCR delivered as part of EPR solution

C. Activities

Please detail the activities you propose to undertake, by quarter, in the grid below. Separate activities should be separated out as separate bullet points. At the time of submission on 30 June 2016, any activities for 16/17 Q1 should be complete.

Quarter	Activities
16/17 Q1	Secondary care data stored in the Longitudinal Patient Record Data Warehouse Pharmacy Summary Care Briefings WMAS Deploy EPR hardware, commence training
16/17 Q2	GP's able to Access Secondary Care data through Button/Tab within EMIS Web Clinical System. Emergency Department (ED) online Hold kick off meeting with BCPFT to scope requirements Pharmacy Summary Care Briefings Pharmacies complete the SCR2 Pharmacy Form Pharmacies complete CPPE e-learning WMAS Complete EPR training
16/17 Q3	Start Information Governance meeting with BCPFT and identify required data feeds and data set.
16/17 Q4	Identify method of Integrating Care centric Portal into BCPFT's ERP
17/18 Q1	Carry out testing of BCPFT ERP access to Care Centric Portal Finalise Information Governance BCPFT Initiate project with Wolverhampton City Council to link social care to shared patient record
17/18 Q2	Go Live with BCPFT ERP access to Care Centric Portal Agree information Governance with WCC WMAS SCR available through EPR application
17/18 Q3	Organise links with WCC to facilitate data sharing
17/18 Q4	Carry out testing of links WCC

D. National Services / Infrastructure / Standards

In progressing the universal capabilities, if you are proposing to use alternative solutions to the national services, infrastructure and standards, please provide a rationale in the box below.

NHS Wolverhampton CCG will supplement the use of Summary Care Records in care settings by providing access to the Wolverhampton Longitudinal Record which currently holds data from Primary Care and Secondary Care including A & E.

E. Evidencing Progress

Please set out your proposals below for evidencing progress towards the defined aims for the universal capability, as set above. Your response should be informed by any national metrics available, as described in the Universal Capabilities Information and Resources document.

Royal Wolverhampton Trusts Clinical Portal has 8000 registered user accounts with over 1 million searches conducted annually (This includes searches for Primary and secondary care and test results). The portal is also an access point to the CCG's Longitudinal patient record which has information on GP- prescribed medications, patient allergies and adverse reactions.

The CCG will provide evidence of the roll out of the Longitudinal Patient record to local care providers and statistics on the roll out of Summary Care record to Pharmacies (Project being carried out by Midland and Lancs CSU).

BCPFT's Electronic Heath Record Portal will become an access point for clinicians to the Longitudinal patient record which has information on GP-prescribed medications, patient allergies and adverse reactions. Evidence of using that information will be measured by the number of registered user accounts accessing that information.

Universal Capability:	B. Clinicians in U&EC settings can access key GP-held information for those patients previously identified by GPs as most likely to present (in U&EC)
Capability Group:	Records, assessments and plans
Defined Aims:	• Information available for all patients identified by GPs as most likely to present, subject to patient consent, encompassing reason for medication, significant medical history, anticipatory care information and immunisations • Information accessed for every applicable patient presenting in an A&E, ambulance or 111 setting (including for out-of-area patients)

A. Baseline

Please summarise the current baseline across your local health and care system. The data may encompass deployment penetration (e.g. deployed in 80% of practices), volumetrics (e.g. accessed 2500 times in Q3) and take-up (e.g. accessed for 95% of prescriptions).

Wolverhampton CCG with Graphnet has created a repository of data from GP Clinical Systems.

This data is extracted nightly from all EMIS Practices 37 Practices (80%) And currently Monthly from 9 TPP SystmOne Practices (20%)

This provides clinicians at ED, Urgent care Centre and Walk in centre with access to data on all Wolverhampton registered patients.

Out of Area Patient's information can be accessed via SCR.

This provides BCPFT clinical staff working at ED, Urgent care Centre and Walk in centre at Royal Wolverhampton Trust with access to data on all Wolverhampton registered patients.

The data from the repository is passed to Midlands and lancs CSU who run our Risk Stratification tool which then reports back to GPs on patients most at risk of presenting at A & E

WMAS 999 Command and Control System (aka CAD or Cleric) can register notes against address or patient. Typically this will be by address as this is a more robust search criteria on the 999 call however has a limitation when patient is not at home address. Notes are added manually.

B. Ambition

With reference to the defined aims set out above, please set out your ambition in the grid below. Remember that 'clear momentum' is expected in 16/17 and 'substantive delivery' in 17/18. Also note that you can go further than the defined aims – examples are provided in the Universal Capabilities Information and Resources document.

Year	Ambition
16/17	To Move TPP SystmOne practices to daily uploads. WMAS Monitor local health economy (LHE) integrated care record (ICR) programmes
17/18	WMAS Review participation in LHE ICR

C. Activities

Please detail the activities you propose to undertake, by quarter, in the grid below. Separate activities should be separated out as separate bullet points. At the time of submission on 30 June 2016, any activities for 16/17 Q1 should be complete.

Quarter	Activities
16/17 Q1	Initiate Daily uploads from TPP SystmOne into the Graphnet solution. Primary Care Data to be exported to Risk stratification tool offered by Midlands and Lancs CSU
16/17 Q2	Data Quality Check of TPP data uploads to ensure accuracy.
16/17 Q3	•
16/17 Q4	•
17/18 Q1	•
17/18 Q2	•
17/18 Q3	•
17/18 Q4	•

D. National Services / Infrastructure / Standards

In progressing the universal capabilities, if you are proposing to use alternative solutions to the national services, infrastructure and standards, please provide a rationale in the box below.

NHS Wolverhampton CCG uses the Graphnet Data extraction and Data warehouse solution to collect and store data which is then accessible through the CareCentric Portal. The Portal is integrated into the Royal Wolverhampton Trusts (RWT) own Clinical portal allowing RWT staff to access patient information in all care settings.

A Button/Tab is available within EMIS GP Clinical System to allow access to the CareCentric Portal for GP's to view Secondary Care Information.

This solution has the ability to be scalable and is planned to eventually include Social Care and Mental Health Data, thus providing the residents of Wolverhampton with an integrated care record.

E. Evidencing Progress

Please set out your proposals below for evidencing progress towards the defined aims for the universal capability, as set above. Your response should be informed by any national metrics available, as described in the Universal Capabilities Information and Resources document.

Information is collected on all Patients with Wolverhampton excluding patients who have opted out.

Graphnet contains Primary Care records on All Wolverhampton CCG patients who have not opted out. Exact data can be provided from the Graphnet solution.

Universal Capability:	C. Patients can access their GP record
Capability Group:	Records, assessments and plans
Defined Aims:	• Access to detailed coded GP records actively offered to patients who would benefit the most and where it supports their active management of a long term or complex condition • Patients who request it are given access to their detailed coded GP record

A. Baseline

Please summarise the current baseline across your local health and care system. The data may encompass deployment penetration (e.g. deployed in 80% of practices), volumetrics (e.g. accessed 2500 times in Q3) and take-up (e.g. accessed for 95% of prescriptions).

All practices within Wolverhampton have enable Enhanced Medical Record access.

Patients who wish to have access to enhanced records are able to request it from their GP and it will be made available subject to clinical discretion

Baseline Statistics March 2016 46 out of 46 (100%) Practices have Enhanced Patient Record access enabled on their Clinical system.

HSCIC Indicator Portal - Stats as at February 2016
Enhanced record usage for NHS Wolverhampton CCG was:

1,064 Patients enable to view record = 0.4% of the patient population
1,606 Records accessed

B. Ambition

With reference to the defined aims set out above, please set out your ambition in the grid below. Remember that 'clear momentum' is expected in 16/17 and 'substantive delivery' in 17/18. Also note that you can go further than the defined aims – examples are provided in the Universal Capabilities Information and Resources document.

Year	Ambition
16/17	All Practices provide access to Enhanced Patient records 5% of patients have access to Enhanced Patient Record

Year	Ambition
17/18	7.5% of Patients have access to Enhanced Patient Records

C. Activities

Please detail the activities you propose to undertake, by quarter, in the grid below. Separate activities should be separated out as separate bullet points. At the time of submission on 30 June 2016, any activities for 16/17 Q1 should be complete.

Quarter	Activities
16/17 Q1	• Carry out analysis of current position relating to patients signed up for Enhanced Patient Record. • Identify the practices with the lowest uptake. • Contact the identified practices and arrange practice visits • Develop Patient Information Literature. • Meet with first tranche of practices with low uptakes. • Liaise with HSCIC implementation lead. • Work with care homes to review possibility of using delegated access. • Contact Local Community Groups to raise awareness
16/17 Q2	• Review latest HSCIC Stats to confirm current position • Engage practice PPG's • Engage with locality leads • Arrange meetings with all remaining practices • Hold Practice Meetings • Distribute patient information literature • Attend PPG's and raise awareness and review if patients are being signed up for enhanced GP Record • Team W Event presentation on benefits of signing up patients with long term conditions to Enhanced Patient Record • Care Home Delegated access progress • Contact Local Community Groups to raise awareness
16/17 Q3	• Review HSCIC stats on uptake of Enhanced patient record and identify any practices where there are no or limited uptake. • Meet with PPG's to promote use of Enhanced Patient Records • Hold Practice Meetings • Attend and present at Practice managers forum • Care Home Delegated access progress

Quarter	Activities
	• Contact Local Community Groups to raise awareness
16/17 Q4	• Review latest HSCIC Stats to confirm current position • Hold Practice Meetings • Meet with PPG's to promote use of Enhanced Patient Records • Care Home Delegated access progress • Assess position in relation to targets and if uptake is below 5% ambition • Contact Local Community Groups to raise awareness
17/18 Q1	• Review latest HSCIC Stats to confirm current position • Hold Practice Meetings targeting practices with lowest uptake first. • Meet with PPG's to promote use of Enhanced Patient Records • Review and revise patient information literature • Care Home Delegated access progress • Carry out case study of benefits to patients and Clinicians both within Primary and Secondary care of providing access to Enhanced Patient Record • Contact Local Community Groups to raise awareness
17/18 Q2	• Review latest HSCIC Stats to confirm current position • Hold Practice Meetings • Meet with PPG's to promote use of Enhanced Patient Records • Distribute patient information literature • Care Home Delegated access progress • Contact Local Community Groups to raise awareness
17/18 Q3	• Review latest HSCIC Stats to confirm current position • Hold Practice Meetings • Meet with PPG's to promote use of Enhanced Patient Records • Team W Event presentation on benefits of signing up patients with long term conditions to Enhanced Patient Record • Care Home Delegated access progress • Carry out awareness check with practices to ensure that they know that patients have a right to review enhanced patient record.

Quarter	Activities
	• Contact Local Community Groups to raise awareness
17/18 Q4	• Review latest HSCIC Stats to confirm current position • Hold Practice Meetings • Meet with PPG's to promote use of Enhanced Patient Records • Care Home Delegated access progress • Assess position in relation to targets and if uptake is below 7.5% ambition • Contact Local Community Groups to raise awareness

D. National Services / Infrastructure / Standards

In progressing the universal capabilities, if you are proposing to use alternative solutions to the national services, infrastructure and standards, please provide a rationale in the box below.

Progress along the capability path will be monitored using nationally produced statistics from website below

https://indicators.hscic.gov.uk/webview/

E. Evidencing Progress

Please set out your proposals below for evidencing progress towards the defined aims for the universal capability, as set above. Your response should be informed by any national metrics available, as described in the Universal Capabilities Information and Resources document.

The progress made by the CCG will be evidenced in the HSCIC stats produced on the website below under the Patient online heading.

https://indicators.hscic.gov.uk/webview/

Universal Capability:	D. GPs can refer electronically to secondary care
Capability Group:	Transfers of care
Defined Aims:	• Every referral created and transferred electronically • Every patient presented with information to support their choice of provider • Every initial outpatient appointment booked for a date and time of the patient's choosing (subject to availability) • [By Sep 17 – 80% of elective referrals made electronically]

A. Baseline

Please summarise the current baseline across your local health and care system. The data may encompass deployment penetration (e.g. deployed in 80% of practices), volumetrics (e.g. accessed 2500 times in Q3) and take-up (e.g. accessed for 95% of prescriptions).

43 of 46 practices use E-RS

B. Ambition

With reference to the defined aims set out above, please set out your ambition in the grid below. Remember that 'clear momentum' is expected in 16/17 and 'substantive delivery' in 17/18. Also note that you can go further than the defined aims – examples are provided in the Universal Capabilities Information and Resources document.

Year	Ambition
16/17	Get all practices to use E-RS Royal Wolverhampton Trust to increase capacity and improve issues around TAL WCC – Procuring a new Social Care system to support integrated Working to refer to Social Workers
17/18	Black Country Partnership Foundation Trust to start using E-RS or local e-referrals service as only 5% of referrals would come via E-RS.80% of elective referrals made electronically WCC – Social Care System in Place that allows referrals to Social Workers

C. Activities

Please detail the activities you propose to undertake, by quarter, in the grid below. Separate activities should be separated out as separate bullet points. At the time of submission on 30 June 2016, any activities for 16/17 Q1 should be complete.

Quarter	Activities
16/17 Q1	• Identify Practices that are not using E-RS • Engage with practices to explain benefits of E-RS and National Requirements. • Update service design improvement plan in conjunction with our main service provider Royal Wolverhampton Trust (RWT) • Start liaison process with Black Country Partnership Foundation Trust to engage them to receive referrals using E-RS • Hold monthly meetings with BCPFT to review and monitor performance. • On-going review of practices processes in relation to E-RS • Hold monthly meetings with RWT to review and monitor performance • Liaise with HSCIC Local Implementation Lead • Review Royal Wolverhampton Trust's capacity and TAL
16/17 Q2	• Review Stats and assess CCG performance against targets • Hold monthly meetings with RWT to review and monitor performance • On-going review of practices processes in relation to E-RS • Liaise with HSCIC Local Implementation Lead • Attend Practice Managers forum to encourage use of E-RS • Review Royal Wolverhampton Trust's capacity and TAL • Hold monthly meetings with BCPFT to review and monitor performance.
16/17 Q3	• Review Stats and assess CCG performance against targets • Hold monthly meetings with RWT to review and monitor performance

Quarter	Activities
	• On-going review of practices processes in relation to E-RS • Liaise with HSCIC Local Implementation Lead • Review Royal Wolverhampton Trust's capacity and TAL • Hold monthly meetings with BCPFT to review and monitor performance.
16/17 Q4	• Review Stats and assess CCG performance against targets • Hold monthly meetings with RWT to review and monitor performance • On-going review of practices processes in relation to E-RS • Liaise with HSCIC Local Implementation Lead • Review Royal Wolverhampton Trust's capacity and TAL • Hold monthly meetings with BCPFT to review and monitor performance. • Hold monthly meetings with BCPFT to review and monitor performance. • WCC- Procurement of Social Care System Completed
17/18 Q1	• Review Stats and assess CCG performance against targets • Hold monthly meetings with RWT to review and monitor performance • On-going review of practices processes in relation to E-RS • Liaise with HSCIC Local Implementation Lead • Review Royal Wolverhampton Trust's capacity and TAL • Hold monthly meetings with BCPFT to review and monitor performance. • Hold monthly meetings with BCPFT to review and monitor performance.
17/18 Q2	• Review Stats and assess CCG performance against targets • Hold monthly meetings with RWT to review and monitor performance • On-going review of practices processes in relation to E-RS • Attend Practice Managers forum to encourage use of E-RS

Quarter	Activities
	• Liaise with HSCIC Local Implementation Lead • Review Royal Wolverhampton Trust's capacity and TAL • Hold monthly meetings with BCPFT to review and monitor performance.
17/18 Q3	• Review Stats and assess CCG performance against targets • Hold monthly meetings with RWT to review and monitor performance • On-going review of practices processes in relation to E-RS • Liaise with HSCIC Local Implementation Lead • Review Royal Wolverhampton Trust's capacity and TAL • Hold monthly meetings with BCPFT to review and monitor performance.
17/18 Q4	• Review Stats and assess CCG performance against targets • Hold monthly meetings with RWT to review and monitor performance • On-going review of practices processes in relation to E-RS • Liaise with HSCIC Local Implementation Lead • Review Royal Wolverhampton Trust's capacity and TAL • Hold monthly meetings with BCPFT to review and monitor performance. • WCC- New Social Care System installation Completed

D. National Services / Infrastructure / Standards

In progressing the universal capabilities, if you are proposing to use alternative solutions to the national services, infrastructure and standards, please provide a rationale in the box below.

NHS Wolverhampton CCG will use the National E-Referral solution to book appointments in conjunction with the organisations within the Local Digital Roadmap
Will use National Solution E-RS

BCPFT will use the National E-Referral solution to book appointments in conjunction with the organisations within the Local Digital Roadmap where applicable – expected uptake 5% of referrals. Remainder will use locally developed e-Referral Service.

E. Evidencing Progress

Please set out your proposals below for evidencing progress towards the defined aims for the universal capability, as set above. Your response should be informed by any national metrics available, as described in the Universal Capabilities Information and Resources document.

Evidence will be provided from HSCIC produced Statistics Relating to E-Referrals

Data from Council of numbers of referrals recorded in Social Care system.

Universal Capability:	E. GPs receive timely electronic discharge summaries from secondary care
Capability Group:	Transfers of care
Defined Aims:	• All discharge summaries sent electronically from all acute providers to the GP within 24 hours • All discharge summaries shared in the form of structured electronic documents • All discharge documentation aligned with Academy of Medical Royal Colleges headings

A. Baseline

Please summarise the current baseline across your local health and care system. The data may encompass deployment penetration (e.g. deployed in 80% of practices), volumetrics (e.g. accessed 2500 times in Q3) and take-up (e.g. accessed for 95% of prescriptions).

Discharge summaries sent electronically from acute Hospital to the GP's within 24 hours via use of the Docman Hub.

Discharge Summaries from the Community Hospital are currently nor electronic but a project is in place to move to the solution used at the Acute site.

Black Country Partnership Foundation Trust (BCPFT) are currently developing their own solution for release in 16/17 for Discharge summaries sent electronically from acute Hospital to the GP's within 24 hours, initially via local e-mail service but BCPFT to investigate the of the Docman Hub.

WMAS - This requirement relates to secondary care so could be viewed as not applicable however there could be benefit in passing care notification to GP from ambulance. WMAS do not currently pass information to GPs

B. Ambition

With reference to the defined aims set out above, please set out your ambition in the grid below. Remember that 'clear momentum' is expected in 16/17 and 'substantive delivery' in 17/18. Also note that you can go further than the defined aims – examples are provided in the Universal Capabilities Information and Resources document.

Year	Ambition
16/17	BCPFT - To initiate E-discharge Project RWT – To send all discharge letters electronically from Community site WMAS - Send messages to GPs for incidents where ambulance attends (and NHS number matched) using Docman relay. Dependent upon support from other Docman hubs.
17/18	BCFPFT – To send all discharge letters Electronically

C. Activities

Please detail the activities you propose to undertake, by quarter, in the grid below. Separate activities should be separated out as separate bullet points. At the time of submission on 30 June 2016, any activities for 16/17 Q1 should be complete.

Quarter	Activities
16/17 Q1	
16/17 Q2	BCPFT to initiate talks with supplier to explore use of DOCMAN Hub. WMAS - Establish Docman relay in Staffordshire
16/17 Q3	BCPFT to design, build and test E-Discharge Module for the Trust's EHR. WMAS - Establish Docman relay in supporting LHEs
16/17 Q4	BCPFT to complete the design, build and test E-Discharge Module for the Trust's EHR. Deploy at end of Q4. WMAS - Establish Docman relay in supporting LHEs
17/18 Q1	•
17/18 Q2	•
17/18 Q3	•
17/18 Q4	•

D. National Services / Infrastructure / Standards

In progressing the universal capabilities, if you are proposing to use alternative solutions to the national services, infrastructure and standards, please provide a rationale in the box below.

Messages are transmitted using the Docman hub from the Acute hospital to The Docman client on GP Clinical Systems. BCPFT – Messages are transmitted via local e-mail service to GP's DOCMAN solution initially but BCPFT to investigate using the Docman client on GP Clinical Systems.

E. Evidencing Progress

Please set out your proposals below for evidencing progress towards the defined aims for the universal capability, as set above. Your response should be informed by any national metrics available, as described in the Universal Capabilities Information and Resources document.

Stats will be provided from both providers Royal Wolverhampton Trust and Black Country Partnership Foundation Trust to evidence the volume and number of e-discharges sent.

Universal Capability:	F. Social care receive timely electronic Assessment, Discharge and Withdrawal Notices from acute care
Capability Group:	Transfers of care
Defined Aims:	• All Care Act 2014 compliant Assessment, Discharge and associated Withdrawal Notices sent electronically from the acute provider to local authority social care within the timescales specified in the Act

A. Baseline

Please summarise the current baseline across your local health and care system. The data may encompass deployment penetration (e.g. deployed in 80% of practices), volumetrics (e.g. accessed 2500 times in Q3) and take-up (e.g. accessed for 95% of prescriptions).

All patients as part of admission processes on the ward are considered whether there is a likely need for social services assessment, if there is then an assessment notification is completed 24-48 from admission.

Discharge notifications are only used for out of borough local authorities as there is a local agreement for them not to be used for Wolverhampton citizens.

All notifications sent electronically unless local authority asks for a phone (<5%)

WMAS - This requirement relates to acute care so could be viewed as not applicable however there could be benefit in passing care notification to social care from ambulance especially in the case of Safeguarding referrals. WMAS currently send Safeguarding referrals by email. This approach would use Docman.

B. Ambition

With reference to the defined aims set out above, please set out your ambition in the grid below. Remember that 'clear momentum' is expected in 16/17 and 'substantive delivery' in 17/18. Also note that you can go further than the defined aims – examples are provided in the Universal Capabilities Information and Resources document.

Year	Ambition
16/17	All documentation used, to be Care Act compliant. Review sending electronic notices – exploring the use of TeleTracking to automate completion and sending WMAS - Pilot safeguarding referrals to supporting social care organisation
17/18	Sending notices via TeleTracking Notices to be discharge planning notices not just to local authority i.e. District Nurses, discharge to assess WMAS - Extend social care notification to other organisations

C. Activities

Please detail the activities you propose to undertake, by quarter, in the grid below. Separate activities should be separated out as separate bullet points. At the time of submission on 30 June 2016, any activities for 16/17 Q1 should be complete.

Quarter	Activities
16/17 Q1	
16/17 Q2	RWT - Notices reviewed and updated to Care Act compliant Initial meetings with TeleTracking regarding sending of notices and multiple use of the notices
16/17 Q3	RWT - Review meeting with TeleTracking to establish timeframes if proposal is viable.
16/17 Q4	WMAS - Pilot social care communication
17/18 Q1	RWT - Following agreed timeframe including technology changes, process change management and implementation WMAS - Roll out social care communication
17/18 Q2	WMAS - Roll out social care communication
17/18 Q3	
17/18 Q4	

D. National Services / Infrastructure / Standards

In progressing the universal capabilities, if you are proposing to use alternative solutions to the national services, infrastructure and standards, please provide a rationale in the box below.

No

E. Evidencing Progress

Please set out your proposals below for evidencing progress towards the defined aims for the universal capability, as set above. Your response should be informed by any national metrics available, as described in the Universal Capabilities Information and Resources document.

Reported and monitored by the TeleTracking lead and board.

Universal Capability:	G. Clinicians in unscheduled care settings can access child protection information with social care professionals notified accordingly
Capability Group:	Decision support
Defined Aims:	• Child protection information checked for every child or pregnant mother presenting in an unscheduled care setting with a potential indicator of the child being at risk (including for out-of-area children) • Indication of child protection plan, looked after child or unborn child protection plan (where they exist) flagged to clinician, along with social care contact details • The social worker of a child on a child protection plan, looked after or on an unborn child protection plan receives a notification when that child presents at an unscheduled care setting and the clinician accesses the child protection alert in their record

A. Baseline

Please summarise the current baseline across your local health and care system. The data may encompass deployment penetration (e.g. deployed in 80% of practices), volumetrics (e.g. accessed 2500 times in Q3) and take-up (e.g. accessed for 95% of prescriptions).

RWT - Current technology presents risk flags within unscheduled care settings from the Patient Administration system. This is flowed through via integration engine to receiving systems such as ED and the Electronic Patient Record system. The attributes that present within the risk flag process is handled and managed as part of joint working teams, although this is very much a manual process for data entry and ongoing maintenance of the flags. Secondary care electronic patient record system is provisioned across 100 % of GP practices within the Wolverhampton area.

WMAS do not currently access CP-IS

B. Ambition

With reference to the defined aims set out above, please set out your ambition in the grid below. Remember that 'clear momentum' is expected in 16/17 and 'substantive delivery' in 17/18. Also note that you can go further than the defined aims – examples are provided in the Universal Capabilities Information and Resources document.

Year	Ambition
16/17	RWT - To deploy automated functionality that negates the current need for manual intervention in terms of managing and maintaining current flagging process. Plans are in place to move towards full CP-IS functionality within the National SPINE, where child protection information can be recorded locally within social care. Initial upload sees the local authority uploading information on their cohort of Children to CP-IS, thereafter there will be an automatic submission to CP-IS, upon creation or amendment of status of child. Overnight updates will occur to NHS Spine when a child's information is looked up in the local health care setting and a check is made where any CP-IS information is automatically displayed. When the CP-IS record is looked at by the Health professional an audit of the event is recorded and returned to the local authority and other health workers looking at the child. This information is only held for children who are looked after or on a child protection plan, not for all children visiting unscheduled care. The above details are then made available to the local authority responsible for the child. They can also be accessed by subsequent NHS users viewing the child's child protection information. The access event log will help to highlight the children that have received unscheduled medical care across local authority boundaries. It will also help to provide clear and current indicator information to the NHS user viewing the child's details. CP-IS is not there to replace existing safeguarding policies and processes, but to support and provide up to date information which is not routinely available to aid in decision making and assessment
17/18	WMAS - Access CP-IS through SCR

C. Activities

Please detail the activities you propose to undertake, by quarter, in the grid below. Separate activities should be separated out as separate bullet points. At the time of submission on 30 June 2016, any activities for 16/17 Q1 should be complete.

Quarter	Activities
16/17 Q1	RWT - Submit confirmation to National CPIS for plans to implement connectivity for interoperable solution. : - Complete

Quarter	Activities
	RWT- Initiate discussion and agreement with Patient Administration Systems suppliers for design of solution. : - Complete RWT - Start development of solution in partnership with supplier and national / local teams : - Complete
16/17 Q2	RWT - Complete development of solution in partnership with supplier and national / local teams. RWT - Instigate testing of integrated solution and sign-off with local, National and supplier partners. RWT - Deploy solution into live service and integrate within processes and systems for unscheduled care settings.
16/17 Q3	RWT - Expand solution within live services for further integration within processes and Electronic Patient Record systems for unscheduled care settings. RWT - Access workability / benefits from Go Live in Q2, deploy issue resolution for known problems.
16/17 Q4	RWT - Continue review with partners for future scope opportunities or expansion of solution.
17/18 Q1	•
17/18 Q2	WMAS - Available through SCR
17/18 Q3	•
17/18 Q4	•

D. National Services / Infrastructure / Standards

In progressing the universal capabilities, if you are proposing to use alternative solutions to the national services, infrastructure and standards, please provide a rationale in the box below.

Not applicable as all solutions deployed for universal capabilities will utilise National services. All Infrastructure and standards at local level will comply and align to those defined.

E. Evidencing Progress

Please set out your proposals below for evidencing progress towards the defined aims for the universal capability, as set above. Your response should be informed by any national metrics available, as described in the Universal Capabilities Information and Resources document.

RWT - Local, National and supplier sign-off for solution.

RWT - National CPIS statistics, records called regarding protection information.

RWT - Audit of events for return to local authority will be reviewed in conjunction with National team.

RWT - Reference to access event logs and appropriate reviews.

Universal Capability:	H. Professionals across care settings made aware of end-of-life preference information
Capability Group:	Decision support
Defined Aims:	• All patients at end-of-life able to express (and change) their preferences to their GP and know that this will be available to those involved in their care • All professionals from local providers involved in end-of-life care of patients (who are under the direct care of a GP) access recorded preference information where end-of-life status is flagged, known or suspected

A. Baseline

Please summarise the current baseline across your local health and care system. The data may encompass deployment penetration (e.g. deployed in 80% of practices), volumetrics (e.g. accessed 2500 times in Q3) and take-up (e.g. accessed for 95% of prescriptions).

Information is stored in the GP Clinical systems

The Clinical portal which will hold the information is currently used within Royal Wolverhampton Trust and by a limited number of Black Country Partnership Foundation Trust staff.

The portal is also available within Compton Hospice

WMAS 999 Command and Control System (aka CAD or Cleric) can register notes against address or patient. Typically this will be by address as this is a more robust search criteria on the 999 call however has a limitation when patient is not at home address. Notes are added manually

B. Ambition

With reference to the defined aims set out above, please set out your ambition in the grid below. Remember that 'clear momentum' is expected in 16/17 and 'substantive delivery' in 17/18. Also note that you can go further than the defined aims – examples are provided in the Universal Capabilities Information and Resources document.

Year	Ambition
16/17	Work with Graphnet to scope getting End of Life Preference shown in the Clinical Portal WMAS - Develop interface between Black Pear and Cleric. Black Pear is in use in Worcestershire, Herefordshire, Coventry & Warwickshire
17/18	Work with Graphnet to create an EPaCCs solution with a shared End of Life plan that could be accessed by RWT, BCPFT, WMAS and WCC

C. Activities

Please detail the activities you propose to undertake, by quarter, in the grid below. Separate activities should be separated out as separate bullet points. At the time of submission on 30 June 2016, any activities for 16/17 Q1 should be complete.

Quarter	Activities
16/17 Q1	Investigate data being collected via Graphnet extract.
16/17 Q2	Create new view within Graphnet Care Centric Portal to display end of life preference Carry out awareness exercise with GP's to ensure that they record end of life preferences WMAS - Development of Black Pear/Cleric Interface
16/17 Q3	Carry out testing of portal settings Carry out awareness exercise with GP's to ensure that they record end of life preferences WMAS - Deploy Black Pear/Cleric interface
16/17 Q4	Roll out new functionality within Portal Carry out awareness exercise with GP's to ensure that they record end of life preferences
17/18 Q1	Scope project to introduce shared end of life plan
17/18 Q2	Agree deliverables and finalise project plan Carry out awareness exercise with GP's to ensure that they record end of life preferences Carry out awareness exercise with GP's to ensure that they record end of life preferences
17/18 Q3	Create module and carry out testing
17/18 Q4	Go live with solution inside CareCentric Portal. Carry out awareness and training in the use of Plan

D. National Services / Infrastructure / Standards

In progressing the universal capabilities, if you are proposing to use alternative solutions to the national services, infrastructure and standards, please provide a rationale in the box below.

Will Use a solution from within the CCG's existing Graphnet solution, that will build on the existing shared care record that is used within Wolverhampton

E. Evidencing Progress

Please set out your proposals below for evidencing progress towards the defined aims for the universal capability, as set above. Your response should be informed by any national metrics available, as described in the Universal Capabilities Information and Resources document.

Will provide usage statistics from Graphnet to evidence the use of the functionality.

Universal Capability:	I. GPs and community pharmacists can utilise electronic prescriptions
Capability Group:	Medicines management and optimisation
Defined Aims:	• All permitted prescriptions electronic • All prescriptions electronic for patients with and without nominations - for the latter, the majority of tokens electronic • Repeat dispensing done electronically for all appropriate patients • [By end 16/17 – 80% of repeat prescriptions to be transmitted electronically]

A. Baseline

Please summarise the current baseline across your local health and care system. The data may encompass deployment penetration (e.g. deployed in 80% of practices), volumetrics (e.g. accessed 2500 times in Q3) and take-up (e.g. accessed for 95% of prescriptions).

42 of 46 Practices live with EPS

EPS April 2016 HSCIC stats for WCCG

Number of Practices Live	Practices Live %	% use in live practices
42	91.3	68.8%

HSCIC e-repeat dispensing EPS Percentage usage trends based on BSA data key = yellow actual figures

Practc Count	Live EPSr2 Practc Count	Apr-16	Apr-16 (RD)	Mar-16	Mar-16 (RD)	Feb-16	Feb-16 (RD)
46	42	64%	20.00%	57%	17.80%	60%	19.90%

B. Ambition

With reference to the defined aims set out above, please set out your ambition in the grid below. Remember that 'clear momentum' is expected in 16/17 and 'substantive delivery' in 17/18. Also note that you can go further than the defined aims – examples are provided in the Universal Capabilities Information and Resources document.

Year	Ambition
16/17	80% of repeat prescriptions to be transmitted electronically
17/18	Roll out of Phase 4 of EPS to all GP Practices within NHS Wolverhampton CCG.

C. Activities

Please detail the activities you propose to undertake, by quarter, in the grid below. Separate activities should be separated out as separate bullet points. At the time of submission on 30 June 2016, any activities for 16/17 Q1 should be complete.

Quarter	Activities
16/17 Q1	Review HSCIC Stats to identify low usage Practices Arrange Meetings with low usage practices Escalate to Locality Leads GP Practice to go live with EPS Reinvigorate Pharmacy Access Project currently being carried out with EMIS and RX
16/17 Q2	Review HSCIC Stats to identify low usage Practices GP Practice to go Live with EPS Encourage Pharmacies to continue to nominate patients thus increasing uptake of EPS in GP Practices Review progress of Pharmacy Access Project CCG Pharmacy Lead to Speak at Local Pharmacy Committee about EPS and Nominations
16/17 Q3	Review HSCIC Stats to identify low usage Practices and position against 80% repeat prescription target GP Practices to go live with EPS Target GP practices who have lower than 80% repeat prescription use Attend Practice Managers forum to encourage use of Repeat Dispensing Encourage Pharmacies to continue to nominate patients thus increasing uptake of EPS in GP Practices Review progress of Pharmacy Access Project
16/17 Q4	Review HSCIC Stats to identify low usage Practices Last Practice to go live with EPS Target GP practices who have lower than 80% repeat prescription use Encourage Pharmacies to continue to nominate patients thus increasing uptake of EPS in GP Practices Review progress of Pharmacy Access Project
17/18 Q1	Review HSCIC Stats to identify low usage Practices Arrange Meetings with low usage practices Escalate to Locality Leads Encourage Pharmacies to continue to nominate patients thus

Quarter	Activities
	increasing uptake of EPS in GP Practices
17/18 Q2	Review HSCIC Stats to identify low usage Practices Encourage Pharmacies to continue to nominate patients thus increasing uptake of EPS in GP Practices CCG Pharmacy Lead to Speak at Local Pharmacy Committee about EPS and Nominations
17/18 Q3	Review HSCIC Stats to identify low usage Practices Attend Practice Managers forum to encourage use of EPS Encourage Pharmacies to continue to nominate patients thus increasing uptake of EPS in GP Practices
17/18 Q4	Review HSCIC Stats to identify low usage Practices Encourage Pharmacies to continue to nominate patients thus increasing uptake of EPS in GP Practices

D. National Services / Infrastructure / Standards

In progressing the universal capabilities, if you are proposing to use alternative solutions to the national services, infrastructure and standards, please provide a rationale in the box below.

Will use national EPS Solution

E. Evidencing Progress

Please set out your proposals below for evidencing progress towards the defined aims for the universal capability, as set above. Your response should be informed by any national metrics available, as described in the Universal Capabilities Information and Resources document.

Progress will be evidenced by Nationally Provided stats from HSCIC on EPS Script requesting stats relating to Patient online

Poplars Medical Practice EPS story Fina

Wolverhampton_Pharmacy Access_10 11 15

Universal Capability:	J. Patients can book appointments and order repeat prescriptions from their GP practice
Capability Group:	Remote care
Defined Aims:	• [By end 16/17 – 10% of patients registered for one or more online services (repeat prescriptions, appointment booking or access to record)] • All patients registered for these online services use them above alternative channels

A. Baseline

Please summarise the current baseline across your local health and care system. The data may encompass deployment penetration (e.g. deployed in 80% of practices), volumetrics (e.g. accessed 2500 times in Q3) and take-up (e.g. accessed for 95% of prescriptions).

46 of 46 (100%) of GP Practices within Wolverhampton have enable Patient Online Access

HSCIC Indicator Portal - Stats as at February 2016
Enhanced record usage for NHS Wolverhampton CCG was:

Patients able to book online appointments
25,782 Patients 9.5% of population

Patients enabled to order Repeat prescription
24,318 Patients 9.0% of population

Patients enabled to View Letters
906 Patients 0.3% of population

Patients enabled to View Test Results
2,826 Patients 1.0% of population

B. Ambition

With reference to the defined aims set out above, please set out your ambition in the grid below. Remember that 'clear momentum' is expected in 16/17 and 'substantive delivery' in 17/18. Also note that you can go further than the defined aims – examples are provided in the Universal Capabilities Information and Resources document.

Year	Ambition
16/17	10% plus patients registered for online services at each GP Practice 20% of patients registered for online services for CCG as a whole
17/18	20% plus patients registered for online services at each GP Practice 35% of patients registered for online services for CCG as a whole

C. Activities

Please detail the activities you propose to undertake, by quarter, in the grid below. Separate activities should be separated out as separate bullet points. At the time of submission on 30 June 2016, any activities for 16/17 Q1 should be complete.

Quarter	Activities
16/17 Q1	• Carry out analysis of current position relating to patients signed up for online patient services. • Identify the practices with the lowest uptake. • Contact the identified practices and arrange practice visits • Develop Comms and scripts for reception staff to raise awareness. • Meet with initial 10 identified practices. • Liaise with HSCIC implementation lead. • Contact Local Community Groups to raise awareness
16/17 Q2	• Review latest HSCIC Stats to confirm current position • Engage practice PPG's • Engage with locality leads • Arrange meetings with all remaining practices • Hold Practice Meetings • Distribute patient information literature • Distribute scripts for reception staff to all practices. • Attend PPG's and raise awareness and review if patients are being signed up for enhanced GP Record • Contact Local Community Groups to raise awareness
16/17 Q3	• Review latest HSCIC Stats to confirm current position • Hold Practice Meetings • Attend and present at Practice managers forum • Review overall uptake of patient online service to identify if CCG is on track to hit 20% of patient population signed up

Quarter	Activities
	• HSCIC to attend Team W events (CCG to GP event) • Contact Local Community Groups to raise awareness • Review HSCIC stats on uptake of Enhanced patient record and identify any practices where there are no or limited uptake.
16/17 Q4	• Review latest HSCIC Stats to confirm current position • Hold Practice Meetings • Carry out awareness check with practices to ensure that they know that patients have a right to review enhanced patient record. • Assess position in relation to targets and if any site is still below 10% target resources to ensure that practice hits 10% by year end • Contact Local Community Groups to raise awareness
17/18 Q1	• Review latest HSCIC Stats to confirm current position • Identify Practices with uptake below 20% • Hold Practice Meetings targeting practices with lowest uptake first. • Contact Local Community Groups to raise awareness
17/18 Q2	• Review latest HSCIC Stats to confirm current position • Hold Practice Meetings • Review HSCIC stats on uptake of Enhanced patient record and identify any practices where there are no or limited uptake. • Contact Local Community Groups to raise awareness
17/18 Q3	• Review latest HSCIC Stats to confirm current position • Hold Practice Meetings • HSCIC to attend Team W events (CCG to GP event) • Carry out awareness check with practices to ensure that they know that patients have a right to review enhanced patient record. • Contact Local Community Groups to raise awareness
17/18 Q4	• Review latest HSCIC Stats to confirm current position • Hold Practice Meetings • Assess position in relation to targets and if any site is still below 20% target resources to ensure that practice hits 20% by year end. • Contact Local Community Groups to raise awareness

D. National Services / Infrastructure / Standards

In progressing the universal capabilities, if you are proposing to use alternative solutions to the national services, infrastructure and standards, please provide a rationale in the box below.

Progress along the capability path will be monitored using nationally produced statistics from website below https://indicators.hscic.gov.uk/webview/

E. Evidencing Progress

Please set out your proposals below for evidencing progress towards the defined aims for the universal capability, as set above. Your response should be informed by any national metrics available, as described in the Universal Capabilities Information and Resources document.

The progress made by the CCG will be evidenced in the HSCIC stats produced on the website below under the Patient online heading. https://indicators.hscic.gov.uk/webview/

Appendix 2

Documents and templates submitted for Wolverhampton LDR Submission

 Wolverhampton ldr-chcklist-submissior	LDR Checklist
 Wolverhampton LDR - Capability Trajector	LDR Capability Trajectory (Secondary Care)
 Wolverhampton ldr-info-sharing-apprc	Information Sharing Approach
 ldr-Wolverhampton-u nivrsl-capabl-delivery	Universal Cabability Delivery Plan
 Wolverhampton ldr-temp-capabl-deply	Universal Cabability Deployment Plan
 wolverhampton-foot print.xlsx  RYA WMAS DMA result.xlsx	Digital Maturity Index for Royal Wolverhampton NHS Trust, Black Country Partnership Foundation NHS Trust and West Midlands Ambulance Service.