

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



**MARKUS BOLTON**  
JOINT CHIEF EXECUTIVE  
SYSTEM C & GRAPHNET  
CARE ALLIANCE

# 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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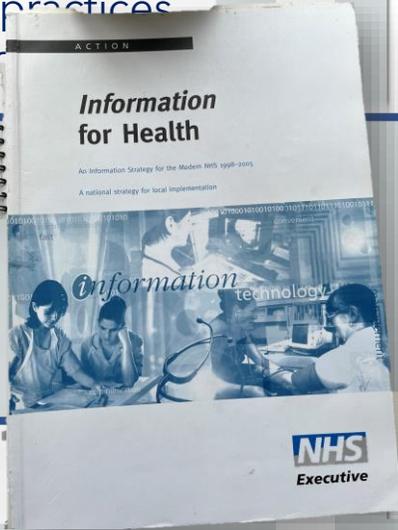
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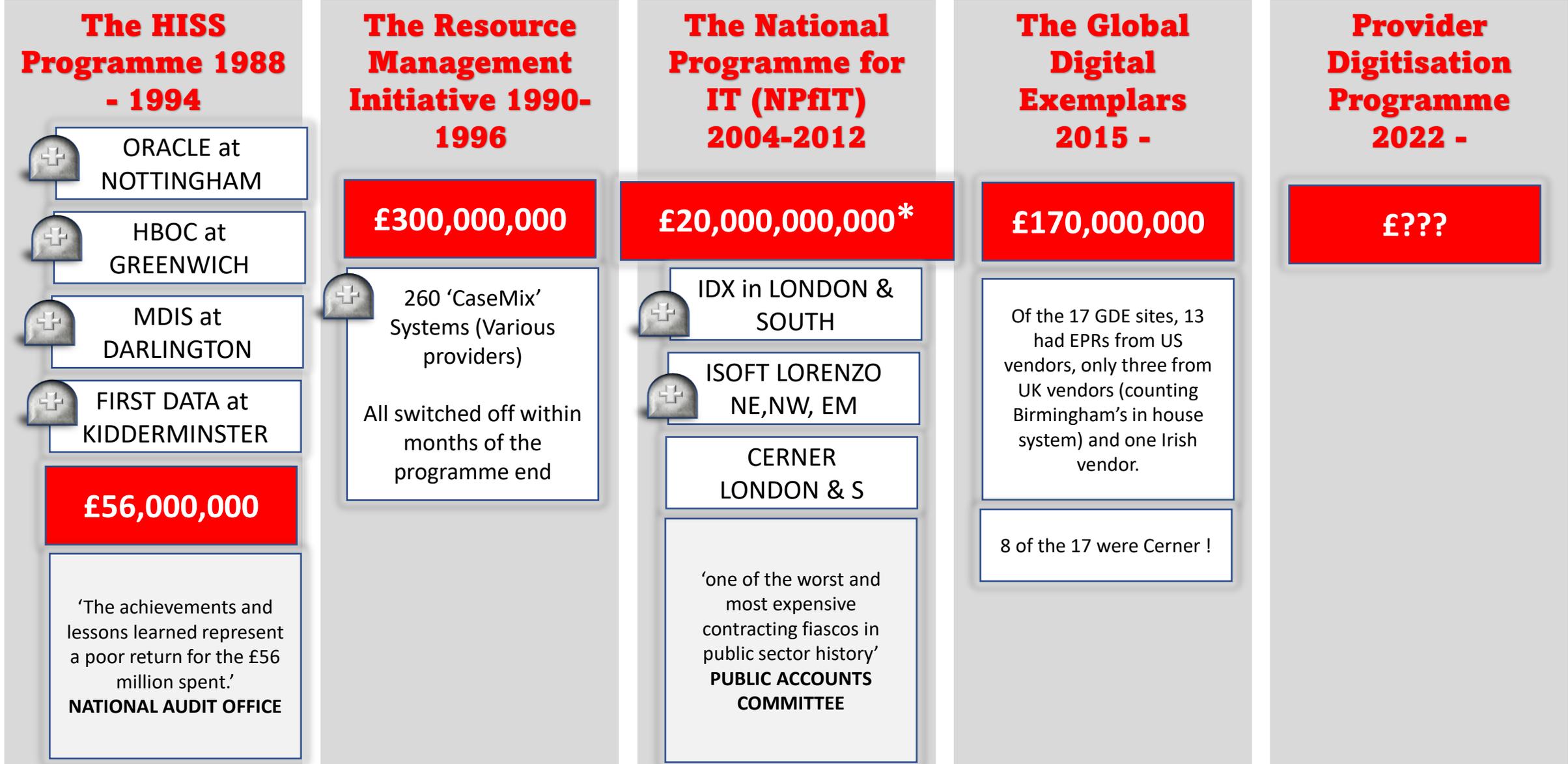


**1998**

- Beacon EHR sites operational

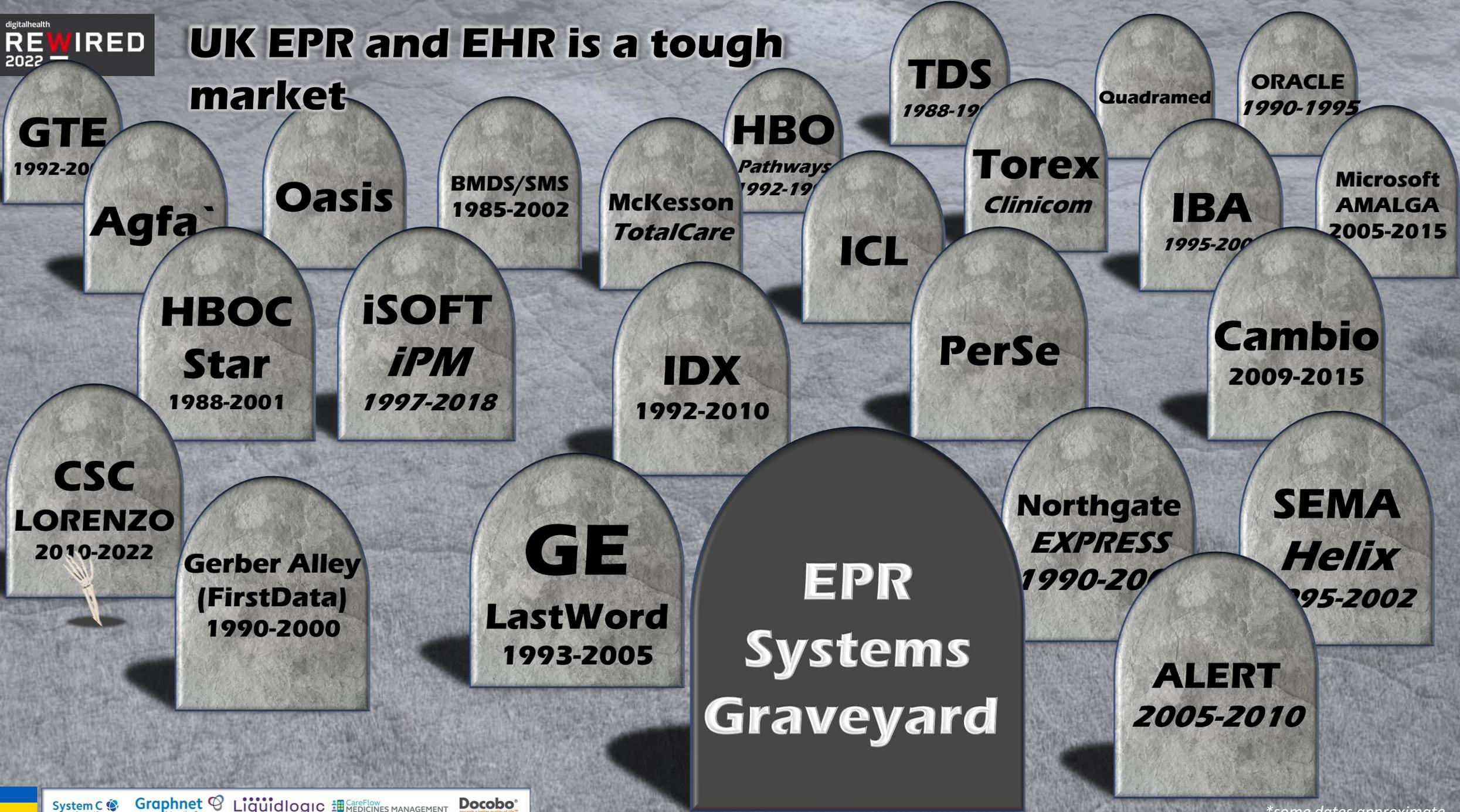
\*Fleming, Nic (12 October 2004). "Bill for hi-tech NHS soars to £20 billion". *The Daily Telegraph*. London. Retrieved 31 May 2008.

# Big initiatives over the years...



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# UK EPR and EHR is a tough market



**GTE**  
1992-2001

**Agfa**

**Oasis**

**BMDS/SMS**  
1985-2002

**McKesson**  
*TotalCare*

**HBO**  
*Pathways*  
1992-1995

**TDS**  
1988-1995

**Quadramed**

**ORACLE**  
1990-1995

**Torex**  
*Clinicom*

**IBA**  
1995-2000

**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**  
1990-2000

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

**ALERT**  
2005-2010

\*some dates approximate

# Six key considerations for provider digitisation

01

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

02

But organisational sovereignty cannot be superseded by ICS structures.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

03

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

04

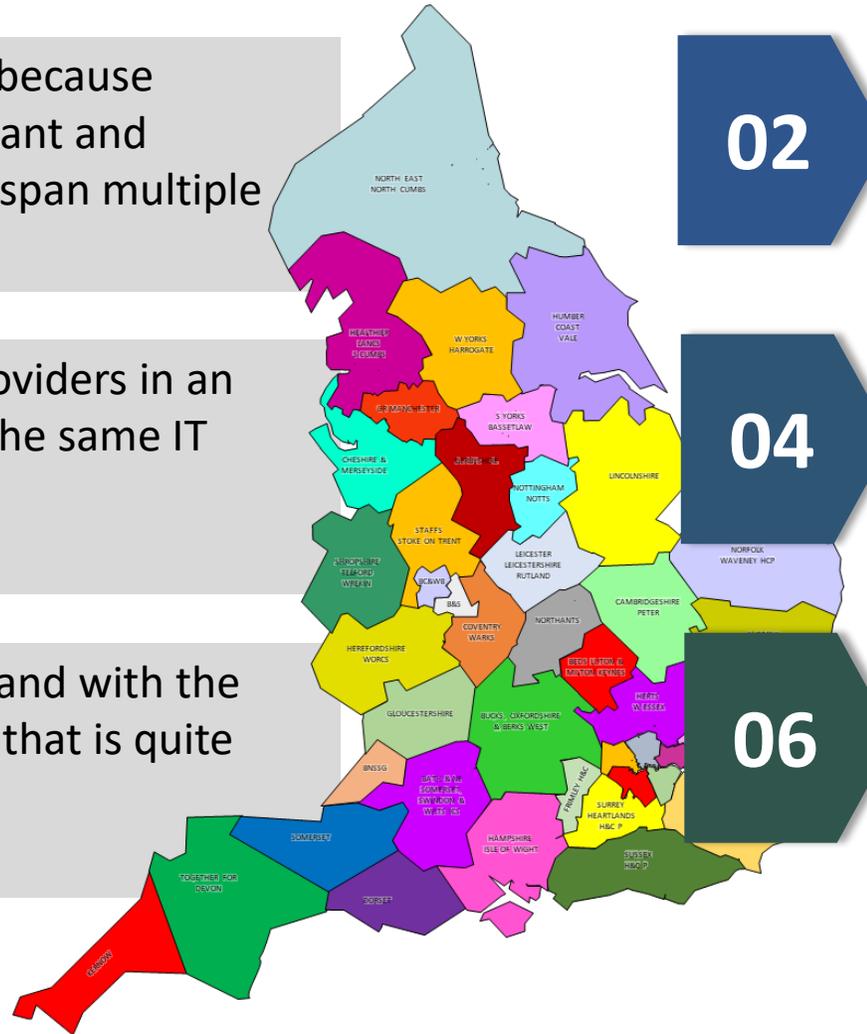
All health and social care providers need to collaborate and integration and IT systems are required to support that

05

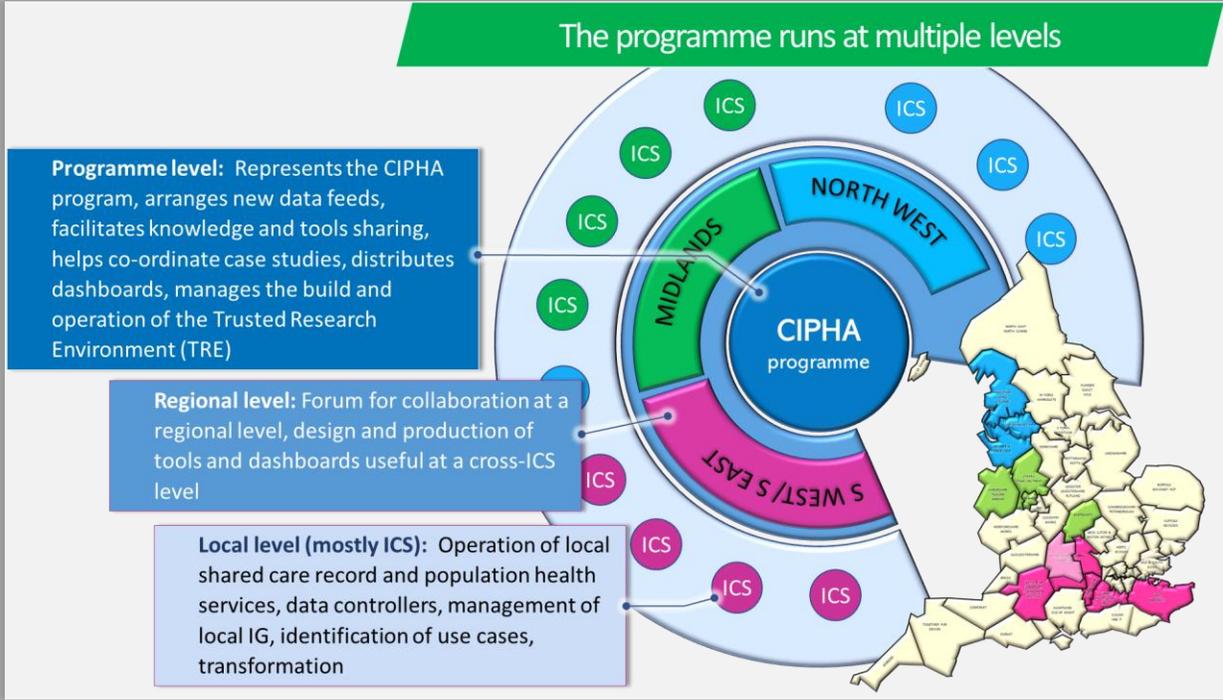
We have to go paperless and with the technology we have now that is quite achievable

06

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



WHAT IS CIPHA?	WHAT DOES IT DO?	WHO MAKES THE DECISIONS?	WHO RUNS CIPHA?	WHO CREATES CONTENT?	WHAT CONTENT CAN BE CREATED?
<b>IT'S AN NHS PROGRAMME</b>	<b>IT ENABLES TRANSFORMATION</b>	<b>YOU DO</b>	<b>AN NHS TEAM</b>	<b>ALL USERS</b>	<b>EVERYTHING</b>
<p>CIPHA is a voluntary and collaborative large-scale NHS programme for population health management and research</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>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>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



**03** **Waiting List Management**  
Identifying inequalities in PTLs providing analytics to identify waiters for targeted interventions.



**05** **SMI Physical Health Checks**  
Target and increase the number of physical health checks for those with severe mental illness

**07** **Suicide and self harm prevention**  
Identify, target and monitor and counsel patients at risk.



**09** **Early Intervention**  
Identify and match individuals requiring accelerated social care support.



**02** **End of Life**  
Putting patients at the centre to ensure their wishes are respected

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

**06** **Diabetes Management**  
Analysis of care pathway for Diabetes patients identifying health inequalities

**08** **BP@Home**  
Home management for patients with hypertension including candidate selection.



**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

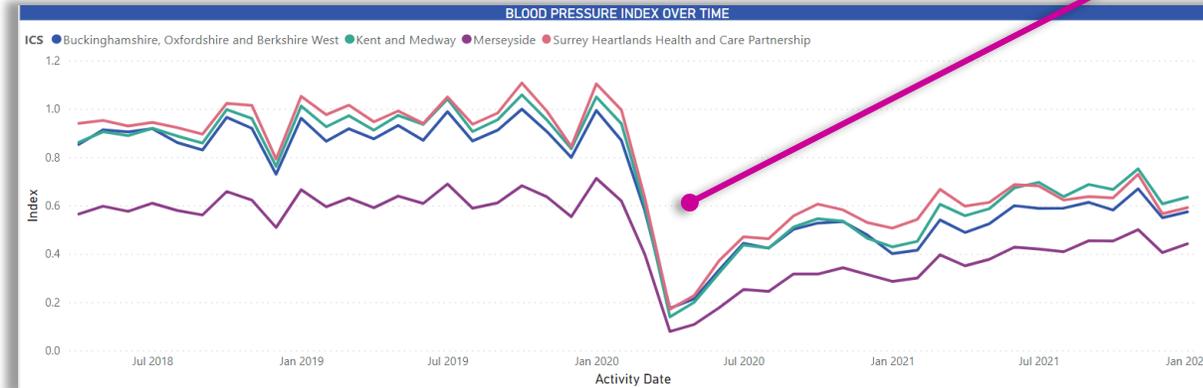
Recording of BP for Hypertension patients fell sharply from March 2020 to December 2020. (75% - 50%) There is gradual recovery but further effort is needed to return to pre-pandemic levels.

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.

05

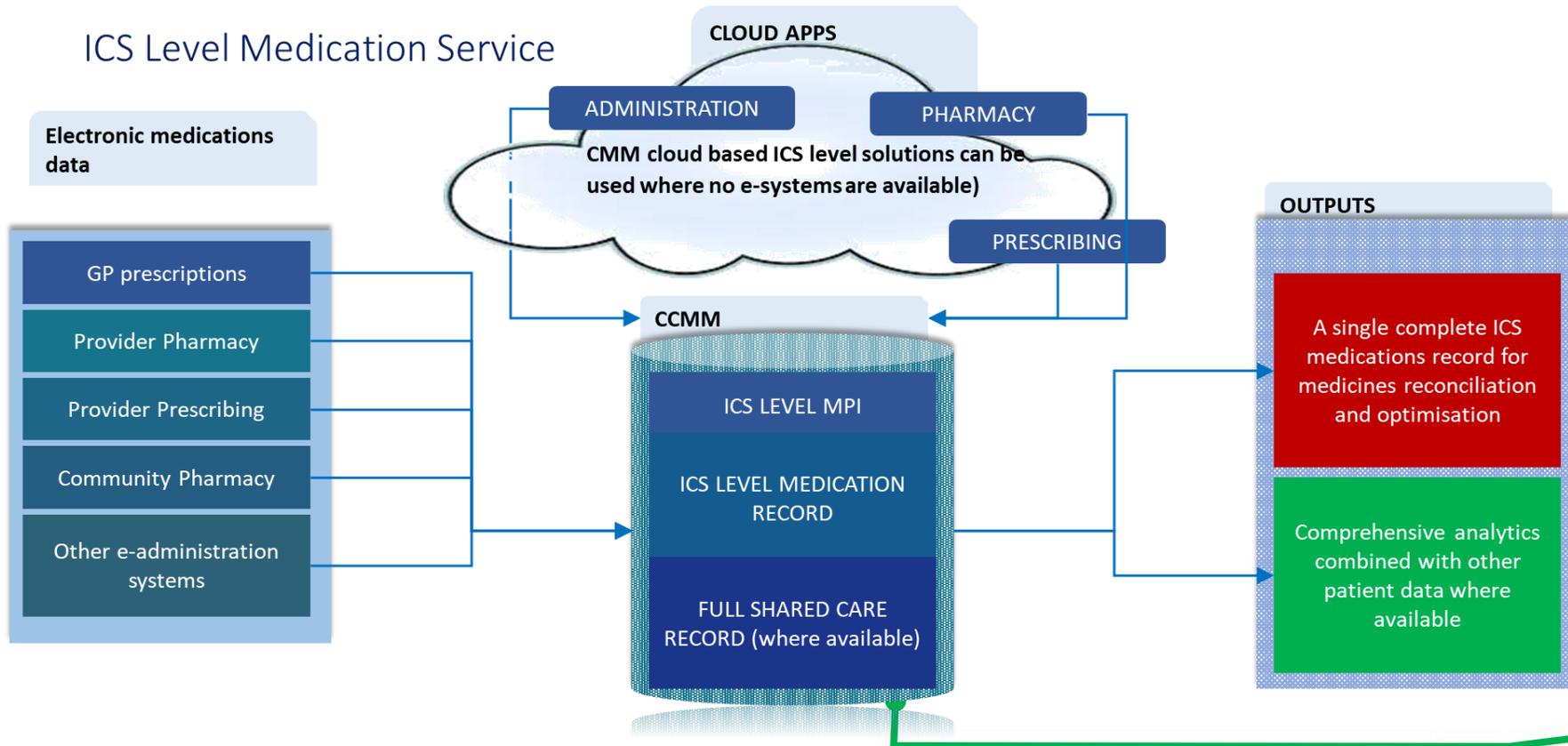
In Frimley and W Berks, BP recording for most deprived populations is improving (patients in the bottom 20% by deprivation now have the highest proportion of recordings.) Recording amongst Asian / Asian British population is now above that of the White population, however recording for Mixed and Black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



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.

## 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



**GP COVID-19 Status** No data available

This tile provides information such as Resuscitation status, Patient decisions and the presence of an End of Life plan. Clicking the icons show the related detail obtained from the primary care systems description.

**GP Advance Care Planning**

Showing 1 - 10 of 13 items

This information has been extracted from the GP Record. Please validate the details with the patient, a carer or the patient's next of kin.

Date:	Description:
10-Apr-2020	Not for attempted CPR (cardiopulmonary resuscitation)
12-Sep-2018	Resuscitation discussed with patient
12-Sep-2018	Preferred place of death: home
12-Sep-2018	Not for attempted CPR (cardiopulmonary resuscitation)
12-Sep-2018	Has end of life advance care plan

Emergency User

Heritage Marjorie (Mrs) Female Gender 21-May-1950 (65y) Born 234 571 4999 NHS No. 4

ICP (Manchester) Last synced at 0:05 AM

**MANCHESTER CITY COUNCIL**  
**Integrated Care Plan**

Last saved: 26 Jun 2015 09:45am

- Patient Management Plan
- Current Plan
- Crisis Plan
- Care Team

**GP**

GP Name: Dr T Watkins GP Practice: Ford Practice GP Telephone: 01908500711  
GP Address: Ford Road, Newport Pagnell, BUCKS, MK16 0AG Available Hours: 24 Hour  
Name of accountable GP, if different from practice GP: Dr H Yamaz

(New Entry)

Name:  Phone Number:  Case File Location:   
Team:  Available Hours:   
Start Date:  Frequency:  End Date:   
Other Information:

**SAVE** **CANCEL**

- Specialist Services
- Secondary Care Activity
- Additional Information

Improve patient outcomes

Reduce emergency readmissions

Streamline discharges and follow-up

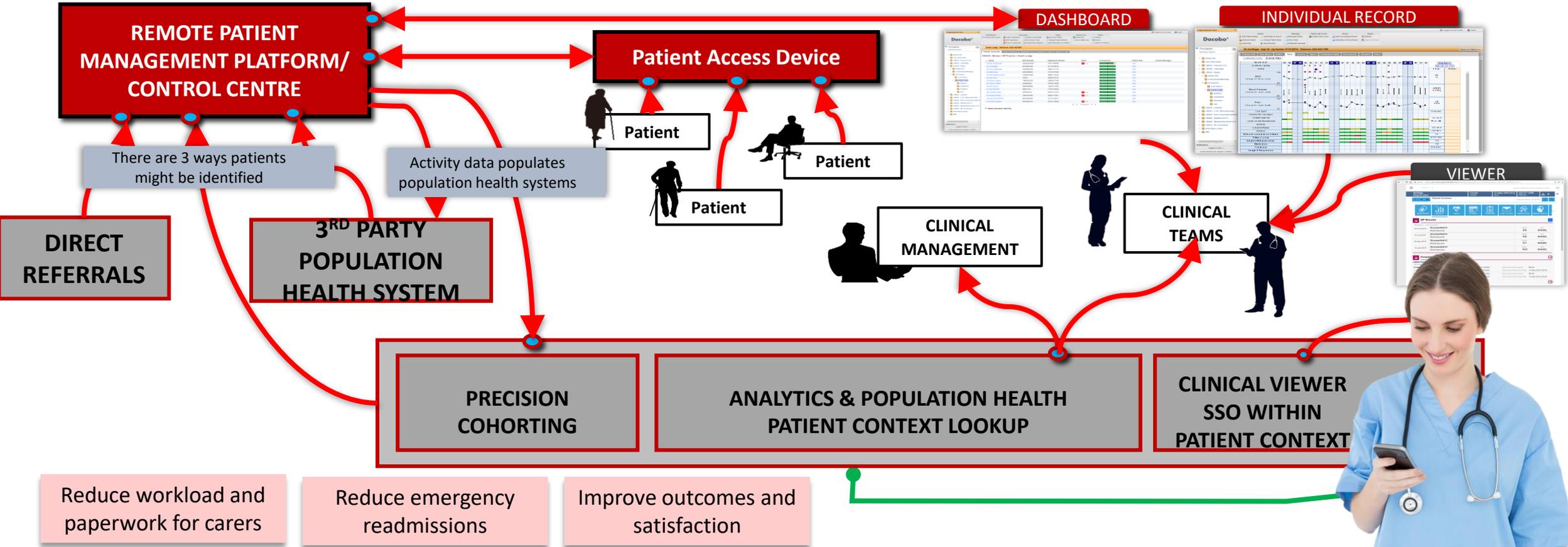




## 03

# 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

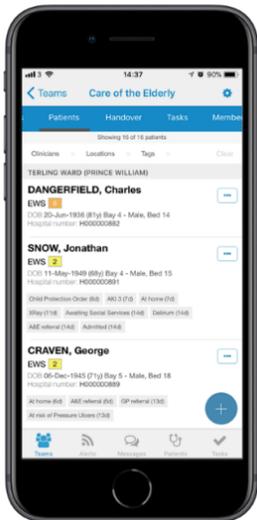
# CLINICAL COLLABORATION

1

**Patient lists & tags**



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

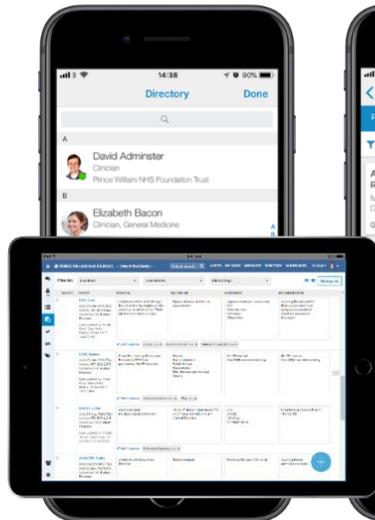


2

**List Handover notes**



Team handover notes captured against the patient record.

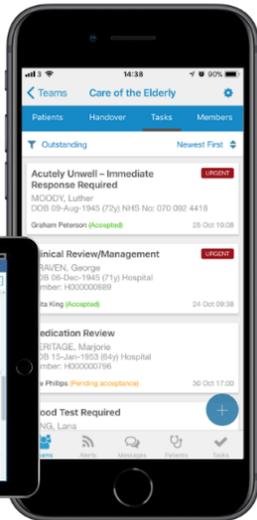


3

**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.

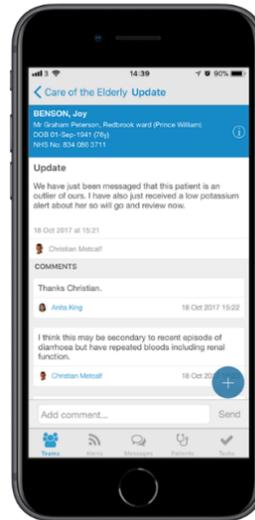


5

**Secure messaging & PID photos**



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

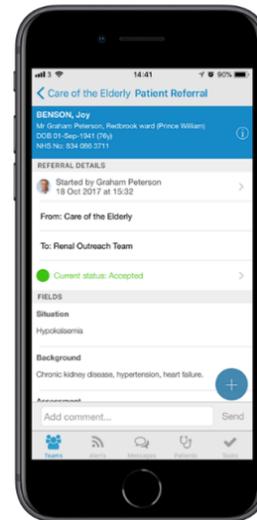


6

**Team patient referrals**



Referral of patients between teams and linked conversations.

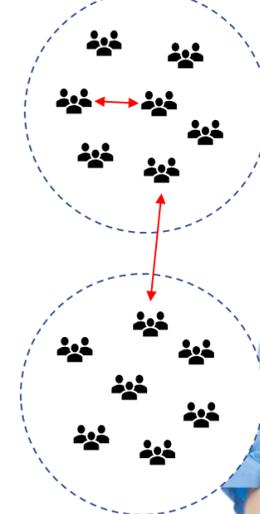


7

**Affiliated Network patient referrals**



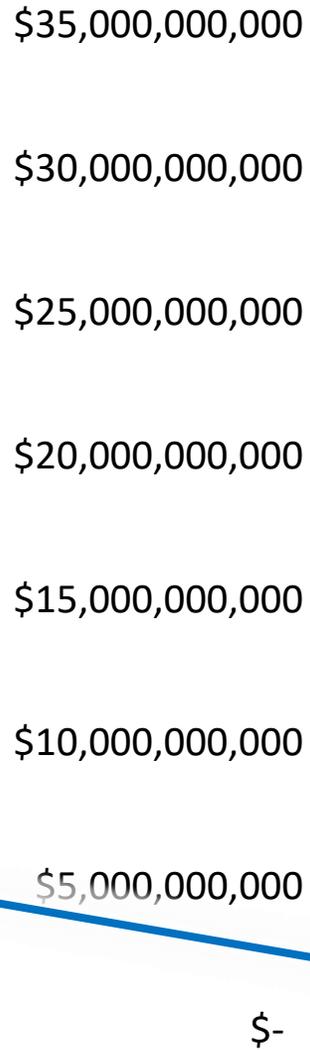
Referral of patients between teams across different networks.



# 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



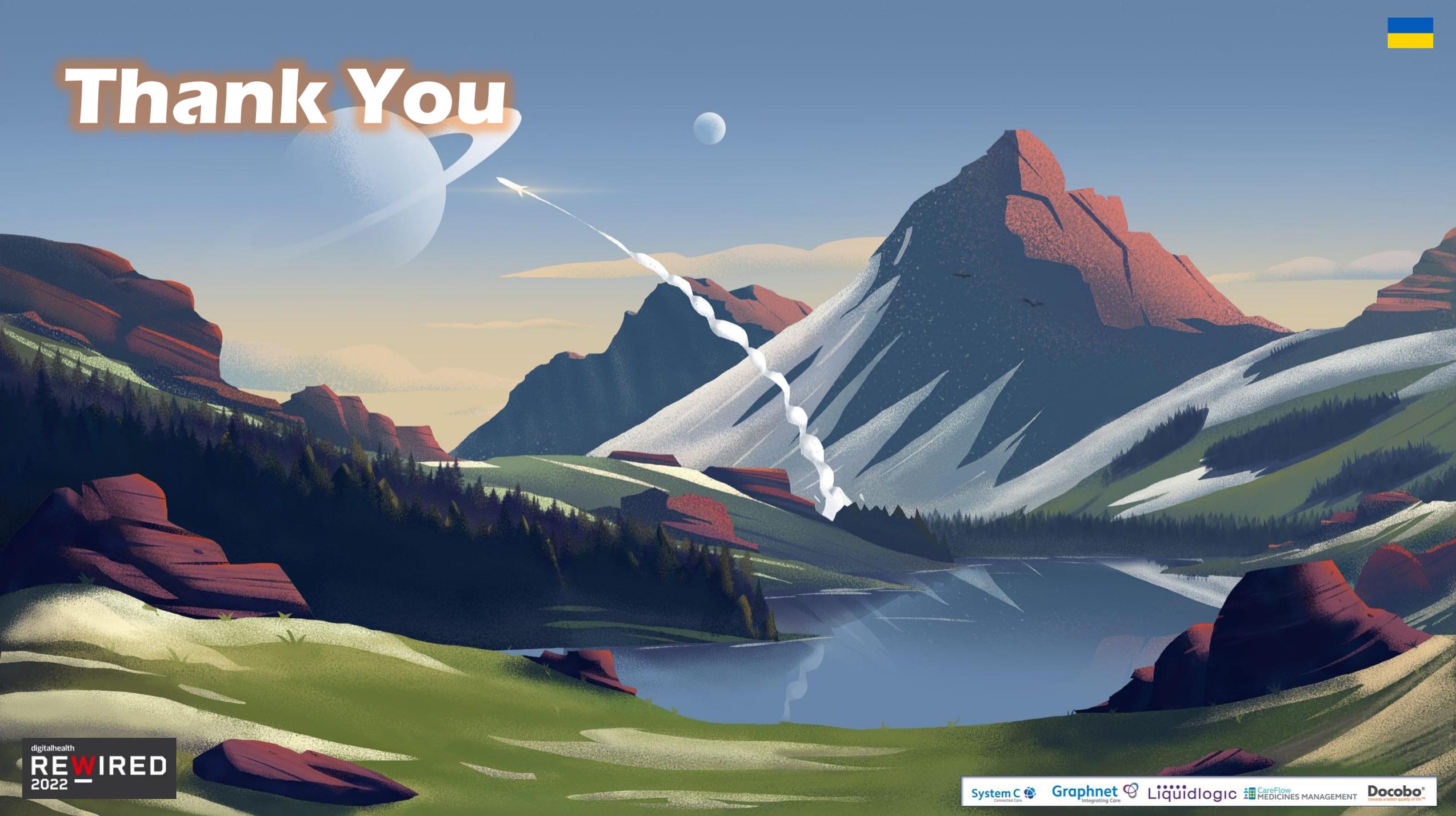
**NETFLIX** from \$500k to \$30 billion

**NETFLIX**

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

**BLOCKBUSTER**

# Thank You



digitalhealth  
**REWired**  
2022