NHS Wakefield Clinical Commissioning Group
Local Digital Roadmap

June 2016
Introduction

The Wakefield Local Digital Roadmap has been developed with the full support of our Health and Well-being Board by all the partners in health, social care and the voluntary sector across Wakefield district.

The roadmap is a representation of our shared ambition to use digital technology where it supports the health and well-being of the citizens of Wakefield.

Only by working together as a whole economy both in Wakefield and across West Yorkshire can we achieve the aims of our Sustainability and Transformation plan.

Our Local Digital Roadmap will cover:

- A Five year vision for digital enabled transformation to 2020
- A capability deployment schedule and trajectory outlining how we will drive digital maturity.
- How professionals will increasingly operate paper free at the point of care over the next 3 years.
- A delivery plan for a set of universal capabilities, detailing how progress will be made in fully exploiting the existing national digital assets.
- A robust and compliant information sharing approach

Our plans will identify:

- Where we are now
- Where we are going
- Our current level of readiness and our vision for digitally enabled change
- An assessment of capacity and capability and our plans to exploit and optimise resources
- Maturity of our System Wide Infrastructure and our desires to exploit new technologies

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30 June 2016
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1 Context

The NHS England policies “Five Year Forward View”, “Personalised Health and Care 2020” and “General Practice Forward View” all envisage the development and utilisation of digital tools by professionals and citizens to improve health and well-being outcomes.

In particular the aim of these policies is to improve digital maturity in and across all health and care partners in our local health and care economy.

This Local Digital Roadmap (LDR) should be read as a part of the Sustainability and Transformation Plan (STP) in which digital delivery forms a key element as one of the enablers of transformation in Wakefield and in the wider West Yorkshire health and care economy.

Figure 1 - STP 5 Year Outcomes
1.1 Footprint

The footprint of this digital roadmap is the co-terminus boundary of Wakefield Council and Wakefield CCG. The roadmap addresses how we propose to utilise appropriate digital opportunities to help address the health and wellbeing priorities shown in Fig 1 and 2 above.

NHS Wakefield CCG is a member of “Healthy Futures” representing the eleven CCGs across West Yorkshire, it is on this footprint that the West Yorkshire STP is based and in turn is built upon the six local place-based STPs.

In developing this roadmap we have built upon the existing digital developments in Wakefield, particularly taking account of the learning from the Pioneer and Prime Minister’s Challenge Fund projects and have incorporated the aims of the New Models of Care Multi-speciality Community Provider (MCP) Vanguard and Care Home Vanguard projects.
1.2 Wakefield vision

To create a ‘digital’ health and care community that shares information and knowledge, communicates, plans and collaborates in ways that helps the citizens across the district to receive the highest possible quality of care, supported by the citizen having access to the information needed to help them self-care.

This vision aims to provide digital delivery of services that supports improved health and well-being, firstly across the priorities identified in the Wakefield STP and then more widely as digital health services mature, recognising that not all citizens will choose or be able to utilise digital services.

This vision incorporates and builds upon that of the Connecting Care Pioneer project and the West Wakefield MCP to ensure that, with appropriate consents and safeguards, data can be identified, shared and used by care professionals and citizens to better support health and well-being.

At the most simplistic level, information and knowledge will be shared securely for the right care in the right place at the right time through:

1. Enhanced communication and collaboration for people and systems.
2. Investment in technology linked to business and clinical objectives across the CCG, its partners and service providers.
3. Innovation that will lead to the improvement in the quality of services and better outcomes for citizens.

In developing our vision for sharing data we understand that this will be a complex journey and that parts will be best delivered with local agility and parts at a wider West Yorkshire level.

We will be pragmatic in our planning and understanding that:

- we will initially use and build upon existing information assets and systems,
- there will be no “rip and replace”
- we will take a step-wise approach to innovation and change
- we ensure that our partners and citizens support what we are doing
- we will work with our partners to exploit opportunities when they arise
- there will be constraints to what we can achieve ourselves and what we will need national support to achieve.
- we will learn from others and share our learning

A key enabler for change will be the establishment of an e-Health Record (EHR) (or Electronic patient record) which interoperates with systems in and beyond Mid Yorkshire Hospitals Trust. This will require significant resources both in terms of funding and organisational development and capacity; however without this step it will be difficult to make significant change in the district.

The roadmap does not present a detailed business case for any one change nor does it replace individual organisational ICT strategies.
1.2.1  Wakefield STP – Local Priorities and Enablers

- Using and sharing information across teams in our Early Help Hubs to support professionals and families.
- Introduce a digital version of the Redbook, through this provide digital signposting to advice and guidance.
- Recognising that the millennial generation expects “digital by default”, therefore ensure services are available across channels to support parents using platforms they choose to use.

- Online resources have a larger part to play in engaging and supporting our young people eg Kooth.
- Providing access, for those who choose to use it, to online Mental Health services eg “Minddistrict” (Rightstep 24/7).
- Using a person held record to maintain a digital diary

- Person held records and self-care apps will support people with LTC to understand their conditions and take greater responsibility for self-care.
- Share information across multi-disciplinary teams to underpin new care models in the right place at the right time by the right person
- Encourage use of virtual consultations to support people in their own home

- Moving towards a focus on preventative/self-care to older people’s health building upon the digital signposting developed in the West Wakefield MCP as an additional channel
- Continue to build on the Care Home Vanguard to expand use of NHSmail and SystmOne to better support older people
- Development of virtual consultations to support people in their own home or in a care home
- Implement remote and assistive technologies to support people at home

Figure 3 - Wakefield - Priorities and Enablers
1.2.2 West Yorkshire STP

The Wakefield STP identifies that there are some services (see Figure 4 - Healthy Futures Structure) which are better delivered at a West Yorkshire level. The digital enablers for these services will need to integrate across a number of LDR footprints. As an example the urgent care clinical hub can only achieve the aims through access to shared patient data and virtual access to specialist services across not just Wakefield but also the wider West Yorkshire footprint.

What needs to be delivered at West Yorkshire level:

- Continuous alignment of local digital strategies (Local Digital Roadmaps footprints)
- Monitoring of Local Digital Roadmap delivery
- Digital alignment with other STP footprints and non-WY Local Digital Roadmaps
- Maintaining and developing a network of local WY professionals
- Setting best practice and providing WY leadership on benefits realisation and (digital) change management
- Links to West Yorkshire Association of Acute Trusts (WYAAT)
- Support to specific WY healthy futures work streams
- The design and delivery of some specific digital functions that it makes sense to be undertaken at a WY level e.g. a strategic approach and delivery of a way of sharing real-time data across and between providers. This work is starting within the WY Urgent and Emergency Care Vanguard.

![Figure 4 - Healthy Futures Structure](image-url)
1.2.3 Transformation Area and MCP Stretch Targets

As a Transformation area and a Multi-speciality Community Provider (MCP) Contract development area we aim to achieve the stretch targets for provision of digital services at the earliest opportunity.

We recognise that these cannot be achieved through one organisation acting alone and will need all partners across the district to work together to identify ways of meeting the aims of the MCP and Transformational targets.

Accepting some of these targets are aspirational we are actively engaged with NHSE and NHS Digital teams to support our planning and engagement activities.

We understand that the current achievement levels are below target and have identified activities required to achieve target and address the associated constraints.

### Transformation Area and MCP Stretch Targets

<table>
<thead>
<tr>
<th>Target Date</th>
<th>Delivery Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016/17</td>
<td>25% Patient Online utilisation</td>
</tr>
<tr>
<td></td>
<td>90% SCR (or equivalent) viewing in all UEC Settings</td>
</tr>
<tr>
<td></td>
<td>90% eDischarge from Acute &amp; Mental Health Providers to GPs</td>
</tr>
<tr>
<td></td>
<td>70% Digital transfer of patient information at admission, discharge and referral</td>
</tr>
<tr>
<td></td>
<td>80% ERS utilisation</td>
</tr>
<tr>
<td></td>
<td>60% digital health records, assessments and care plans shared across organisations</td>
</tr>
<tr>
<td></td>
<td>90% usage of electronic prescription</td>
</tr>
<tr>
<td></td>
<td>A single call to get an appointment Out of Hours</td>
</tr>
<tr>
<td></td>
<td>Data can be sent between UEC providers</td>
</tr>
<tr>
<td></td>
<td>The SCR is available in the clinical hub and elsewhere</td>
</tr>
<tr>
<td></td>
<td>Care plans and patient notes are shared across UEC</td>
</tr>
<tr>
<td></td>
<td>Appointments can be made from clinical hub direct to in-hours GPs</td>
</tr>
<tr>
<td>2017/18</td>
<td>50% Patient Online Utilisation</td>
</tr>
</tbody>
</table>
1.2.4 Shared Resources

If we are to develop use of digital resources by our staff and citizens then we need to ensure that our estates are also accessible for all partners and providers. We already have a strong record of co-located teams (eg Connecting Care, Learning disability, community mental health) working jointly to deliver better outcomes.

By using the Yorkshire and Humber Public Sector Network we have been able to ensure connectivity across our shared sites. Our ambition is to widen this accessibility of networks and provide WiFi for professionals using the planned GovRoam service.

We strongly support the development by Wakefield District Housing of WiFi for its social housing tenants helping to enable access to digital service, this directly supports concept of “reaching the furthest first”.

Within our community and mental health services a high percentage of staff have adopted a mobile working approach to the delivery of care and are utilising the existing clinical systems functionality and unified communications to assist in delivering patient / client care. Within the health community we need to facilitate and promote the use and sharing of partner organisations network infrastructure to enable all health and social care staff the ability to work at any site regardless of which organisation supplies and maintains the IT infrastructure.

Supporting the use of digital resources and developments such as virtual consultations will require investment in connectivity to GP practice premises; we look to the NHS Digital review of the replacement for N3 to provide investment which can be locally targeted to provide an enhanced connectivity option including universal WiFi for staff and patients.

1.2.5 Integrated Care

As part of our engagement on integrated care we have mapped a number of key pathways to provide a better understanding of the patient and data flows through the health and care system. An example pathway is shown below (Figure 5 - Sample pathway). The output from this engagement clearly identified that the sharing of data, particularly across all transfers of care, is critical to being able to better support the patient and to ensure that the patient understands who is supporting and caring for them.

For the Connecting Care and West Wakefield MCP projects to be successful requires that we develop an approach to information sharing not limited to health records but rather shared across the whole health and care community. Wakefield Council’s Director of Adult Social Care is leading a joint operational group which, critically, includes development of a common assessment process for all adult social care and adult community and therapy services which will be shareable across health and care and with voluntary sector partners. Our vision is to develop this functionality and build into an acquired or newly developed person held health & care record thereby enabling the patient to have all relevant information on their care and be able to control who they wish to share this with.

Our public consultation has shown that our citizens expect that we share information for their care and do not expect to have to repeat information as they see a variety of professionals and carers. See example video at: https://www.youtube.com/watch?v=rtY3po36qIs
1.3 Roadmap development

This roadmap has been developed by NHS Wakefield CCG collaboratively across partners and providers in the Wakefield district.

We recognise that the roadmap is a live document which will develop and adapt to changes in priorities and delivery options over the target period to 2020. In particular we expect that the current planning with NHS England for Transformation areas and the MCP capitation contract model for Wakefield will, most probably, accelerate the need to share data across existing organisational boundaries and accelerate our digital delivery plans.

Figure 5 - Sample pathway
Partners

<table>
<thead>
<tr>
<th>Main Contributors</th>
<th>Contributors</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS Wakefield Clinical Commissioning Group</td>
<td>Commissioners</td>
</tr>
<tr>
<td>South West Yorkshire Partnership NHS Foundation Trust</td>
<td>Mental Health services</td>
</tr>
<tr>
<td>Spectrum Community Health CIC</td>
<td>Prison health, Sexual Health and Substance Abuse services.</td>
</tr>
<tr>
<td>The Health Informatics Service</td>
<td>Health ICT systems provider</td>
</tr>
<tr>
<td>The Mid Yorkshire Hospitals NHS Trust</td>
<td>Acute and Community services</td>
</tr>
<tr>
<td>Wakefield Council</td>
<td>Adult and Children’s Social Care and Public Health services.</td>
</tr>
<tr>
<td>West Wakefield MCP</td>
<td>Multi-specialty Community Provider Vanguard</td>
</tr>
<tr>
<td>Yorkshire Ambulance Service NHS Trust</td>
<td>111 and 999 provider</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other parties involved in district-wide ICT group and LDR group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age UK</td>
</tr>
<tr>
<td>Local Care Direct</td>
</tr>
<tr>
<td>Nova Wakefield</td>
</tr>
<tr>
<td>Wakefield District Housing</td>
</tr>
</tbody>
</table>

**Figure 6 - Key Partners**

In developing the roadmap we have considered:

- that the citizens of Wakefield move across our boundaries to access health and care services in other localities
- that our providers operate across these boundaries
- that tertiary services are provided in major centres outside our footprint
- the West Yorkshire level priorities of our STP (ie Urgent and Emergency Care, Mental Health, Cancer and Specialised Commissioning) require a wider footprint for delivery of digital enablers.
- that the bordering districts of South Yorkshire are also developing related digital plans that may present opportunities for shared developments.
- the local shared ICT service for GP and Corporate IT operates across Calderdale, Greater Huddersfield, North Kirklees and Wakefield CCGs (CKW)

As a result there was agreement to work with a shared project approach to the common elements of the LDR across the CKW footprint.

The development of the LDR has been achieved through an informal DMI/LDR delivery group led by the Head of ICT for CKW CCGs and the Informatics Integration Lead for Wakefield CCG. Dr Clive Harries (GP and CCG board member for ICT and Mental Health) has provided Clinical leadership. The LDR group comprised representatives from across CKW partners and providers and engaged outside the group through existing local ICT strategy groups. In Wakefield the Districtwide ICT group which is chaired by Dr Harries and comprises representatives from across health and care, including Paul Curley CCIO at MYHT, has been a focus for developing the LDR.

Project management resource has been provided by the Health Informatics Service (tHIS) which is hosted by Calderdale and Huddersfield NHS Foundation Trust.
Wider engagement has taken place on an informal basis across the 11 West Yorkshire CCG members of Healthy Futures and with neighbouring CCGs in South Yorkshire. In developing the roadmap we particularly recognised the need to consider how we share digital resources with Yorkshire Ambulance – given that they operate across the whole of Yorkshire & Humberside.

1.4 LDR Governance

Governance for the development of the LDR is, as far as possible, embedded into existing CCG and provider/partner boards to ensure alignment to normal business planning and governance.

The LDR footprint was agreed by the Wakefield CCG Connecting Care Executive; membership of which includes all major providers and partners.

The LDR will be adopted and endorsed by the Health and Well-being board through the Connecting Care Executive and supported by partners and providers through their local governance processes as shown below: at Figure 7 Governance Arrangements.

The Governance sign off process for key partners is shown at Appendix 7 – Local Digital Roadmap – Governance Process.
1.5 Benefits Realisation and Management

In common with many other parts of the Health and Care system, existing budgets for IT Capital and Revenue are already over committed, with partners and providers managing budget deficits into the foreseeable future.

Whilst we view technology as being a part of normal business requirements and, as such, budgets should be embedded in operating costs, it is abundantly apparent that transformational projects will require specific investment from NHS England. This has been recognised and it is understood that funding will be available under a number of NHSE investment sources.

There is a strong history of partnership working in Wakefield and across CKW which we anticipate will form the basis of the LDR delivery. It is clearly understood that we need to utilise our scant resources more effectively as a health and care system through information sharing, economies of scale and sharing expertise across all our sectors.

It is recognised that benefits realisation for NHS IT projects has a varied history; and that transformational projects aiming to achieve a range of impacts are inevitably hard to measure.

Adopting the NHS IQ change model will enable us to ensure that we are developing the projects which matter and which will make the most difference to our citizens, staff and organisations; the key concepts of this approach are:

- A shared purpose
- Leadership by all
- Spread and adoption
- Improvement tools
- Project and performance management
- Measurement
- Influencing factors
- Motivate and mobilise

1.6 Constraints and rate limiting factors

What needs to be developed and where do barriers need to be removed?

Locally

- Require strong leadership across Health and Care with a shared vision. We have a good track record of delivering districtwide programmes, this needs to extend to incorporate our digital vision.
- Primary care is delivered by 40 individual organisations with different challenges, outlook and corresponding appetite for change.
- Although strongly led by the GP board member at the CCG, service and wider clinical engagement in the roadmap development has been challenging, we need to develop culture and capacity that views digital as an enabler which aligns to and supports the system wide quality, financial and capacity challenges.
• Can we deliver digital ambitions with sufficient pace to make a real difference
• Are we being sufficiently ambitious, are we radical enough and using all the skills of partners especially the voluntary sector and other care organisations.
• Are we focussing on technology for prevention, using data from non-health organisations eg public health, VCS and local authority services police, fire etc.
• Can we be more challenging in our planning locally and regionally?
• Though our workforce program led by Dr Linda Harris (CEO of Spectrum), we will understand, develop and support the cultural change and organisational development needed to support digital skills and enablement across the workforce.
• We need to ensure that we share skills and capacity across organisations to be able to deliver against our digital plans. However we recognise that the impact of similar projects across the country may result in some challenges in terms of capacity, skills & expertise
• Are we inclusive of the demands, skills and knowledge in our communities? Enabling carers to understand the available digital tools and provide clear accessible signposting to services.
• Understand that the fragmentation of commissioned services can dilute the clinical record across more systems thereby increasing the challenge of interoperability.

Nationally

• Integration approach and supplier management and engagement to ensure opening up of integration options.
• Support to join up similar development work in different areas to avoid duplication of funding
• Clear IG support with national standards on information sharing and consent to reduce duplication of effort.
• Citizen identification standards across the public sector
• Common data standards to enable interoperability (eg between health and social care)
• Cybersecurity advice and standards to enable secure access beyond N3
• Developing national strategies for nursing and child health will impact upon the roadmap.

Funding

• The potential costs involved for developing true interoperability and universal capabilities across the health and care sector is likely to be a constraint to rapid change.
• Competition for available resources, unless well managed, will restrict progress
• The proposals for the health and social care network suggest devolvement of funding and responsibility. By working together we will ensure that connectivity is provided cost effectively through shared resources; thus providing an opportunity to reinvest savings in other digital programmes
• Although Wakefield has benefited from funding for Vanguard projects this is allocated to existing planned outcomes. Therefore only very limited contribution to longer term projects might be available (as an example the WW MCP has supported a review of integration and interoperability options to support shared care and a person held record.)
1.7 LDR Development - Next Steps

Our LDR is a working document; as such it will develop alongside, and be integrated with, our STP and the wider developments in Wakefield and West Yorkshire.

We will seek to improve and enhance it on a rolling basis with the next version planned for end 2016 as part of our planning for a MCP contract model in Wakefield.

We will ensure future versions will address gaps to include:

- Enhanced engagement with West and South Yorkshire partners
- Engaging smaller providers (including AQP’s)
- Continuing to support our Care Homes
- Engaging and supporting voluntary sector organisations
- Supporting and developing digital maturity in our GP Practices and Federations
- Aligning the roadmap with new strategies including
  - Children’s Digital Health Strategy,
  - Nursing, Midwifery and Care Staff
  - 16-18 GPIT Operating Model
  - National Data Guardian Review
  - National Cancer strategy

2 Provider Baseline, Maturity and Readiness

Through the experience gained from recent local initiatives and those of our neighbouring districts, Wakefield is well positioned to develop the use of information technology to better support our population. Our providers and partners are ready and committed to the use of digitally enabled services.

The key providers in the Wakefield footprint are shown in Figure 6 - Key Partners. As would be expected, the providers and partners are all at different levels of digital adoption and face differing implementation challenges and priorities in their own organisation as well as across the wider health and care economy.

In working with our providers and partners we are acutely aware that they operate across the Wakefield boundary and need to be able to respond to digital developments and plans from other CCGs. The roadmap does reflect the need for a wider view of digital development across the West Yorkshire region and should reflect the similar planning processes in South Yorkshire.

At present although there is no single integrated shared care record across partners in Wakefield, there is a very large utilisation of the SystmOne record across health settings which is an important enabler for safe clinical care. Any development we may consider should not reduce the effectiveness of this key source of patient’s clinical data.

The development of an EHR in MYHT and a person held shared care record are seen as key enablers to a truly information sharing and a paper free operating model.
2.1 Digital Maturity

Overview

Our providers, the CCG and the local authority have completed the appropriate digital maturity index measurement. Where we can we will support other smaller providers and partners to develop their digital maturity, as an example Wakefield CCG has recently supported local voluntary sector organisations to achieve IG toolkit compliance thereby providing a level of confidence in their use of personal data.

2.1.1 Digital Maturity Assessment – Outputs

2.1.1.1 Acute, Community and Mental Health Services

Average Scores By DMA Section

![Graph showing average scores by DMA section]

Figure 8 - Acute, Community and Mental Health Providers

The high-level output from the DMI assessment for acute, community and mental health Trusts indicated that whilst providers are in a reasonably strong position in respect of their readiness to
deliver transformational change to support the digital agenda there are clear gaps in capability deployment which the individual provider and district wide plans, incorporated in this roadmap, seek to address.

2.1.1.2 Primary Care

Wakefield practices compare approximately to the average position in Yorkshire region; we are developing a plan with our practices, supported by NHSE to meet the stretch targets for transformation areas with a particular emphasis on use of technology to improve access and share information across sectors.

2.1.1.3 Local Authority

Wakefield Council was a pilot authority for the Social Care Digital Maturity Self-Assessment and having updated its DMI following release of the final version of the assessment the outcomes highlighted areas of strength in Information Governance & Management, Infrastructure and Leadership. This is evidenced through the well-developed systems, processes and procedures that support compliance with the Public Services Network (PSN) Code of Connection and the Information Governance Toolkit. The council has also implemented an N3 network connection. Particular areas for improvement are focussed around Records, Assessments & Plans and Transfers of Care. Both areas require development of working practices and procedures to facilitate a more ‘mobile’ workforce, improve (electronic) access to information, and transition the sharing of information from traditional ‘paper based’ methods to more integrated and automated means. Plans for improvement / development of these areas are integrated with the council’s current project that is
reviewing its technology and management information system needs for both Adults and Children social care services and is expected to deliver enhanced solutions through 2017-2019.

2.1.2 NHS Number
The adoption of NHS numbers across the local health and care system in is strong. In secondary care providers the NHS number is used consistently and validated through the NHS DIGITAL Patient Demographic Services (PDS) for 98-99% of records. As a development site for CP-IS and through the need to share records for integrated care Wakefield Council have, as at May 2016, populated over 94% of adult care records and 81% of appropriate children’s records, validation is achieved through the NHS DIGITAL Demographic batch services, as the council redevelop or reprocure a social care system then PDS integration will be implemented. Yorkshire Ambulance service (YAS) use the NHS number throughout 111 services and are working towards greater use in 999 services.

2.2 Primary Care

There are 40 GP Practices in Wakefield operating on different models from single partnerships through to larger federations. There is a range of digital maturity across these practices and currently two dominant clinical systems are in use. 36 practices use TPP’s SystmOne, two of these have recently migrated from EMIS Web. The other four practices use EMIS Web. Geographic spread of our federations is shown at Appendix 6 – GP Networks and Federations.

The extensive use of SystmOne has allowed Wakefield to establish a shared care record for a significant proportion of our citizens which is accessible across a number of key settings, in particular being optimised for End of Life care. This ensures that in many cases there is full access to the patient’s GP record to enable safer clinical care.

At present there is no use of MIG or similar sharing/integration portals therefore there is no substantial sharing of information for those patients registered at practices using EMIS web. We are aware that TPP and EMIS are developing functionality to view between their applications and will investigate opportunities that this might present.

SystmOne is also heavily used in the acute Trust and is accessed routinely in the mental health Trust; as a result for many of our patients we effectively have a shared care record. The limiting factor of this provision is that we use an “Explicit / Explicit” consent model for sharing and access to patient data thereby limiting the numbers of patients for who a shared record is available to other SystmOne users.

This wide use of the SystmOne record also gives benefits for our out of hours service provided by Local Care Direct which again uses the SystmOne shared record.

Most practices are already operating effectively ‘paper free at the point of care’ with no reference to paper based notes during patient consultations as a result people’s care is entirely supported within the electronic clinical record. However this does not extend to mobile working for home visits or
care home consultations. Despite developments towards paper light and paper less working, there is still limited reliance on fax communication particularly when exchanging data across smaller care providers.

In terms of core and enhanced GPIT:

- Each practice has a CCG-Practice agreement
- Each practice has a 20% Hardware refresh annually (i.e. no hardware over 5 years old)
- Each Practice has all the mandated support services in place
- Discretionary “enhanced” primary care IT services that are developed and agreed locally to support local strategic priorities and commissioning strategies to improve service delivery and support the CCG local digital strategy and Roadmap.
- A process is in place to evaluate business cases from General Practices in relation to enhanced GP-IT.

There is a significant lack of sharing of data and associated increased risk for patients registered at practices using the EMIS web system. We recognise that practices are free to choose the system of their own choice and that as part of our vision for sharing patient data for direct care we must ensure that we have a plan for integrating data between SystmOne and EMIS web and to any other shared care record.

Key recent achievements within primary care include:

- PMCF status in 2014/15 awarded to a federation 6 GP practices in West Wakefield to deliver a range of extended services:
  - Extended Hours 8am to 8pm, 7 days a week
  - Physiotherapy First
  - Pharmacy First
  - Care Navigators, Service Directory, Self-Service Kiosks & On-line Care Navigation
  - Social Prescribing
  - HealthPod Outreach
  - Video and email consultations
  - Schools App Challenge

Current initiatives within primary care include;

- **Multi-speciality Community Provider Vanguard** status was awarded to the West Wakefield federation working with two other GP networks to deliver change at scale. The MCP model builds upon and extends the PMCF model to a wider population and more specific developments around multidisciplinary teams supporting older people close to home.

  In particular the team are working very closely with Wakefield Council and Providers to develop an information hub to support one of the integrated care hubs for older people enabling the Multidisciplinary team (MDT) to provide proactive support based upon access to multiple information sources.
The West Wakefield MCP vision includes the development of a patient held health and care record. Wakefield CCG will work with the MCP team to ensure that this can be delivered sustainably at scale to benefit the wider district, this development is a critical enabler to wider health and care change.

The development of the schools app challenge beyond the footprint of West Wakefield will further engage with young people to promote health and well-being, supporting the prevention priority.

The WW MCP has commissioned a review of data sharing and integration options from Digital Life Sciences; this will inform our planning for local person held or shared care records.

Signposting has been developed for patients through a WW developed mobile App; an associated directory of services and self-service kiosks in practices. All these are suitable for extension and embedding beyond West Wakefield.

**E-consultation** - 10 specialities provide e-Consultation service at Mid Yorkshire Hospitals Trust to Wakefield and North Kirklees CCG primary care practices through the SystmOne clinical system covering the following specialities:

- Cardiology
- Diabetes
- Endocrinology
- Haematology
- Acute Paediatrics
- Pain Management
- Palliative medicine
- Radiology (through ICE)
- Respiratory
- Urology

This project has proven successful in:
- enabling integrated primary and secondary care
- providing primary care with access to clinical advice from secondary care clinicians to better inform shared care and referral decisions
- supporting timely and high quality clinical care in the most appropriate setting
- enabling best practice with mutual professional education and development

Future implementation will include Dermatology, Gastroenterology (Hepatology), Gynaecology, Elective Orthopaedics/MSK, Paediatrics, Renal (Nephrology), Rheumatology, Stroke.

The major item of learning from previous and current projects is that not only do we need to have considerable clinical engagement, but also that we need to support practices and patients on the organisational and personal journey to digital service delivery. Being aware that “digital” represents an alternative channel that not all patients or clinicians will choose or be able to utilise.
2.3 Care Home Vanguard

Wakefield CCG is one of the six care home new models of care vanguards and as such is developing the use of technology to support care home residents. Having access to key clinical and demographic information is essential if citizens can be speedily and safely discharged from acute care. Use of SystmOne in care homes will support these aims and enable GPs and care home staff to have a better understanding of residents’ clinical needs. The project will also include use of NHSMail to securely exchange data, avoiding the need for faxing of paper records.

In addition, the multidisciplinary team comprising community, mental health and pharmacy staff have full remote access to the clinical record to enable them to work effectively from the care home.

2.4 Acute & Community

Mid Yorkshire Hospital NHS Trust (MYHT) provide both Acute and Community services across Wakefield and North Kirklees with hospitals located in Pinderfields, Pontefract and Dewsbury. The Trust is part way through a major reconfiguration programme “Meeting the Challenge”.

Meeting the Challenge is an ambitious programme to respond to the challenges facing the Mid Yorkshire health economy. The Meeting the Challenge Strategy comprises a range of initiatives involving acute, primary care, community and mental health services. The vision is to provide services which are accessible, affordable, safe, and meet local need. The reconfiguration of the acute
service is a crucial component of this strategy and is essential to ensure services are clinically and financially viable in the future.

MYHT acknowledges the necessity for increasing digital maturity and establishing an e-Health Record (EHR) either as a procured system and/or a higher level of integration across the system (in the form of a portal).

In order to improve management, administration and optimisation of medicines, and availability of assets the Trust also recognises the need to have an electronic prescribing and Medicines Management System (EPMA) preferably as part of an EHR in place and work needs to commence to establish options.

MYHT would see this approach to be inclusive of the wider healthcare economy to integrate with primary care, health and social care and other acute care providers. This cannot be achieved without transformational funding and partnership with the wider healthcare economy.

It is an ambition of the IT Department and MYHT strategy that we ensure that our infrastructure and networks are robust and fit for the future as well as being flexible enough to adapt to emerging technology.

An established EHR system would enhance the experience of the digital employee and enable seamless patient data flow within the healthcare economy, eg, transfers of care, referrals, bookings, orders, results, alerts noticed and clinical communications being passed digitally between organisations.

With regard to telehealth and collaborative technologies being used to deliver health in new ways, MYHT is looking to increase the use of Skype/Facetime technologies for clinical consultations (dependent on funding and licenses) alternative methods will also be explored. In addition the Working Together Programme, Acute Care Collaboration Vanguard, is also exploring the use of telehealth technologies and the availability of technologies in use across the area.

Patients and carers using digital technologies to access their records and manage their health and wellbeing would potentially be a prerequisite of the EHR. 90% of patients records at MYHT are already electronic in Windip. However, these are not in a format which would be easily comprehensible for patients and patients are currently not able to make amendments. Within the requirements for the EHR is a patient portal or summary that should be made available to facilitate this access for patients.

MYHT currently offers patients, carers and visitors access to free Wi-Fi and will utilise the opportunities this provides for increasing communication with patients and offering access to resources. The Trust acknowledges that the expansion of digital tools and the use of healthcare applications have a place in patient healthcare, ie, safety thermometer, Datix risk management system, VitalPAC. Whilst these digital tools are currently used by our workforce expansion of the use of common technologies, for instance, Bluetooth, beacon technology and push applications will increase the use of digital technology.
We are aware that the vanguards and other partnerships are progressing collaborative working to ensure shared care and information across the region, i.e., the regional imaging (PACS) collaboration. Engagement with these is fundamental to ensuring MYHT is inclusive of this, however funding is essential to delivery.

2.4.1 SystmOne

There is wide use of SystmOne in the Trust through over 28 individual modules. Subject to the patient having consented to share their information, this allows direct access by MY clinicians to the shared care records of patients registered to practices using SystmOne.

The Health Visitors, Community nursing and Therapy teams make full use of an optimised SystmOne module. This allows the team to access, subject to consent, the GP clinical record whilst at a patient’s home or community setting and for any information captured at that visit to be immediately available to the GP thereby improving quality and safety.

Access to the SystmOne record in U&EC settings ensures that the most current information on patients is available.

The challenge is that data for patients registered at practices using EMIS web is not available. Only by implementing technologies such as MIG or having a view between SystmOne and EMIS will this situation be improved. Ideally we aim to develop a digital patient record with key data shared and accessible across settings and providers.

2.4.2 Sunquest ICE order comms

The Trust makes extensive use of the Sunquest ICE order comms system which has been used since 2010; it is used for the following:

- Pathology requesting and reporting via interoperability with the pathology system
- Radiology requesting and reporting via interoperability with the radiology system
- Service requesting for multiple services within the Trust, including requests to Wakefield Social Services
- Service requesting from GPs
- Requesting and reporting for Neurophysiology referrals via interoperability with the Neurophysiology system
- Requesting Stop Smoking Services via interoperability for Trust requesters with the National Referral Service

Projects to extend use of the system include:

- ICE interoperability with the local hospice for radiology and pathology requesting and reporting
- Cardiology requesting and reporting for Trust requesters via interoperability with the Cardiology system
- Endoscopy service requests via ICE
- To facilitate ICE Interoperability for other local hospices
- To reduce the number of faxes received within and from outside the Trust by using ICE where appropriate.

The MY instance of Sunquest ICE is accessible across the wider region as a part of ICE Openet thus ensuring that data can be accessed across providers thereby reducing the need for duplicated tests or investigations.

### 2.5 Mental Health

**Overview of maturity**

South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) has over the last 2 years made significant inroads in terms of their use of technology to support patient care through its ever expanding service transformation programme of works. The Trust’s main two clinical information systems, RiO for Mental Health Services and SystmOne for Community/Children’s Services are core components of the SWYPFT electronic care record (which are both National Spine enabled) which all care professionals utilise to capture clinical interventions as part of the formal record of care including clinical notation, clinical assessments and care planning. There remains a degree of immaturity in relation to archived/historic paper records dependencies but solutions are being implemented that will address this during 2016/17. Whilst the Trust remains relatively immature in respect of medicines management/ePrescribing capabilities, a programme of work is in the planning stage to address this area for development.

In support of the wider digitisation agenda, the Trust has a major investment programme that is well established that has enabled approximately 2000 staff to work in an agile manner with the capability to access and record clinical care information electronically. As part of the Trust’s digital roadmap and drive towards a paperless 2020, clinical information systems interoperability (integration) capabilities were established during 2015/16 and work is actively progressing the flow of eDischarge summaries to primary care together with improved integration between the Trusts main clinical information systems.

Aligned to this work, SWYPFT has also commissioned and is developing its own Trust-wide clinical portal which serves to improve accessibility to holistic virtual electronic care record information. SWYPFT is also working collaboratively with partners (primary care, secondary care and health and social care providers) across its geographical boundaries in exploring wider clinical interoperability opportunities in response to CCG/Commissioner SDIPs requirements, the Trusts integration roadmap reflects the opportunities that these collaborations will bring. The key objective of this development will be to deliver shared care capabilities to clinical services to improve the delivery of patient care and personalised care.
Key recent achievements include:

- Mobile working Phase 1 (up to 2000 staff)
- Telecoms replacement Phase 1
- VPN replacement
- Unified Comms – Skype for business
- Year 1 infrastructure development
- SystmOne EPRCore
- SystmOne Full Clinical Deployment
- Smoking Cessation

Key current initiatives:

- RiO Upgrade to Version 7
- Clinical Portal Phase 1 and 2
- Mobile working Phase 2 (800 staff)
- Wi-Fi accessible on all Trust sites
- Wi-Fi accessible on all Partner sites
- Year 2 infrastructure development
- Medicines Management / e Prescribing
- Business Intelligence development
- Medical records scanning
- Digital dictation
- Review of options available to the Trust to re procure the Mental Health clinical information system within the next 1-2 years
- Investigation & development of apps to support and improve service user care and recovery

2.6 Local Authority

Wakefield Council is a key partner in the development of the vision for Connected Care across the district and has led the development of the three integrated health and care hubs.

There is a long history of collaboration between health and social care including a well-established joint community mental health team (hosted by SWYPFT) which consists of mental health clinicians and social care staff, and a joint community learning disability team (hosted by the Council) which consists of social care staff and learning disability nursing staff.

The council also operate integrated early help hubs for young families staffed by clinical, social care and voluntary sector partners. Whilst this is currently based on co-location the opportunities and need for shared data is apparent.

The council has recently initiated a review of its technology and management information system needs in Adults and Children services, specifically focussed on Social Care. This is to ensure it has fit for purpose systems, in particular to consider the need for further integration with partners,
improved service delivery through enhanced customer access to services and the creation of a more mobile / flexible workforce with electronic access to information when and where required. This work will support the ambition to develop a Shared Care Record and a ‘Citizen Portal’ and will require consideration of information governance (consent) implications as well as the technology aspects.

Social Care system - The council currently operates a single Social Care Case Management system (CareDirector) for Adults and Children’s services. The system provides functionality to support:

- Assessment and care management - including enquiries, referrals, assessments, identification of needs and reviews.
- Care provision - including service provisions, service variations, contracts and financial assessments.
- Finance - this includes all social care payments and collection of income as determined by the service provision and financial assessment record.
- Personalisation - the Putting People First Agenda, it provides a mechanism for self-referral and self-assessment, including the calculation of an indicative care budget.
- Children’s Safeguarding – the council is one of ten authorities that form the Signs of Safety England Innovations Project and has recently re-designed organisational procedures through the ‘Signs of Safety’ framework to better support children, young people and families.
- Adults Safeguarding – to support the safeguarding process of vulnerable adults.
- The system integrates with a number of key corporate systems to facilitate the creation of an Electronic Social Care Record (ESCR).

The system has approximately 1500 users. Practitioners have access to mobile working equipment (e.g. laptops / blackberrys) but system access is primarily from office based locations – though this is possible from multiple locations, including hot-desk locations, across the district.

A number of partners have remote access to the social care system including Mental Health practitioners, integrated hospital discharge teams, some care homes and reablement teams. This supports a more integrated approach to the delivery of care due to the current lack of integration between council and other health partner systems.

The council’s other key systems supporting the delivery of social care provision are shown at Appendix 2 – Wakefield Council Systems. These systems are also subject to an on-going review which will include consideration of how any new system might integrate across health and care.

The council’s vision is for digital solutions to be used to improve service delivery and customer experience. This vision aligns closely to the aims of “paper free at point of care”, and includes:

- Staff have remote mobile access to digitally held records and information and
  - Connectivity with partner organisations to share data
  - Awareness of hospital unplanned admissions and ability to share information in real time
- Improving customer access into service through a Citizen Portal to provide:
  - an interactive process to determine an individual’s care, support and wellbeing needs which results in the individual being provided with appropriate information
tailored to their particular circumstance. This includes next steps on how to access support as well as signposting to further information relating to their needs and could potentially also give an indication of eligibility.

- An online financial assessment which gives an individual an indication of whether they are eligible and the level of contribution they may need to make.
- Electronic referrals into services/requests for advice or support and to book or re-schedule appointments with social workers, financial assessors or community teams
- Monitoring of Personal Budgets, providing an individual with the ability to record their agreed Personal Budget (PB) and all transactions related to their care and support needs online.
- Access to Records held by the LA (possible move to person held documents):

### 2.7 Specialist & Commissioned and other services

Many of the services commissioned in Wakefield utilise SystmOne and therefore access and contribute to the shared clinical record,

As an example Spectrum Community Health CIC provides advice, care and treatment through a range of health and wellbeing services (including sexual and substance abuse) for the people of Wakefield on behalf of the NHS.

Spectrum utilise the SystmOne shared care record, again providing access to the GP clinical record and, if allowed by specific confidentiality, for GPs to access details of services provided.

Whilst there is not universal access to SystmOne, where it is in place this does provide a significant benefit to professionals and patients.

Wakefield District Housing (WDH) manage over 31,000 homes including extracare supported living schemes. To support their tenants, WDH offer health and social care services to both individuals and communities. In and beyond their properties, WDH enable 15,000 customers to enjoy independence and provide a range of sensors, home visiting and a 24 hour responder service, building upon this WDH have developed a smart show home for assistive technologies.

### 2.8 Yorkshire Ambulance Service

YAS provide world-class care for the communities served by providing and coordinating access to Urgent and Emergency Care in Yorkshire and Humber; ensuring the right care to patients close to home following their first contact.

This high-level vision can only be achieved by close collaboration with health and social care partners in Yorkshire and the Humber. Inclusion in the Urgent and Emergency Care Vanguard has presented the opportunity to work with the West Yorkshire Urgent and Emergency Care Network to develop a new model of care, Hear on behalf of the wider Yorkshire and Humber Region.
Putting YAS at the centre of these developments helps to ensure an integrated and coordinated approach to patient care. Core to this is the development of a combined “Hear, See and Treat” model, which will provide patients with a seamless and efficient experience.

Hear, See and Treat

There are two strands to “Hear, See and Treat.” The first is “Hear and Advise” or the Clinical Advisory Service, which in turn can be broken down into two elements:

The Clinical Advice focuses on the development of a multidisciplinary team to provide specialist clinical advice to patients and frontline staff. This team requires ready access to patient data to inform clinical decisions.

Care co-ordination ensures that patients are proactively and appropriately navigated/signposted to key services by booking and liaising with the relevant services. Integration with key Primary Care systems is a requirement to enable direct booking to the patients GP both out of and in hours.

The second strand of “See, Hear and Treat” is “See and Treat.” This concentrates on the development of services that will respond to a patient’s urgent need in their home or in situ; avoiding emergency services where appropriate. Again access to key medical history is essential to delivering a clinically safe service.

The use of digital services is crucial to the delivery of first class U&EC, the West Yorkshire Urgent and Emergency Care Vanguard aims to develop better use of data sharing and virtual consultations to improve patient care at critical times.

2.9 Out of hours

Out of hours services are delivered in Wakefield by GPs in West Wakefield offering “Improved Access to General Practice”, Walk-in centres and by Local Care Direct (LCD).

All these services use the SystmOne shared record to enable safe care. It is recognised that the limitation of this access to data is that it is only visible if patients have explicitly consented through their own GP practice to share information and no record is available for patients registered at practices which use EMIS web; in these cases the summary care record is used.

LCD is ambitious and is presently trialling the effective use of the Leeds care record and would wish to be included in any development of the shared detail care record.

Additionally LCD is supporting the establishment of an interface with TPP and EMIS to replace faxes with electronic messaging and the sharing of appropriate clinical information including end of life choices information.
2.10 Community Pharmacy

The Wakefield Community Pharmacies are engaged with and actively utilising the Electronic prescription service, release 2 where GP practices are live. In addition there is presently a project led by NHSE to roll out across West Yorkshire, increasing utilisation of SCR access in Community Pharmacies particularly in Urgent Care. The ambition is to continue to support the roll out of SCR and supporting the Community Pharmacist teams to become more confident in the roll SCR can play improving patient care.

Community Pharmacies are linked into NHS 111 by the Directory of Services and takes direct referrals from NHS111 where appropriate via NHS Mail.

Community Pharmacies should and do receive some discharge information (by fax), however this is variable in its nature. Community Pharmacies has a need for discharge information to enable safe access to medicines and reduce risk on transfers of care and would welcome the opportunity to be involved in work to support better electronic information flows including CP-IS access.

2.11 Connecting Care

Over the past few years, we have talked to local people about what is important to them and they have told us that they want to be supported to stay well, they don’t want to be in hospital unless they really have to and they want to be more in control of their own health either at home or as close to home as possible.

They also want the professionals involved in their care to work in a way that’s connected so that they don’t have to keep repeating their story to different people and delay their care.

The local approach we are taking involves groups of GP practices working as a network with a team of community nurses, social care staff, therapists and voluntary organisations to organise services around the needs of the people registered with their practices. These teams are known as Connecting Care Hubs.

These hub teams provide a joined up service for people who are most at risk of becoming ill such as those with long term conditions, complex health needs but also people who have been in hospital following an emergency or operation.

For these teams to work effectively it was vital that we developed an information sharing approach and have a vision to create a shared care record, ideally held and controlled by the patient. The West Wakefield Vanguard team are working closely with Council and Provider partners including the voluntary sector to, firstly, develop safe and optimised clinical pathways and assessment processes and then for these to be digitally enabled. External consultancy and expert advice is being utilised to
ensure a broad view is taken of all options and experience form other regions and sectors is used to inform the process and development.

3 Capability Deployment and Universal Capabilities delivery plan

The Universal Capability delivery plan and deployment schedules are attached to this document. In developing the roadmap we have extended the universal capabilities to be inclusive of similar capabilities required or delivered by partners (eg citizen access to a personal social care portal).

Many of the universal capabilities are linked to the wider transformation area targets detailed above at Transformation Area and MCP Stretch Targets

The key digital developments to be addressed to improve digital enablement supporting the STP priorities are:

<table>
<thead>
<tr>
<th>Enabler</th>
<th>STP Gap benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase sharing of GP clinical record</td>
<td>Closing the Health and Wellbeing Gap</td>
</tr>
<tr>
<td></td>
<td>Closing the Care and Quality Gap</td>
</tr>
<tr>
<td>Increase use of Patient online</td>
<td>Closing the Health and Wellbeing Gap</td>
</tr>
<tr>
<td>Implement Acute Electronic Patient records</td>
<td>Closing the Care and Quality Gap</td>
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<tr>
<td></td>
<td>Closing the Finance and Efficiency gap</td>
</tr>
<tr>
<td>Implement new or redeveloped Social care system(s)</td>
<td>Closing the Health and Wellbeing Gap</td>
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<tr>
<td></td>
<td>Closing the Care and Quality Gap</td>
</tr>
<tr>
<td>Increase electronic transfers of care across all settings</td>
<td>Closing the Care and Quality Gap</td>
</tr>
<tr>
<td></td>
<td>Closing the Finance and Efficiency gap</td>
</tr>
<tr>
<td>Common assessment process and person held records for connecting care hubs</td>
<td>Closing the Health and Wellbeing Gap</td>
</tr>
<tr>
<td></td>
<td>Closing the Care and Quality Gap</td>
</tr>
<tr>
<td>Shared Infrastructure &amp; WiFi</td>
<td>Closing the Finance and Efficiency gap</td>
</tr>
</tbody>
</table>
In 2016/17 we will focus on projects which can be delivered within existing resources as indicated in the high level overview below:

### Key 16/17 initiatives to support digitalisation

<table>
<thead>
<tr>
<th>Project</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Viper 360</td>
<td></td>
<td></td>
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<tr>
<td>Viper 360 in SWYPFT</td>
<td></td>
<td></td>
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<tr>
<td>Reciprocal Wi-Fi Organisations and Guest In</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health care Settings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single Assessment Process</td>
<td></td>
<td></td>
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<tr>
<td>Enriched SCR optimisation in Primary Care</td>
<td></td>
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<tr>
<td>Transfers of Care</td>
<td></td>
<td></td>
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<tr>
<td>Patient Online uptake in Primary Care</td>
<td></td>
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<tr>
<td>EPR options review</td>
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<tr>
<td>NHS number in all settings</td>
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<tr>
<td>Information Sharing in Place</td>
<td></td>
<td></td>
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<tr>
<td>Social Care systems review</td>
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</tbody>
</table>

3.1 Digital Maturity - Trajectory

The achievement of the targets identified in the universal capabilities and deployment plan would significantly improve the digital maturity across the district as illustrated by the capability trajectories shown below at Figure 12 - Digital Maturity – Trajectory, with the full analysis attached to the document.

The key enabler to improve DMI across Wakefield will be the implementation of an EPR at MYHT; without this then DMI improvement will remain challenging.
### Average scores across providers

<table>
<thead>
<tr>
<th>Capability group</th>
<th>Baseline score (Feb 16)</th>
<th>Target (end 16/17)</th>
<th>Target (end 17/18)</th>
<th>Target (end 18/19)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Records, assessments and plans</td>
<td>0.5</td>
<td>0.7</td>
<td>0.8</td>
<td>0.9</td>
</tr>
<tr>
<td>Transfers of care</td>
<td>0.4</td>
<td>0.5</td>
<td>0.7</td>
<td>0.8</td>
</tr>
<tr>
<td>Orders and results management</td>
<td>0.6</td>
<td>0.6</td>
<td>0.7</td>
<td>0.8</td>
</tr>
<tr>
<td>Medicines management and optimisation</td>
<td>0.2</td>
<td>0.4</td>
<td>0.6</td>
<td>0.8</td>
</tr>
<tr>
<td>Decision support</td>
<td>0.4</td>
<td>0.5</td>
<td>0.7</td>
<td>0.8</td>
</tr>
<tr>
<td>Remote care</td>
<td>0.5</td>
<td>0.5</td>
<td>0.6</td>
<td>0.7</td>
</tr>
<tr>
<td>Asset and resource optimisation</td>
<td>0.3</td>
<td>0.4</td>
<td>0.7</td>
<td>0.8</td>
</tr>
</tbody>
</table>

Figure 12 - Digital Maturity – Trajectory
4 Information Sharing

At a local level our focus is on achieving a shared care record view across health and social care to support the connecting care project for integrated adult and social care; this is a critical enabler for delivery of integrated care and is essential to support the MCP contract approach. This shared care record may be best held by the patient to improve ownership and sharing of data. Whilst this would initially be developed for adult services, extension to integrated children’s services would be a natural next step.

Within Healthy Futures there is a vision to design a strategic approach to sharing data across major providers, initially this would support the urgent and emergency care clinical hub but should, in time, be capable to extension beyond this initial stage.

Agreeing information governance arrangements is key in facilitating both the use of information and technology but also integrated care more broadly in social care and voluntary sectors.

The flow of information is needed at every step in the delivery of care, from the identification of specific individuals to target for interventions through care planning to ongoing delivery of care.

The development of the MCP contract approach will require that robust information sharing is achieved for care delivery and patient/citizen tracking and will use information to support integration payment mechanisms and performance tracking.

We envisage that, in addition to a culture of sharing data across professionals for care, the implementation of a person held record will be essential in delivering the level of care and self-care that we know will be needed to help address care gaps identified in our STP.

Information sharing, both in principle and through a changed culture is essential and will require organisational development and support if we are to close our gaps in provision.

We recognise that there is a need for a step-wise approach which is demonstrated in our approach – see Appendix 5 – Information Sharing Approach.

Achieving integration through Open APIs is part of our better care fund plan however achievement of this will require continuance of the National Information Board approach and support of NHS England and NHS Digital in ensuring that interoperability between key systems providers can be achieved. Continuing this interoperability approach with systems suppliers at a national level will be a key enabler for the development of any shared citizen record.

5 Infrastructure

The Health Informatics Service (tHIS) is a large well-established organisation hosted by the Calderdale and Huddersfield NHS Foundation Trust which provides ICT technical, project and training services across Wakefield and wider through Calderdale and Kirklees for all GPs, CCGs and some
providers. As a result we benefit from a common, shared infrastructure, active directory and secure email.

Our Wakefield vision is to build upon the strengths of the existing infrastructure to develop the ability for care professionals to work in an agile manner across all settings and in patient’s homes with secure, appropriate access to the right information at the right time.

The social housing provider, Wakefield District Housing (WDH) which manages over 31,000 homes across the district is currently testing the provision of WiFi for its tenants in Featherstone as a precursor to wider roll out to its other major estates. This has the potential to be truly transformational directly addressing the aim of reaching “the furthest first”. Access to ubiquitous WiFi is a key enabler to our digital vision of enabling citizens to access health and care and to be able to self-care where feasible.

Working with Wakefield Council and the Yorkshire and Humber PSN we are keen to be an early adopter of the proposed “Govroam” WiFi service to enable professional staff to connect to a standard WiFi SSID and access their home organisations network securely from their laptop or mobile device. We recognise that the constraint on this approach will be how it addresses WiFi provision in GP practice premises where bandwidth may be limited.

The need to progress towards “One Public Estate” requires a clear direction to use of a shared infrastructure to maximise benefit of co-location, and agile working whilst containing costs. We look to the Health and Social Care Network (HSCN) being designed to enable interoperability between health and social care organisations, support the integration of health and social care services, and provide flexible and remote working options in addition to access to national, regional and locally hosted applications.

To deliver secure access to a person held record or portal will require the use of a citizen identity verification and authentication layer. We envisage that this layer will be provided nationally by NHS Digital, ideally using a common application such as the Government’s Verify ID service thereby ensuring compatibility with national and local government portals.

5.1 COIN

tHIS have developed a Community of Interest Network (COIN) across the area to support and connect all GP practices, CCGs, and some providers.

The COIN is built on a Virgin Media IPVPN which allows for the delivery of multiple VRFs to support site sharing on one physical connection, thereby reducing costs of connectivity and increasing flexibility for operation at shared sites.

Bandwidth at sites ranges from ADSL2 to 100Mb at shared sites where costs have been shared across providers.

See Appendix 1 - Infrastructure Community of Interest Network
5.2 N3

GP practices have local N3 connections in place to support access to their core clinical systems.

Additionally connectivity to N3 is provided through the COIN to N3 interfaces at the major acute sites.

Wakefield Council have implemented a local N3 connection to support the child protection data flows “CP-IS” and enable access to NHSE demographic services for NHS number validation and lookup.

5.3 Public Service Network

In common with all other Local Authorities, Wakefield Council is connected to the Government’s secure Public Sector Network (PSN) and through this to other government services. Wakefield utilise the Yorkshire and Humber PSN which is built on a Virgin Media IPVPN.

This commonality with the tHIS COIN allows for interconnection and sharing of the physical network across shared sites. In particular use of this network has enabled the development of shared working at the connecting care hubs, closer working with nurses and health visitors in Children’s social care and in the multi-agency safeguarding hub, all without incurring the costs and delays in installing new connections.

This gives us the ability to develop shared working across the local health and care economy in a timely and cost effective manner.

The Council participated in a regional pilot as part of the HSCN programme known as the N3 Alpha. This was to demonstrate that PSN connections could be re-used to access N3 applications, with PSN partners sharing data connections rather than each partner needing to procure and maintain its own link.

The N3 Alpha was not only a technical exercise but also facilitated the information sharing agreements through a Memorandum of Understanding to which all participants were signatories. The Alpha programme was deemed successful and the connection has continued to be used with HSCIC’s permission not only by Social Care services but also by Public Health teams within the region.

A fully resilient shared facility is now being designed compliant with HSCN standards to enable the Council and its partners to leverage the investment already made in its PSN infrastructure.

It is understood that PSN interconnection will be a part of the proposed HSN replacement for N3.

5.4 Shared Sites

A number of shared sites are in place across Wakefield enabling effective operation of multi-agency working for delivery of health and care services. This is essential to support the existing connecting
care hubs and supports our vision for a multi-disciplinary approach to health and care across the district.

As examples this has enabled:

- The development of the Multiagency safeguarding hub located at WY Police divisional HQ where teams from Police, Council, MH and Acute providers are co-located.
- Three adult health and social care hubs located in council premises have teams from adult social care, community nursing, mental health and voluntary sector.
- Looked after Children’s team have nurses embedded from the Acute provider
- Integrated Hospital discharge team with staff from adult social care and ward nurses collocated in Pinderfields Hospital.
- Shared use of a Council premise on alternative days for community MSK and older people’s social care services.
- Development of children’s early help hubs with co-located health and social care staff

5.5 WiFi

Substantial improvement in accessibility of WiFi has been made across organisations in the district:

- MYHT have made secure WiFi available for all staff across their major sites including provision of Eduroam for visiting academic staff and students,
- NHSSoam provides seamless connectivity for visiting staff across Trusts in the “Working together partnership” of Trusts of which MYHT is a member.
- MYHT have guest access in the three hospitals with an appropriate access policy which encompasses recommendations from the Saville review.
- SWYPFT have WiFi access across their sites and at other locations including Locala, the CCGs and some acute providers
- Wakefield Council have implemented secure WiFi for staff across most locations and guest WiFi in some key publically accessible locations.
- Wakefield Council are a pilot site for the PSNconnect WiFi service which enables staff to work across different organisations sites and securely connect to their host organisation network.
- Whilst some GPs have installed WiFi for staff or public use this is very limited and not integrated to their network provision.

We recognise that access to ubiquitous WiFi is an essential enabler for the development of a digital workforce and to support our development of digital resources for self-care.
5.6 Unified Communications

Most of the main providers and partners (including MYHT, SWYPFT and Council) in Wakefield have implemented Microsoft’s Skype for Business (SfB) for unified communications (UC), albeit this has not replaced dedicated voice systems.

Whilst the facility exists there is still work to be done on organisational development to embed the benefits of using UC in a clinical environment.

As part of the West Wakefield PMCF a SfB infrastructure was built and is hosted by THIS which will allow GPs in West Wakefield to access and use SfB, however take up of this was limited.

As part of our vision to use digital services where they will make a difference we envisage that further promotion of UC will be required together with development of a patient portal “waiting room” to allow use for video consultation.

The use of UC will be important in establishing the virtual team of clinicians required to support the Clinical UEC hub being established under the West Yorkshire Urgent and Emergency Care Vanguard.

The option of using UC as part of NHSmail2 will be considered as this becomes available, functionality is better understood and access available beyond the health sector.

5.7 Remote Access

There are a number of secured remote access solution in place through the different provider organisations, these include:

- 3g and 4g access has been adopted by a number of local provider organisations – whether a sim within the laptop or tethering to existing mobile phone technology
- Off line remote access is available in SystmOne via their “Briefcase” solution.
- BTVPN tokens and Cisco any connect solutions allow secured access off site (Off COIN) for clinicians.

5.8 Clinical terminology

Key elements of the digital agenda include

- Standardising clinical terminology,
- digitising medicines management
- Ensuring positive patient identification.

For 2016/17, the CCG has through its core contractual function begun to put in place a number of Service Development Improvement Plans with major providers, setting out how the provider will contribute to the implementation for:
• adopting SNOMED-CT as the standard clinical terminology within its core clinical information systems
• digitising medicines management, using the NHS dictionary of medicines and devices, to support the electronic transfer of information relating to medicines prescribing across different care settings and providers
• utilising positive patient identification and asset tracking technologies, including compliance with GS1 standards

Presently all these are in the early stages of planning and consideration

6 Managing Risk

Each organisation has a risk reporting process which is used to identify, mitigate and manage risks. This will continue but to reflect the partnership working across the system with regards to the overall delivery of the LDR, pertinent risks will also be shared with to ensure that these are understood across the system and mitigated where possible.

High level risks such as political & policy will be managed in the overall programme through the CCG’s established Risk management approach using the Datix tool.

6.1 Consent and IG toolkit

6.1.1 Information Governance
As the Local Digital Roadmap will plan the sharing of systems and data it is essential that, as an enabler, we consider how to share data across our partners in a manner which our citizens understand and support. This is likely to require a public consultation and certainly will require engagement across all our communities and partners.

The West Yorkshire Urgent and Emergency Care Vanguard also aims to deliver an integrated digital care record across West Yorkshire. Again this will require some public engagement. We will need to ensure that we do not duplicate this work or confuse our citizens with multiple consultations, understanding and timing any engagement will therefore be important.

Whilst in Wakefield we currently have in place an overarching information sharing protocol and some specific data sharing agreements, this programme is likely to require a new record sharing framework describing the information governance arrangements to enable the ongoing management of data sharing and associated information flow across all our partners and providers. This framework should cover each organisation’s responsibilities for complying with common law duty of confidentiality, data protection legislation and national and local policy and guidance.

6.1.2 Consent Modelpac
We are awaiting publication of the national data guardian review which we hope will inform our thinking and options for any changes to the current consent model.
6.1.2.1 Explicit Consent to Share / Explicit consent to view
In this case individual's explicit consent to share and view data is sought by the professional in each organisation working with the person.

This is the current position in Wakefield, presently the main focus for patients being asked to consent to share health data is through their GP or on referral to other health services.

Normally a patient’s GP will have a process on the clinical record to capture consent to share and the practice will have agreed wording to inform the patient. At present the CCG does not mandate standard information to be given to the patient.

In asking patients to consent to share information some practices may have advised patients that they were consenting to sharing within the NHS rather than consenting to share with other care organisations. This advice will need to be revisited in light of the recent Caldicott recommendations emphasising a duty to share data between professionals working in health and adult social care.

When a patient then attends another setting, the clinician will ask for consent to view the patient record and will record this consent.

Where a person does not have capacity to consent, it is possible for a suitably qualified health and social care professional to access the patients’ records without the explicit consent of the patient subject to having an appropriate legal basis.

6.1.2.2 Direct Care v Secondary use
The concept of sharing information for direct care i.e. sharing between those professionals involved in a person’s care has to be distinguished from data which might be used either for the purposes of designing and delivering care across a community or for research or evaluation purposes.

For any use of the data within the footprint for secondary use purposes the approach will follow the current guidance of informed consent, statutory duty or pseudonymisation.

6.1.2.3 Opt out from sharing
Patients must be able to apply a blanket dissent i.e. I do not want my record to be shared with other organisations. Patients must be able to mark specific items as sensitive/private which means they will not be visible in another care setting. Ideally systems should include the flexibility to allow patients to withhold particular items from specific organisations.

Making a request to opt out from data sharing does not remove the legal right of access for professionals carrying out safeguarding investigations.

6.1.2.4 Social Care
In common with the heath care scenarios described above, social care professionals seek explicit consent to share at the point of assessment. As with health data, individuals can choose not share data with other organisations or individuals. As social care data is usually accessed without the presence of the citizen, no explicit consent to view is sought.

Individuals can also opt out of sharing data to be used for evaluation or research. Consent choice is recorded in the social care record on CareDirector.
6.1.2.5 Wakefield Integrated Care Hubs and Vanguard programmes
In Wakefield we currently adopt an explicit consent model in health and social care as described above; in particular in our integrated hubs and in the care home Vanguard we adopt a process of seeking and recording explicit patient consent for referrals within and between teams.

6.1.2.6 Integrated Adult Hubs
The teams from across health, social care and third sector have developed a process for capturing consent when they visit a new patient and ensuring that the patient understands the purpose of seeking informed explicit consent, furthermore consent is obtained from the patient each time a referral is made from one hub team to another. This consent has to be recorded in each of the different services information systems.

Experience in the hubs suggests that, to date, few patients decline to share their data. As has been shown nationally, in the vast majority of cases the patient thinks that services supporting their care already have access to the appropriate information and don’t understand why they are repeatedly asked the same questions.

In addition to consent for direct care, specific consent is sought to share data with Healthwatch for the purposes of evaluation.

6.1.2.7 Enhanced Care Home Vanguard
The Multi-Disciplinary team (MDT) have developed a consent form tailored to the work they carry out with care home residents. This consent enables the MDT members to support not just the resident but also to support the care home staff in developing their skills.

In many care homes the resident will not be capable of consenting, to enable the MDT to work and share information a specific “Best Interest” process has to be followed under the Mental Capacity Act. This can be completed by two health and social care professionals from different professions.

6.1.2.8 West Wakefield Multi-speciality Community Provider Vanguard
The West Wakefield MCP vision is for providing Multi-Disciplinary care enabled by digital services. Core to this will be the development of an information hub and response centre. Currently there is a lot of data held in disparate systems which could be used to better serve our citizens; the hub will provide a channel for the wider teams to use this information to provide proactive care.

The nature of the service to be provided will require that the cohort of citizens to be serviced by the hub have given explicit informed consent to data held by many services to be used to better support their care.

The MCP also aim to develop with partners a digital care record that can be held by the patient and shared with family and carers under their own control. Clear information governance engagement will be required to support this development.

6.1.3 Developing a sharing culture
Our aim is to share relevant patient/citizen information/records appropriately and securely across the Wakefield health and care system between professionals in order to:

- Improve patient care and safety - through better informed clinical decisions enabling more appropriate care
• Support safeguarding
• Improve the patient experience, for instance, though not having to repeatedly repeat their
details, not having to unnecessarily repeat clinical tests
• Improve effectiveness and efficiency of the delivery of care
• Facilitate patient access (and ownership) of their own records and empower self-care.

To achieve this we recommend:

• The establishment of a Shared Records Information Governance Steering Group to manage
the record sharing framework
• A districtwide record sharing framework to describe the governance arrangements and
ongoing management. The framework would cover each organisations responsibilities
• To propose and develop advice, guidance, and publicity materials
• Engage with public and professionals from across all partners on any changes to the sharing
and consent model.
• To create a districtwide Privacy Notice (Fair Processing Notice)
• To consider these developments across a West Yorkshire footprint where this is more
appropriate.

6.1.4 IG Toolkit Compliance

Partners within the footprint will need to be IG Toolkit compliant (where appropriate) to provide
confidence and ensure a consistent standard of security and managing information which will
support appropriate access and sharing of the care record. We will continue to support care homes
and voluntary sectors organisations to achieve IGT compliance.

As part of our commissioning approach we will ensure, as far as possible, that providers are IGT
compliant.

Wakefield Council has well developed approach information security compliance. The Public Services
Network (PSN) requires annual compliance with a Code of Connection based on both technical and
organisational security controls. In addition to this the council has been IG Toolkit compliant since
2011 and has updated its assessment on an annual basis. This has helped to facilitate access to NHS
systems via N3, including the Demographic Batch Service (DBS) to support the use of the NHS
Number in the council and the Child Protection Information Service (CP-IS).

6.2 Cyber Security

Ensuring the confidence of the public that their personal data is stored securely and only accessed
by those with a genuine purpose to do so is critical to encouraging take-up of new technology.

In any digital service development we consider the security of personal data and ensure that any
service provision meets the high standards set by NHS Digital which has developed a cyber security
approach that is about enablement - to empower organisations to be accountable for cyber security
locally, but to support and enable them to improve and enhance what they do

The CCG and GPs are supported by tHIS which is hosted by CHFT and therefore fully understands and
implements controls which are appropriate to health systems. Similarly our Trusts and council
partners have security specialists employed to support and inform Cybersecurity development and maintenance. Through these resources we provide a greater understanding of our cyber strengths and weaknesses, enabling targeted investments that add the most value and will enable better security. We will build upon the knowledge that exists in our partners and external advisors to ensure a cohesive approach to delivering agile working in a secure environment; for new digital developments we will require that these meet or exceed NHS digital standards

6.3 GS1

Currently there is no significant use of GS1 in MYHT or SYWPFT, being limited to specific areas for asset management purposes. The intention is to include GS1 in any development of an EPMA or EPR subject to ensuring real and achievable benefits to the organisation.
7 Appendices

7.1 Appendix 1 - Infrastructure Community of Interest Network
7.2 Appendix 2 – Wakefield Council Systems

**Home Care** provision is currently supported by three systems, managing the delivery of both internal and external home care. OfficeBase (supplied by CACI) manages the delivery of internal home care services to service users and schedules the capacity of carers to deliver the service. A Home Care Monitoring system (supplied by CM2000) captures actual time spent delivering care and automatically transfers data back to OfficeBase via an interface to schedule the resources. An internally developed system manages the delivery and monitoring of external home care provision.

Advances in technology together with the changes in the way the service is being delivered have presented an opportunity to review the systems and processes needed to support Home Care Service delivery. The systems are currently under review with the expectation of a single system being procured / implemented through 2016 - 2019. This project will include requirements to integrate with the core Social Care case management system, partner systems and citizen access to information.

**Integrated Community Equipment Service** (ICES) – enables people to stay at home through the provision of short and long term loans of equipment. The service uses the CEquip system (supplied by MSoft) which facilitates the ordering of equipment, stock control and the tracking & monitoring of requisitions. The system is used by OT staff in MYHT to allow direct ordering of essential equipment to support discharge. The version of the system used by the service is however outdated and in need of replacement.

A review of business requirements is currently in progress with the intention to procure and implement a more modern solution during 2016/17 that will support on-line and remote access, greater integration with partners and enhancements to the delivery, tracking and maintenance of equipment. It is anticipated that this will reduce the need for manual/double entry of data, expedite hospital discharge and further enhance the delivery of care closer to home – through integration with other council and partner systems.

**Wheelchair Service** – provides the administration, assessment and clinic management activities associated with wheelchair provision. The service support clients who have a very basic mobility needs up to those who have changing conditions. The service has around 6,000 active clients and receives approximately 250 referrals (new and re-referrals) per month, primarily via fax or email from GPs and other Healthcare Professionals. The service uses the BEST system (supplied by Soft Options) which also facilitates integration with an approved repair and maintenance contractor. The version of the system used by the service is however outdated and in need of replacement.
Adaptations - The Adaptations service receives approximately 4000 requests per annum from service users of all ages, primarily via telephone. A significant number of these requests are for provisions to be made to facilitate a person's discharge from acute hospital care. In a typical year the service will carry out approximately 2,000 assessments and place orders for 500 items of major specialist equipment (e.g. Through Floor Lifts, stair lifts, ceiling track hoists, step lifts, ramps, and specialist wash/dry WC). The Service uses an old, out of date in-house developed system for the recording of eligibility assessment data and a number of ad-hoc spreadsheets for tracking equipment.

A review of future business requirements for wheelchairs and Adaptations is currently in progress with the intention to procure and implement a more modern solution during 2016/17 that will support greater integration with partners and enhancements to the delivery, tracking and maintenance of equipment. It is anticipated that this will reduce the need for manual/double entry of data, expedite hospital discharge and further enhance the delivery of care closer to home – through integration with other council and partner systems.

Child Protection Information Service (CP-IS) - The council was a pilot authority for the implementation of CP-IS, working with our social care system provider (CareWorks) and NHS DIGITAL to develop the solution for integration with CareDirector. The system went live in October 2015 to both send updates on CP cases and receive alerts. Between 28/10/2015 and 21/05/2016 there have been 18 access notifications for the records of 11 children, with this information visible in our social care case management system. The biggest current limitation with the service is the lack of integration of CP-IS with MYHT A&E software.

Connect 2 Support – An Information and Advice Service relating to care and support for adults and support for carers in the Wakefield district is provided through Connect 2 Support Wakefield, and is in essence the first iteration of a citizen portal solution – providing an information and sign posting service, allowing citizens to self-serve without the need to contact social care services. Anticipated developments for this service are to provide enhanced functionality that enable citizens to self-assess, triggering information around the outcomes of the assessment, eligibility for services and progress to formal contact with social care services for further assessment and the development and delivery of care plans (including self or mediated care management, budget management etc.)
7.3 Appendix 3 - The Mid Yorkshire Hospitals NHS Trust Systems schematic
7.4 Appendix 4 - South West Yorkshire Partnership NHS Foundation Trust IM&T Roadmap

Figure 13 - IM&T Roadmap
7.5 Appendix 5 – Information Sharing Approach

Information sharing approach – Wakefield
7.6 Appendix 6 – GP Networks and Federations

NHS Wakefield - New Network Configuration

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Practices by Network
- United Health Wakefield Alliance 1
- United Health Wakefield Alliance 2
- Network 3
- Five Towns
- Trinity Health Group
- West Wakefield

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Contains Royal Mail Data © Crown copyright and database rights 2016
7.7 Appendix 7 – Local Digital Roadmap – Governance Process

The governance process across our providers and partners will be carried out after the submission of the LDR to NHSE.

The key Governance boards and dates are shown below:

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<th>Organisation</th>
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<tr>
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<td>Health and Wellbeing Partnership Board</td>
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<td>CEG Board</td>
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