Safer hospitals are using ePrescribing

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June 2015
Overview

- Background
- Strategy direction
- Next steps
Background

- 2011
  - 13% NHS trusts use for inpatient prescribing in adult medical and surgical wards
  - 11% adult critical care
  - 1% paediatric/neonatal critical care
  - 3% renal
  - 34% chemotherapy
  - 48% discharge prescribing
Moving to paperless……
Background

• Safer Hospitals Safer Wards fund – 2013
  • 52 ePrescribing projects funded
  • £45m (plus matched funding) over two years to March 2015

• Integrated Digital Care Record fund – 2014
  • 2 ePrescribing projects funded
  • Funding to March 2016
Benefits

• Efficiency gains
  • No lost charts – time saving
  • Immediate access to information – no chart transfer
  • No re-writing of charts
  • Administration time reductions

• Reduction in adverse drug events
• Reduction in missed doses
Not all implementations are equal...
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Policy Context
In 2015

**April**
- **All citizens will have online access to GP records**
  - Publish roadmap and standards for accessing core transaction systems
  - Agree standards for real-time and interoperable care records
  - Mandated use of NHS number as primary identifier in clinical correspondence and patient activity
  - Publish new Insight Strategy

**March**
- Proposals for extending My NHS
  - Publish roadmap for aligning national programmes with this framework

**June**
- Proposals for regulating and kitemarking digital services
  - Proposals for Code 4 Health
  - Proposals for personal data usage reporting

**Sept**
- Proposals for linking 111 with NHS Choices
- Publish data quality standards for NHS care providers
- Publish data security standards and IG toolkit
- Publish Digital Maturity Index indicators for NHS Trusts on NHS Choices

**Oct**

[Source: www.england.nhs.uk]
2016 and beyond…

**2016**
- Core ‘secondary uses’ dataset agreed
- CQC to consider performance against data quality standards as part of regulatory regime
- New knowledge and skills framework introduced for all levels of the workforce

**2017**
- 100,000 individual genomes will have been sequenced
- Individuals will be able to record to their care record
- Core curriculum and knowledge and skills framework updated

**2018**
- Clinicians in primary care, urgent and emergency care and other key transitions of care will be operating without paper records
- Until 2018 GPSoC procurements used to stimulate innovation

**2020**
- All care records will be digital and interoperable
- Entire health and care system will adopt SNOMED clinical terminology
## Work streams

<table>
<thead>
<tr>
<th></th>
<th>Workstream</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td>enable me to make the right health and care choices: providing patients and the public with digital access to health and care information and transactions</td>
</tr>
<tr>
<td>1.2</td>
<td>enable me to make the right health and care choices: providing citizens with access to an accredited set of NHS and social care ‘apps’</td>
</tr>
<tr>
<td>2.1</td>
<td>give care professionals and carers access to all the data they need: setting the commissioning and regulatory roadmap for implementation of digital data standards by 2018/2020 (including agreement on the standards)</td>
</tr>
<tr>
<td>2.2</td>
<td>give care professionals and carers access to all the data they need: roadmap for comprehensive data on outcomes and value of services now – ensuring the business intelligence requirements of health and care are met</td>
</tr>
<tr>
<td>3</td>
<td>make the quality of care transparent: roadmap for publication of comparative data</td>
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<tr>
<td>4</td>
<td>build and sustain public trust: deliver roadmap to consent based information sharing and assurance of safeguards in the interim</td>
</tr>
<tr>
<td>5</td>
<td>bring forward life saving treatments and support innovation and growth</td>
</tr>
<tr>
<td>6</td>
<td>support care professionals to make the best use of data and technology</td>
</tr>
<tr>
<td>7</td>
<td>assure best value for taxpayers from existing programmes</td>
</tr>
<tr>
<td>8</td>
<td>standards work stream</td>
</tr>
</tbody>
</table>
What’s Going On

**Interoperability**
- The development and adoption of digital information and data standards that enable information sharing as part of a coherent interoperability strategy

**Digital Maturity**
- The development of a learning culture that supports local innovation and delivery and enables progress to be measured towards success

**Commissioner Roadmap**
- The development of an approach that supports localities and enables them to plan their own route to a paperless health and care system

**Levers and Incentives**
- The development of a supportive health and care system through appropriate investment, prioritisation and the alignment of levers and incentives to ensure that the benefits enabled by information technology are identified and optimised

**Capacity and Capability Building**
- The building of effective leadership and the creation of a learning environment to drive digital adoption across the health and care system
Digital Maturity Scope

- System Readiness
- Digital Capabilities
- Information Sharing
- Safety and Quality e.g. Meds Mngt
- Local Digital Infrastructure
- Cyber Security

"Organisational readiness"
- Board, Clinical Leadership and Frontline Staff Commitment
- Organisational Level Informatics Governance
- Citizen participation
- Clear Investment and Priority Plan
- Clinical Service Strategy Alignment

"Place based readiness"
- Strategic System Wide Leadership
- System Level Informatics Governance
- Wide stakeholder and citizen participation
- Shared Digital Strategy
- System wide Investment and Priority Plan

- Upfront view on governance, ownership at organisation and "locality level"
- Positioned across health and care
- Enable commissioner assurance and provider comparison/benchmarking

System Readiness Question Set:
- Maximum 25 questions
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Roadmap

By April 2016 local health and care economies will:

• produce detailed roadmaps highlighting how, amongst a range of digital service capabilities, they will ensure clinicians in all care settings will be operating without the need to find or complete paper records by 2018; and

• that by 2020 all patient and care records will be digital, real-time and interoperable.
Timetable

• Local roadmaps in place March 2016
  • Guidance published in June

• Local digital maturity for integrated care measured
• Specific capabilities included
• Indicative dates:
  • Data collection July 2015
  • Validation September 2015
  • Publication October 2015
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Open Source Development

- NHS England promoting open source
- ePrescribing development underway

- More details at:
  - http://www.openep.org

- Contact: d.jobling@nhs.net
<table>
<thead>
<tr>
<th>Medication</th>
<th>Dosage Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlordiazepoxide</td>
<td>Dose: Variable dose – 4X per day – Oral</td>
</tr>
<tr>
<td>Gliclazide</td>
<td>Dose: 80 mg – Morning – Oral</td>
</tr>
<tr>
<td>Metformin</td>
<td>Dose: 500 mg – 2X per day – Oral</td>
</tr>
<tr>
<td>Paracetamol</td>
<td>Dose: 1000 mg – Every 6 hours – When needed – Oral</td>
</tr>
<tr>
<td>Salbutamol</td>
<td>Dose: 200 microgram/2 dose – 4X per day – When needed – Inhalation</td>
</tr>
<tr>
<td>Salmeterol</td>
<td>Dose: 50 microgram/2 dose – 2X per day – Inhalation</td>
</tr>
<tr>
<td>Sodium chloride</td>
<td>Dose: 125 ml/h – Dose: 21.625 mg/hr - 1 litre bags</td>
</tr>
</tbody>
</table>

Reference weight: 52 kg

Monday 18 May 2015

Tuesday 19 May 2015
Digital Medicines Strategy

• Strategic forum for all

• Stakeholders need to attend lots of groups
Digital Medicines Strategy

- Lots of different programmes of work
- Reduces potential for
  - Duplication
  - Misalignment
  - Poor prioritisation
Digital Medicines Strategy

Integration is hard
Fragmentation is easy

- Evolving strategy to:
  - Coordinate
  - Support prioritisation
  - Simpler point of contact
Summary

- Drive towards increasing digital maturity
- Development of digital medicines strategy
- Need for benefits to be demonstrated
- New models of care/medicines optimisation using technology to support key
The Rest of the Day…..

• Rapid introduction of ePrescribing
• Will take use over tipping point by 2016/17

• No longer future technology……..
• Need to start re-think/shaping service delivery
  • Routine data available
  • Access to information
  • Efficiencies
  • Optimisation….