

Newslink

News, information and views about the National Programme for IT in our area

Telehealth Hub project supports transformational change

Some of the most pressing challenges facing the UK today are the increasing costs of healthcare, finite budgets and an ageing population. One of the options to help meet these challenges is the adoption of healthcare technologies, which allows healthcare professionals to provide patient care from a remote location and enable patients to have a better health outcome.

Across Yorkshire and the Humber we are focusing on using technologies to drive better patient experience. Through reducing inefficiencies we can improve the care delivered to patients, lessen health inequalities and prevent unnecessary costs; particularly for those patients living with long term conditions.

Supported with Regional Innovation Funds, the Long Term Condition/Telehealth Programme has developed a project to support a range of different telehealth solutions and to provide a full end-to-end service to support new care pathways incorporating assistive technology. We recognise that one size does not fit all and that technology solutions, and their surrounding support structures, need to be flexible to patients' needs.

Using these methodologies and knowledge we are able to deliver a different model of care, supporting patients either directly in their own homes, nursing homes or in community settings. The Telehealth Hub is provided by a collaboration of organisations including Airedale NHS Foundation Trust, a partnership between NHS Barnsley and South West Yorkshire Partnership NHS Foundation Trust, and a partnership of Hull and East Yorkshire NHS Trust and the University of Hull. Jointly they provide a single service for a range of telehealth services including telemonitoring, telecoaching and telemedicine support services.

Dr Shahid Ali, GP& National Lead Commissioning Intelligence and Clinical Lead for Primary Care, NHS Yorkshire and Humber said:



"In order to meet the QIPP target, all commissioners and providers need to work in partnership to redesign services for patients with long term conditions".

He added: *"The deployment of telehealth technologies will be key in helping us to meet these targets, as well as supporting the delivery of other QIPP projects, by freeing up resources and releasing time to care. We will also heavily promote and underpin the technologies with effective care planning and through promoting better self care – ensuring every objective of QIPP is met".*

Dr Richard Pope, Director of Research and Innovation at Airedale NHS Foundation Trust, said: *"The telemedicine service has enabled our Trust to provide an acute service which is able to provide a higher level of support to patients with long-term conditions and this has enabled better management of non-elective admissions and is supporting a reduction in readmissions. Dr Pope continues "I am really excited about how technologies will help change the way care is delivered in the future to offer better, more personal care to patients and empower them to manage their health."*

For a copy of our information brochure or more information please contact:

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Are you a clinician interested in IT? Find out how you can get involved in technology enabled change by emailing: Jo.butterfield@yorksandhumber.nhs.uk



Embedding QIPP through the Virtual Ward model

NHS North Yorkshire and York has developed an innovative approach to using SystmOne by embracing 'virtual wards' designed to offer a more flexible, multi-disciplinary approach to patient care and make better use of NHS resources.

A virtual ward is not a hospital ward but a way of organising care in a locality which is tailored to people's specific needs, in their own home or elsewhere in the community. In some cases it prevents the need for admission and supports early discharge.

Andrea Robinson, Project Lead for Transforming Community Services & Clinical Lead for SystmOne deployment, said: *"This is a very exciting initiative for North Yorkshire & York. The virtual ward is about integrated team working to make sure the patient is getting the right services in the right place at the right time. A core team is able to draw on a variety of specialist team members depending on the needs of the patient. SystmOne has been deployed to facilitate this model of working with each virtual ward forming one unit."*

The concept of the virtual ward was first introduced to include a whole team approach with all Adult non-acute and rehabilitation services as part of an integrated model of care. This model delivers care to predominantly older people with long term conditions and other health care needs at home or in a community setting through a multidisciplinary team of professionals and support workers, including District Nurses, Occupational Therapists, Falls Assessors, Physiotherapists, Community Matrons and Case Managers.

This differs to how SystmOne is used in other areas in which units are used 'uni-professionally' by a whole service, such as a District Nursing unit or an Occupational Therapist unit only, which does not support the QIPP initiatives that are encouraged.

Fourteen virtual wards were developed each covering a large geographical area of between 40-80,000 population delivered within one of 4 localities. The virtual wards are a vital part of the system to support care in or closer to home and make up a significant proportion of the income of the organisation. Previously the service was using SystmOne in a very basic way to capture activity. What the project enabled was a way to clinically enhance the system and make more of what it can do, focusing on the development of a comprehensive clinical record.

Andrea added: *"The main advantage is it supports staff integration and facilitates 'blurred boundary' working. It also enables the record to be built up in the unit without having to set up shares between the different professionals seeing the same patient in a locality. Part of improving efficiency is to train staff to work more flexibly and to develop support worker roles that support a range of professionals, moving away from the traditional uni-professional model where Health care support workers support only nurses and physio assistants support only Physiotherapists."*

The benefits of the system are that it provides a shared record on a need to know basis, and it supports a flexible and multi-disciplinary way of working. The system is patient-focused and provides a safer system. Joined up working is enabled whereby staff can see information about their patients at the touch of a button. This is particularly important where GPs are not using SystmOne or where there is a reluctance to share the patient record, which can create segregation between the different professionals supporting the same client group.

Jane Ratcliffe, Training Manager & Dawn O'Doherty, System Specialist, were also instrumental in the project. Dawn said: *"This approach was a new concept to us and required careful consideration, in-depth business analysis and detailed design work to ensure the unit configuration would work for the service. Staff required comprehensive training in order to ensure that the inter-team referral process within one unit would be recorded accurately. Regular data analysis, on-going support and communication with the clinicians involved will ensure that they continue to develop and optimise their use of the system."*

Andrea expressed the importance of IT in modern healthcare: *"IT is business critical but only if it is designed around the business and supports service modernisation rather than reinforcing historical ways of working. It is vital that technology is clinically-led both strategically and operationally. Too often senior managers do not recognise the potential of technology to support new ways of working and disengage from implementation and then complain that the system is not meeting their needs."*

☆ **Andrea Robinson's Top Tips:** *"Learn from others and don't reinvent the wheel. Don't just go for 'quick wins' – look at the service holistically and determine the operational priorities. Find out what has worked well in other areas and remember there are other ways of doing things! Deployments need to be top led and bottom fed, and seen as business critical processes which facilitate service improvement. The design should be clinically driven, easy to use, patient-focused and enshrine best practice to improve the effectiveness of intervention."*

Supporting a knowledge enabled transition in Yorkshire and the Humber

Supported by the Knowledge Management Team from the DH Informatics Directorate, NHS Y&H have a knowledge enabled approach to retaining corporate knowledge during transition. As the SHA heads towards first clustering and then closure, a great deal of knowledge, insight and experience could potentially be lost to the NHS. The knowledge that stays, will become fragmented with people likely to move to a range of future organisations. Jo Butterfield, Head of Service Improvement at Y&H said *"we know we have achieved a great deal, our people have accumulated knowledge, insight and the organisational memory that has built up over the years. We want the future NHS to continue to benefit from our experiences, to build upon our successes and on our learning. We've worked with the DHID Knowledge Management team previously and this builds on that work. They have been instrumental in developing a straightforward and workable 'learning after' knowledge plan"*.

The plan is based on the Knowledge Management Framework, introduced by the knowledge management team. Sofia Layton explains *"the framework has been very well received over the last few years as a accessible and really useful way to describe what actions and tools can help an individual, team or organisation to assess what it knows, what it needs to know and what it has learned. We have used the framework extensively both within our organisation and with our NHS partners and the feedback we've received has been extremely positive. Now we have described the framework in the context of closing organisations who need to capture their knowledge legacy, and successor organisations who can benefit by acquiring that legacy. We've presented this on a set of web pages - 'KM in transition' here <http://www.connectingforhealth.nhs.uk/systemsandservice/icd/knowledge/transition>"*

Y&H held an initial workshop to begin the knowledge legacy work last month. Rose Hand, Assistant CIO and Clinical Engagement & Patient Safety Lead said she could see real benefit from this approach and was really keen for the Clinical Safety work area to be prioritised for knowledge legacy capture. She has begun by accessing the 'Knowledge Management in Transition' web pages and found them "very informative". Andrew Lambe, DHID Knowledge Management Team Lead said *"we are very pleased with the reaction we've had from Y&H. It feels like further endorsement of the Knowledge Management Framework, which has received overwhelmingly positive feedback as a beneficial and worthwhile approach that is adaptable and easily tailored an organisation or team's particular situation or piece of work."*

To find out more contact CFH.dl-knowledgemanagement@NHS.net or call Andrew Lambe on 0113 397 4348.

Mobile Health Worker project progress report

This project set out to capture quantifiable evidence to support the case for investment in the use of mobile devices in clinical care. The national clinical lead for Mobile Solutions led a team of technical and clinical specialists and selected 11 pilot sites examining the technical and business change aspects of mobile working deployment.

Ben Dunlop, on behalf of NHS Yorkshire and the Humber, is working with BT and Panasonic to develop and improve the user experience, and we continue to engage nationally with the on-going programme; a key deliverable of the latter will be a national repository of good practice and deployment collateral. To read the report, go to: www.dh.gov.uk/health/2011/08/mobile-health-workers/

Look out for further updates on this project in Newslink over the next few months.

Date for your Diary



Clinical Innovators Session 5 December 2011, Leeds

This will focus on electronic collaborative working between clinicians using technology (eg Stroke TeMPIS project, e consultation) and electronic collaborative working between clinicians and patients (eg Tele medicine, Tele coaching, Tele health). More details to follow in next month's edition. In the meantime book your place by contacting jo.butterfield@yorksandhumber.nhs.uk

Right to Provide

The Department of Health is calling on NHS staff and organisations to express an interest in signing up for the Right to Provide programme, which enables health and social care staff to create their own staff-led enterprises and have control over the way the service develops.

Announced in March 2011, the Right to Provide builds on the government's commitment to give public sector workers new rights to provide services through staff-led enterprises. NHS and social care staff can request the opportunity to manage the services or care pathways they currently deliver with the greater freedom and independence that comes from setting up their own organisation. The initiative has been set up in the context of the Any Qualified Provider programme, which is currently undergoing a phased roll-out.

<http://healthandcare.dh.gov.uk/any-qualified-provider/>

Anyone interested in expressing an interest must do so by December 31, 2011, although this does not commit you to definitely going ahead with your proposal. The DH is now planning to hold a series of events to provide guidance for all those interested in joining the scheme. The next one is on October 18 in London. To register contact Nicole.Chapman@dh.gsi.gov.uk

To read more about the initiative visit the resource materials and guidance on the DH website <http://healthandcare.dh.gov.uk/rtp/> which include FAQs for staff and host organisations, as well as case studies and guidance for completing initial paperwork.

Who can apply?

The right to provide programme is open to all staff in health and social care. But the application process will differ according to where you currently work. Whether you are based within:

1. Acute, mental health or community NHS Trusts
2. Social care
3. Foundation Trusts
4. Primary Care Trusts
5. Arms Length Body or Special Health Authorities

Further detail on each application process can be found at the Department of Health website.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_125578

Going for Gold!



We are delighted to announce that NHS Rotherham has been selected as a Finalist in the British Computer Society (BCS) & Computing UK IT Industry Awards 2011 in Project Excellence category and also in the Chartered Society of Physiotherapy awards 2011.

NHS Rotherham's physiotherapy service realised productivity gains of 35% by introducing digital pen and paper technology to streamline the entry of patient data into the trust's shared database. Thanks to digital pens, clinicians can now treat an additional three new patients and five returning patients per week, improving the delivery of care, reducing waiting lists and supporting the NHS QIPP (Quality, Innovation, Productivity & Prevention) agenda. The trust is currently rolling out over 250 more pens across other community services.

"The benefits and the return we have seen through the deployment of the digital pen solution are clear and measurable," says Alan Meloy, Deputy Head of IT at NHS Rotherham. "This solution quickly helped us to meet our objectives for a more complete care record whilst increasing productivity and efficiency in a cost effective package - something that has been of great benefit to both patients and our staff."

Paul Chapman, Clinical Lead for Information Technology, added: *"I am very pleased that one of the mobile solutions in Rotherham has been recognised. This solution has given our clinicians the opportunity increase the variety of clinical information tools, but more importantly has supported us to meet local and national agendas on delivering care closer to the patient's home. We keep our fingers crossed for the results!"*

Mid Yorkshire provides free WiFi

In a world where we are used to being always connected, it's important that patients can easily stay in touch with friends and family whilst in hospital. The Mid Yorkshire Hospitals NHS Trust found a way to achieve this, and is now providing free WiFi access for patients, visitors and staff. Outpatient clinics, inpatient units and hospital waiting areas have access so that patients can catch up on e-mail, connect with loved ones, surf the Internet and even download entertainment. The entire hospital is now a wireless Internet hot spot, giving patients and visitors the ability to access the Internet for free through their own personal wireless devices.

James Rawlinson, Associate Director of IT at the Trust, led the project and explains: *"We had increasing requests from patients to provide internet access, particularly from our long term patients. It's been most beneficial especially for teenagers, who feel they can lose touch with their friends. Now, with Internet access, they can get on Skype and e-mail, check their facebook and easily keep in touch with their friends and family."*

Relatives and carers are finding it a valuable tool as well. One man, who lives in Canada, was able to keep in regular contact with his elderly father who was a patient in the hospital earlier this year. He commented to the Trust that it meant he could frequently chat with his Dad for free from Canada using Skype to make sure he was doing ok. *He thanked the Trust as he said this provided a great reassurance to his family."*

The Trust sees this initiative as another way to achieve its aim of providing the best possible experience for patients and their families by providing another way to keep in touch with the world outside. James added: *"We are excited to offer a service that contributes positively to our patients' overall satisfaction with their stay."*

The Trust uses state-of-the-art encryption technology to ensure that security is paramount. Staff are also benefiting from this initiative. Junior doctors in particular are utilising the system to access training assessments via their smartphones. There is no need for them to find a PC or mobile phone signal, they can log on wherever they are whilst on the move.

Conveying the importance of IT in modern healthcare James concluded: *"Technology is now used throughout the delivery of healthcare - in bedside monitoring, patient administration systems and information capture systems. We would not be able to deliver a quality service without IT. Initiatives such as free WiFi are making life easier for patients and making their whole experience of healthcare more positive."*

☆ **James Rawlinson's Top Tip:** *"Keep solutions simple and ensure you engage with staff and patients."*

N3 Video Conferencing arrives at Yorks & Humber

Two office locations at Blenheim House have now been enabled for N3 Video Conferencing. This is a managed BT service which allows users to schedule N3 video conference calls with other NHS organisations using a directory of connected organisations. Video conferencing enables you to share information immediately, without the need for everyone to be in the same place. N3 Managed Video Conferencing Service will save the NHS money in travel and expensive IT solutions as well as reducing CO2 emissions.

Raj Summan, Programme Manager at NHS Yorkshire and the Humber said: *"Video conferencing is a great alternative to face to face meetings and will benefit the SHA in a number of ways, including increased productivity, cost savings and reduced travelling time."*

Video Conferencing also supports the QIPP agenda by:

- Providing a high definition, managed service (Quality)
- Offering a more modern method of communication. More engaging than phone or email as provides visual information as well as being a two-way interaction (Innovation)
- Saving time on travel and promotes flexible working (Productivity) and
- Reducing pressure, stress and fatigue from travel (Prevention)

Once registered, users can schedule calls using the N3 meeting manager and online training tools are also available. For further information contact programme.office@yorksandhumber.nhs.uk

National Programme for IT Announcement

The government announced on 22 September 2011 an acceleration of the dismantling of the National Programme for IT, following the conclusions of a new review by the Cabinet Office's Major Projects Authority (MPA).

The programme was created in 2002 under the last government and the MPA has concluded that it is not fit to provide the modern IT services that the NHS needs. In May 2011 the Prime Minister announced in the House of Commons that the MPA would be reviewing the NHS National Programme for IT.

The MPA found that there have been substantial achievements which are now firmly established, such as the Spine, N3 Network, NHSmail, Choose and Book, Secondary Uses Service and Picture Archiving and Communications Service. Their delivery accounts for around two thirds of the £6.4bn money spent so far and they will continue to provide vital support to the NHS. However, the review reported the National Programme for IT has not and cannot deliver to its original intent.

In a modernised NHS, which puts patients and clinicians in the driving seat for achieving health outcomes amongst the best in the world, it is no longer appropriate for a centralised authority to make decisions on behalf of local organisations.

Work will continue with existing suppliers to determine the best way to deliver the services upon which the NHS depends in a way which allows the local NHS to exercise choice while delivering best value for money.

A new partnership with Intellect, the Technology Trade Association, will explore ways to stimulate a marketplace that will no longer exclude small and medium sized companies from participating in significant government healthcare projects.

The Department of Health said:

"The exchange of information between patients and clinicians and across the NHS

is a fundamental part of how we are centring care on patients and making sure innovation and choice are fully supported.

"The NPfIT achieved much in terms of infrastructure and this will be maintained, along with national applications, such as the Summary Care Record and Electronic Prescriptions Service, which are crucial to improving patient safety and efficiency. But we need to move on from a top down approach and instead provide information systems driven by local decision-making. This is the only way to make sure we get value for money and that the modern NHS meets the needs of patients."

Sir David Nicholson, Chief Executive of the NHS, said:

"A modernised NHS needs information systems that are driven by what patients and clinicians want. The NPfIT has provided us with a foundation but we now need to move on if we are going to achieve the efficiency and effectiveness required in today's health service. Restoring local control over decision-making and enabling greater choice for NHS organisations is key as we continue to use the secure exchange of information to drive up quality and safety."

Implications for our local programme of work

Commenting on the announcement, Trevor Wright, Deputy CIO at NHS Yorkshire and the Humber, said: *"Whilst this announcement re-emphasises the statement made in May 2011, we should also take this opportunity to re-emphasise the good work we have undertaken locally in exploiting NPfIT solutions, in particular the SystemOne Shared Care Record system. Work in this area will continue and we are keen to expedite our plans to deliver patient-centric benefits across the Region through our continued support for local QIPP and service improvement programmes. We must not 'take our foot off the gas' and we must continue to support NHS reforms with technology-enabled change."*

Spotlight on Tess Mehrstens

Tess is Product Specialist and Head of Education, Training & Development for Y&H Programme for IT. Her responsibilities cover a broad remit including supporting organisations pre, mid and post deployment.

Tess originally joined the SHA to deliver end user training across all solutions offered as part of the National Programme for IT. She progressed to the role of Product Specialist in 2007 based on her increased knowledge and skills acquired in various solutions and care settings. She also provides expert knowledge and skills to a range of teams including: Education and Training, Business Change, Project Teams and Service users.

Tess' working week is varied where she can be found 'on the road' travelling across Yorkshire and the Humber providing expert advice on Patient Flow, Out of Hours or Offender health deployments. *"I love knowing that no two days will be the same, it's such a varied role and I enjoy being out and about."*

She also has responsibility for providing go-live support for large and complex deployments, including those which deploy new functionality. In addition she provides mentoring to new SystemOne trainers during their initial deployments.

Tess thoroughly enjoys her role and says: "I enjoy knowing that patients are receiving a better service due to the work we do. My role supports clinicians to provide an improved level of care. Clinicians' jobs are made simpler, for example we can pre-populate systems so that they can spend more time with the patient rather than entering data. I enjoy making life easier for people – it's nice to see people happy!"

The majority of Tess' career has been spent in the NHS for the last 18 years. Previous to that she was an Accountant and Personal Assistant in the Royal Airforce, dealing with high level security issues where she faced challenges on a daily basis. This has stood her in good stead for the obstacles faced in her current role. *"The main challenge is that we cover a large geographical area and travelling can be stressful. It's in my nature not to let things get to me and I have great coping strategies for dealing with the more difficult side of my job. My background in the airforce enables me to deal with difficult situations and I overcome these by focusing on doing a good job and improving services."*



Tess is continually learning new things in her role: *"I have learnt that patience is a virtue! Working as a team is paramount and you must be prepared to take on board what other people think. Being diplomatic and tolerant are important skills to have."*

Tess, along with the other Product Specialists and requirements team, runs the Requirements Hotline: *"The hotline is run bi-weekly, and is a great way for colleagues across Yorkshire and the Humber to either dial in and share information, or get the chance to speak to a Product Specialist for expert advice and guidance. Whether we can answer queries straight away, or take back and investigate further, colleagues have found it to be a very useful service."*

Conveying the importance of IT in modern healthcare, Tess says: *"Technology is crucial to improving patient care. Having an electronic system brings so many benefits including staff not having to decipher handwriting, paperwork not getting lost and patients not having to answer the same questions over again to different clinicians."*

Tess is a well valued member of the team. A colleague concluded: *"Tess is an integral part of the programme team. Her expertise in SystemOne and training and development has been key to contributing to the success of Y&HPfIT deployments across the Yorkshire and the Humber region."*

☆ **Tess' Top Tip:** *"Be organised and prepared. Above all, listen to people. Listening is one of the most important skills you can have. How well you listen has a major impact on your effectiveness, and on the quality of your relationships with others."*

The Requirements Hotline is held every fortnight on a Wednesday from 10.30 – 11.00 am. The next one will be on 5 October. Dial-In No: 0844 800 3227 Passcode: 68582743#

Contact Tess at:
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