Universal Capabilities Delivery Plan

Footprint:	Somerset Digital Roadmap

Instructions for Completion

- Please indicate your Local Digital Roadmap Footprint above
- Complete questions A to E in the subsequent pages – the same structure is used for each of the 10 universal capabilities
- For further guidance, refer to:
    - Sections 6.24 to 6.30 of the Developing Local Digital Roadmaps Guidance
    - The Universal Capabilities Information and Resources document
- This template and the documents referenced above can be downloaded from the LDR page on the NHS England website

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

A. Baseline

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

- 71 of 74 practices have created and uploaded Summary Care Records (SCR) for patients in Somerset. 100% of practices that are able have uploaded – we are awaiting Microtest functionality
- The national opt out rate is 1.4%.
- NHS England is monitoring use of SCR in other settings and provide updates to Somerset SCR Project Board.
- Taunton and Somerset NHSFT (TST) have access to SCR in A&E, Pharmacy and Medical Assessment Unit and across the hospital.
- Yeovil District Hospital NHSFT (YDH) has access in A&E, Frail Older Persons Assessment Service (FOPAS), Pre-op assessment.
- Somerset Partnership NHSFT (SPFT) has access via pharmacies and Minor Injury Units (MIUs) and are accessing c60 records a week via SCRa.
- 83 of 108 community pharmacies have access to SCR in Somerset following two events and a successful proof of concept.
- Somerset are exploring introduction of GP System Viewer, with a Level 2 Information Sharing Agreement issued to Practices and Providers for approval, with initial rollout anticipated in May 2016 to enable information being available at the point of care.

B. Ambition

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

Year	Ambition
16/17	• SCRs created by all 74 Practices. • Microtest are in final stages of testing expecting core records to be uploaded over the summer. • SCR Project Board will continue to review and explore opportunities. • Implementation of GP Clinical System Viewer. • Increase utilisation in all settings of SCR and GP Viewers. • Ability to monitor NHS 111/ OOH SCR viewing figures by CCG • All independent community pharmacies to have access to SCR, to support care including travellers, tourists and patients in care homes
17/18	• Review local use of SCR and GP System Viewer, capturing learning, benefits and opportunities. • Implement and support further national developments with SCR.

C. Activities

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

Quarter	Activities
16/17 Q1	• Brief SCR Project Board and relevant stakeholders on current and future SCR/GP System Viewer, and continue to encourage and monitor use by clinical teams. • All Independent Community Pharmacies to be using SCR. • SPFT MIU & Pharmacy Access to SCR Live
16/17 Q2	• Plan for 2 Microtest general practices to go live with SCR, subject to functionality available. • Springmead to switch on SCR as part of clinical system migration 26 October 2016. • Review use of SCR with Temporary Residents, ensuring provision of Privacy Officer training by NHS Digital to practices. • Increase viewing of SCR in NHS 111/ OOH

	• GP viewer access by SPFT MIUs (subject to GP approval)
16/17 Q3	• Monitor use of SCR/GP System Viewer across system and agree further in-year progress. • Provide update to patient groups on use of SCR in health care settings. • SPFT to implement SCR/GP System Viewer into MIU setting (subject to GP approval).
16/17 Q4	• Review status of SCR use in all Community Pharmacies.
17/18 Q1	• Review local use of SCR and GP System Viewer, capturing learning, benefits and opportunities. • Provide communications update to all stakeholders on use of SCR/GP System Viewer. • Implement and support further national developments with SCR, agreeing action plan as required. • GP viewer access by SPFT District Nurse and Health Visitor Staff – Subject to GP approval
17/18 Q2	• Ongoing monitor and review.
17/18 Q3	• Ongoing monitor and review. • Possible SPFT RiO Integrated link through to GP Viewer- subject to Sider plan
17/18 Q4	• Ongoing monitor and review.

D. National Services / Infrastructure / Standards

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

If SCR functionality not available for Microtest at the planned date, may need to look at alternative solutions.

Liaise with NHS Digital for developments on:

- SCR AI Functionality
- SCR Roadmap for non-Primary Care setting to add information
- Privacy Officer Training for practices to use SCR for Temporary Residents
- Mapping to CCG and footprint level as part of the CCG Improvement and Assessment Framework

E. Evidencing Progress

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

- Monitor via SCR Project Board, the Somerset Integrated Digital e-Record (SIDeR) Group, Contract/ SDIP and metrics as provided by NHS England
- Provide progress, risk and benefits highlights to the Digital Reference Group as part of LDR annual update and review report
- Information regarding the deployment of SCR capability and the number of records viewed is available from NHS DIGITAL across all care settings at provider level
- Information regarding access to GP information via SCR and non SCR solutions is available from NHS Digital for NHS 111, ambulance and A&E at provider level
- The usage dataset is also used in the 2016/17 CCG Improvement and Assessment Framework to contribute to a composite indicator on 'digital interactions between primary and secondary care.

Achievements since June submission

- ✓ 100% Somerset EMIS Practices signed up to the Level 2 Information Sharing Agreement and activated EMIS Viewer for all coded data. Free text excluded from EMIS Viewer to mitigate issues with third party data sharing
- ✓ EMIS Viewer communications and Fair Processing Notices available to patients, including opt out information
- ✓ Phase 1 Rollout of Viewer Go Live October/ November across Somerset Trusts (and RUH) for clinical staff dealing with urgent and immediate care patients (this is not setting limited)
- ✓ Benefits of the Viewer already being realised and fed back
- ✓ Looking into Phase 2 Viewer rollout to other clinical areas
- ✓ SCR Viewer figures increasing
- ✓ SWASFT introduced SCRa by crews via Smartcard in mobile devices

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

A. Baseline

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

- 71 of 74 practices have created and uploaded Summary Care Records for patients in Somerset.
- The national opt out rate is 1.4%.
- NHS England are monitoring use of SCR in other settings and provide updates to Somerset SCR Project Board.
- TST have access to SCR in A&E, Pharmacy and Medical Assessment Unit.
- YDH have access in ED, FOPAS, Pre-op assessment.
- SPFT have access via pharmacies.
- 83 of 108 community pharmacies have access to SCR in Somerset following two events and a successful proof of concept.
- Somerset Doctors Urgent Care (SDUC) Service planning to implement use of SCR and GP System Viewer into 111 and OOH services.
- Somerset are exploring introduction of GP System Viewer, with a Level 2 Information Sharing Agreement issued to Practices and Providers for approval, with initial rollout anticipated in May 2016 to enable information being available at the point of care.
- CCG/Local Medical Committee (LMC)/SCR Project Board discussions underway regarding introduction of SCR Additional Information.

B. Ambition

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

Year	Ambition
16/17	• Explore INPS and Microtest Viewers required • EMIS Viewer introduced, monitor utilisation and report to practices on benefits to patient care, safety and process efficiency • SCR AI – identify specific patient groups where care can be enhanced through improved information access, in linewith medical conditions identified in STP • Identify requirement in SIDeR developments • Identify patient groups 'most likely to present' to Urgent and Immediate Care settings.
17/18	• Review options in light of progress, utilisation in 2016/17 and Provider Plans for 2017/18

C. Activities

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

Quarter	Activities
16/17 Q1	• Explore INPS and Microtest Viewers required
16/17 Q2	• Discuss/identify population groups and/or practice clinical leads to introduce SCR AI, either to enhance care through improved access or for patients 'most likely to present' to urgent and immediate care settings. • EMIS Viewer introduced, monitor utilisation and report to practices on benefits to patient care, safety and process efficiency
16/17 Q3	• Liaise with patient groups for introduction of SCR AI. • Work with identified clinical leads to introduce use of SCR AI. • GP viewer access by SPFT MIUs (subject to GP approval)
16/17 Q4	•
17/18 Q1	• Review options in light of progress, utilisation in 2016/17 and Provider Plans for 2017/18

17/18 Q2	• Ongoing monitor and review
17/18 Q3	• Possible RiO Integrated link through to GP Viewer- subject to SIDeR plan • Ongoing monitor and review
17/18 Q4	• Ongoing monitor and review

D. National Services / Infrastructure / Standards

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

If SCR functionality not available for Microtest at the planned date, may need to look at alternative solutions.

Liaise with NHS DIGITAL for developments on:

- SCR AI Functionality.
- SCR Roadmap for non-Primary Care setting to add information

E. Evidencing Progress

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

Monitor via SCR Project Board, the Somerset Integrated Digital e-Record (SIDeR) Group, Contract/ SDIP and metrics as provided by NHS England. Progress and risk highlights to IM&T Strategy and CCG in annual update paper.

Achievements since June submission

- ✓ Rollout of SCR AI in discussion and a paper is being drafted.
- ✓ 100% Somerset EMIS Practices signed up to the Level 2 Information Sharing Agreement and activated EMIS Viewer for all coded data. Free text excluded from EMIS Viewer to mitigate issues with third party data sharing
- ✓ EMIS Viewer communications and Fair Processing Notices available to patients, including opt out information
- ✓ Phase 1 Rollout of Viewer Go Live October/ November across Somerset Trusts (and RUH) for clinical staff dealing with urgent and immediate care patients (this is not setting limited)
- ✓ Looking into Phase 2 Viewer rollout to other clinical areas
- ✓ SCR Viewer figures increasing
- ✓ SWASFT introduced SCRa by crews via Smartcard in mobile devices
- ✓ Benefits of the Viewer already being realised and fed back

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

A. Baseline

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

95.9% of practices have enabled Detailed Coded Record Access (DCRA) for patients. The three remaining practices will switch on this capability following their Clinical System migrations in summer 2016/17.

Training is being delivered via the Digital Inclusion Group (DIG), Somerset Libraries and Yarlington.

Discussions have been held with the GP IT Leads Group and the LMC to encourage further optimisation, record benefits of shared learning and points of clarity with suppliers.

B. Ambition

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

Year	Ambition
16/17	• 100% of Practices enabled DCRA and actively promoting to applicable patients. • Practices to consider groups of population including ability of patients to self-care and to use functionality with clinicians at point of care.
17/18	• Increase in uptake by 5%.

C. Activities

Quarter	Activities
16/17 Q1	• Brief local community via Digital Inclusion Group on outline plans for patient access to GP record.
16/17 Q2	• Three remaining practices will switch on this capability following their Clinical System migrations in summer 2016/17.
16/17 Q3	• Liaise with practices and patient groups to raise awareness of patient access to their GP detailed coded record. • Practices to consider groups of population including ability of patients to self-care and to use functionality with clinicians at the point of care.
16/17 Q4	• Ongoing monitor and review.
17/18 Q1	• Review uptake for 2016-17 and develop plan for further uptake.
17/18 Q2	• Ongoing monitor and review.
17/18 Q3	• Ongoing monitor and review.
17/18 Q4	• Ongoing monitor and review.

D. National Services / Infrastructure / Standards

- Data from NHS Digital is not a good indicator of progress as they lack clarity.
- Consider volume and value of information within the GP record (much is in free text form and not coded) which may impact on benefit to the patient having access to only coded information.
- Clinicians will need to go through each patient's record who requests access which could have a significant impact on resource depending on uptake. This may deter practices from actively promoting the availability of DCRA.
- Working with GP System Suppliers re functionality and developments, ie EMIS not enabling the ability to filter dates from which the information can be accessed (i.e. enable patient access to their DCR from the date of request and not to historical data).

E. Evidencing Progress

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

- Monitor via Programme of Work Group and POMI dataset as provided by NHS Digital.
- Progress and risk highlights to IM&T Strategy and CCG in annual update paper.
- We will ensure compliance with Online Access to Clinical Correspondence requirement in GMS Contract 2016/17, working with LMC to support Practices with NHS England Implementation Lead.

Achievements since June submission

- ✓ The CCG and CSU have been in contact with local colleges and have attended several Freshers Fairs to promote POLA.
- ✓ Contact with Carers has been made and PPGs are on board.
- ✓ Working with NHS England to assist Practices in increasing uptake from registered patients
- ✓ Somerset Bridge and Redgate are now switched on following migration to EMIS Web
- ✓ Lister House activation after change in functionality leading to 2,000+ patients now signed up
- ✓ Issues raised with EMIS Web at SLA Meeting October 2016

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

A. Baseline

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

98% of referrals are done electronically in Somerset via ERS.

Potential of developing e-Referrals from GP to Somerset Primary Link (SPL) in discussion.

B. Ambition

Year	Ambition

16/17	• Looking to develop for first outpatient – digitise for elective care (development of referral engine)
	• Look at other professional groups to refer via ERS – such as opticians etc.
	• Developing key capabilities (using agile approach)
	  ○ Enhanced Any to Any
	  ○ Follow up appointments (work underway)
	  ○ Enhanced Advise and Decision support (multi-way Q&A/ conversion of A&G- Referrals/ Transformational)
	• Integration – publishing APIs, working with suppliers
	• Improving integration of EMIS-web to find efficiencies and improvements e.g Prior Approval forms
	• Establish e-referrals from GP to Somerset Primary Link (SPL) using auto filled e-SMART form from GP Clinical System, initially via email.

17/18	• Link with suppliers to use MESH system to send GP

	referrals and AoRMC structured messages to SPL and other departments

C. Activities

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

Quarter	Activities
16/17 Q1	• Somerset Prior Approval Gateway launching on e-Referals June 2016
16/17 Q2	• Capacity alerts in ERS (green where available, red where limited) plan to go live May/ June 2016 • Email SMART Form from GP- SPL • SPFT explore Pilot with EMIS
16/17 Q3	• Work on national pilots and local developments
16/17 Q4	• Work on national pilots and local developments
17/18 Q1	• Work on national pilots and local developments
17/18 Q2	• Work on national pilots and local developments
17/18 Q3	• Work on national pilots and local developments
17/18 Q4	• Work on national pilots and local developments

D. National Services / Infrastructure / Standards

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

GP supplier roadmap for e-message out of GP Clinical System to enable e-messaging to Providers.

E. Evidencing Progress

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

• Monitor e-messaging from GP-SPL with SPFT and volumes sent via email vs fax. • Report to Digital Reference Group

- Continue to monitor data available from the ERS service

Achievements since June submission

- ✓ RMC have created a Quality Premium Engagement Plan for Somerset CCG which highlights the biggest opportunities to increase utilisation. This is designed to support Somerset CCG in achieving the NHSE quality premium and the NHSE Paperless vision by achieving a minimum of 80% e-RS utilisation of Outpatient activity by March 2017. Key areas highlighted and being progressed by the RMC are:
    - Further GP engagement with practices not yet using e-RS for all 2WW referrals
    - Engaging with the local hospital Trusts to highlight any specialties, clinics or names consultants not currently profiled on e-RS.

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

A. Baseline

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

- All Discharge Summaries sent electronically from main providers, within a standard of 24 hours (this is not monitored).
- TST – outpatient clinic letters underway (Contract notes: “within time that is clinically reasonable and where GP action is required”)
- YDH – not able to implement outpatient letters in Trakcare until e-prescribing is in place.
- SPFT – Live in Stroke, Early Supported Discharge (ESD), MSK, and extending to other services i.e Ambulatory Care. District Nurse (DN) functionality available but requires operational implementation.
- Weston Area Health Trust (WAH) – have capability
- Royal United Hospital Bath NHSFT (RUH) – Live
- Requirement in Contract for 2016/17
- Initial discussion underway with AQP Providers (Nuffield, Circle, BMI) subject to email and e-messaging standards.
- AoRMC Standards recognised, working with NHS DIGITAL to ensure Trusts adhere to them correctly .

B. Ambition

With reference to the defined aims set out above, please set out your ambition in the grid below. Remember that ‘clear momentum’ is expected in 16/17 and ‘substantive delivery’ in 17/18. Also note that you can go further

than the defined aims – examples are provided in the Universal Capabilities Information and Resources document.

Year	Ambition
16/17	• Monitoring of timely sending and volumetrics from all Trusts, by specialty, for Discharge Summaries and other clinical correspondence • Weston – e-Discharge Summaries to Somerset Practices • Need Providers to assess compliance with AoMRC • Incorporate into new development of clinical e-correspondence and standards • To send an electronic ambulance attendance summary
17/18	• YDH to clarify timescales for implementation

C. Activities

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

Quarter	Activities
16/17 Q1	• Primary meeting regarding sending of electronic ambulance attendance summary • To define discharge summaries and clinical correspondence for inclusion, considering coding issues • SPFT Plan for Mental Health Discharge Summary
16/17 Q2	• Aligning Trust discharge summaries with AoMRC standards and eachother • Establish key contacts across the community • Discuss status in Somerset with Providers in line with statastics
16/17 Q3	• SPFT Plans for InPatient Community Hospital discharges • Review infrastructure and requirements via SIDeR • Review status with CCG Contract Leads and Head of Patient Safety
16/17 Q4	• Extend to other clinical correspondence
17/18 Q1	• E-flow from all providers for electronic clinical correspondence
17/18 Q2	• E-flow from all providers for electronic clinical correspondence
17/18 Q3	• E-flow from all providers for electronic clinical correspondence
17/18 Q4	• E-flow from all providers for electronic clinical correspondence

D. National Services / Infrastructure / Standards

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

Transfer of Care Programme

E. Evidencing Progress

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

- Monthly meetings with Quality Hub to review IT and quality issues.
- Clinical Communications and Documents Group will monitor.
- National Metrics not currently available.

Achievements since June submission
✓ All Trusts are able to e-discharge

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

A. Baseline

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

- Notification 2 (legal requirement) Acute and Community Hospital notify ASC (via referral) for care required within 48 hours.
- National metrics not currently available

B. Ambition

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

Year	Ambition
16/17	• Liaise with Social Care and Acute Care clinical and operational leads to understand current process and paper/ electronic flow, and technical functionality. • Develop Project Plan • Liaise with national teams and IT system suppliers as required. • SPFT plans for inpatient Community Hospital e-discharges
17/18	• Review Project Plan • Monitor Progress

C. Activities

Please detail the activities you propose to undertake, by quarter, in the grid below. Separate activities should be separated out as separate bullet points.

At the time of submission on 30 June 2016, any activities for 16/17 Q1 should be complete.

Quarter	Activities
16/17 Q1	• Identify project requirement in SDR
16/17 Q2	• Liaise with local Social and Acute Care – identify leads
16/17 Q3	• Initial meetings held to understand current process, paper/ electronic glow and technical functionality • SPFT plans for inpatient Community Hospital e-discharges
16/17 Q4	• Develop Project Plan for 2017-18
17/18 Q1	• Liaise with national teams and IT system suppliers
17/18 Q2	• Regular meetings to discuss and review progress
17/18 Q3	• Regular meetings to discuss and review progress
17/18 Q4	• Regular meetings to discuss and review progress

D. National Services / Infrastructure / Standards

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

Secure email standard and secure email options. Structured messaging in line with national technical standards

E. Evidencing Progress

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

National Metrics not currently available.

Achievements since June submission
✓ Liaised with two Acute Care Trusts and Local Authority to determine relevant points of contact ✓ Discussed within the CCG to ensure awareness of requirement noted in Contracts ✓ Meetings to be held in November/ December 2016 to capture current information flow and develop plan for electronic flow.

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

A. Baseline

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

- Initial discussions undertaken in 2014 with Safeguarding, Caldicott, IG and IT staff members to discuss national ambition and outline project aims.
- MoU letter issued to Somerset Providers (TST, YDH, SCC, SPFT, SWASFT etc).
- Project included in SDIP element of contracts issues by SCCG.
- First objective identified to seek N3 connectivity for SCC – issue raised with senior leads in SCC, CCG, NHS DIGITAL, NHS E and other relevant national leads at events. N3 connectivity achieved in February 2016.
- In April 2016 there were telephone calls between CCG and SCC to brief the CCG Safeguarding Lead of N3 development and ability to now proceed. Small set of actions agreed, with contact re-established with NHS DIGITAL implementation lead.
- MoU issued to SDUC as new provider of NHS 111 and OOH services in Somerset.

B. Ambition

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

Year	Ambition
16/17	To re-establish local list of contacts and to form Project Group. To work with NHS DIGITAL Implementation Lead to develop project plan for 2016-17 and longer term plan in line with emerging Somerset Digital Roadmap.
17/18	To have completed all activities on the CPIS Go Live Readiness Checklist.

C. Activities

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

Quarter	Activities
16/17 Q1	• Plans reviewed with IG Leads and amendments in Privacy Statement • LoA signed • Discuss and seek commitment with Leads • Stakeholder engagement • N3 and IG completed
16/17 Q2	• Update business process and flow with CPIS • Review Technical Integration Options for CPIS and agree Technical Go Live
16/17 Q3	• Amend business continuity plans • NHS number matched
16/17 Q4	• Agree Implementation rollout and communications plan • Staff training re: obtaining NHS numbers
17/18 Q1	• Go Live Implementation
17/18 Q2	
17/18 Q3	
17/18 Q4	

D. National Services / Infrastructure / Standards

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

Confirm progress to use national systems and standards where available such as National Spine Integration, NHS Number Standard, Social Care Systems enhancements, N3 and non-N3 access to the Spine and national standard for CPIS implementation.

E. Evidencing Progress

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

- Project Group established, to follow Project Plan, utilising NHS Digital GPIS Programme metrics and local information
- Reporting to Somerset Safeguarding Children's Board, CCG IGRMC and CCG IM&T Strategy
- Progress reviewed through annual SDR Reviews

Achievements since June submission
✓ Project Board established and Meetings held July and September 2016 ✓ SDR Project Lead attended Health Advisory Group October 2016 ✓ Awaiting list of clinicians requiring access ✓ Somerset Project Plan being formed with support of NHS Digital Implementation Lead ✓ Safeguarding leads required to prepare SCC timeline to receive NHS number for current Child Protection cases ✓ All organisational IT Leads briefed and aware of requirement ✓ Raised query with NHS Digital for access in Walk In Centre and where Temporary residents are seem in General Practice and Community Pharmacies ✓ NHS Safeguarding Team went on a site visit to understand CPIS in working environment. Key tips, outcomes and benefits captured for clinical implementation plan ✓ Further meetings planned for November 2016

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

A. Baseline

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

The Electronic Palliative Care Coordination System (EPaCCS) is a template on the Adastra software used by the NHS 111 and Out of Hours provider Somerset Doctors Urgent Care (SDUC). There are not currently any reports generated from EPaCCS.

The EPaCCS information is available to 111 & OOH and Hospices, and is being introduced to A&E at Musgrove Park Hospital.

This includes diagnosis, patients' wishes, preferred place of death, DNAR status, presence of anticipatory drugs in the home, key contact details etc.

B. Ambition

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

Year	Ambition
16/17	Our ambitions include: • To increase the number of people in Somerset offered Advance Care Planning discussions – we have 2 projects running at the moment to improve the update of Advance Care Planning in hospitals and in primary care. • To review our EPaCCS system so that as more people wish to make their choices for end of life care known, these are recorded and accessible. This review will include: ○ Improving the current Adastra EPaCCS template, and the reporting from this by Somerset Doctors urgent Care ○ Considering other options for an EPaCCS that is fully compliant with EPaCCS Recommended IT System Requirements v1 5 - published by (NHS DIGITAL) 14/9/15 and Palliative care co-ordination: core content (previously End of Life care coordination: core content) - published by National End of Life Care Intelligence Network (NEoLCIN) September 2015 SCCI1580 ○ To ensure that this is accessible to General practice, 111, Out of Hours GPs, Hospices, Community Hospitals, and departments in Acute Trusts. With the exception of 111 & OOH these will all need write access. ○ To increase the number of people registered on the Somerset EPaCCS, whatever system is chosen. • To ensure replacement EPaCCs is able to meet all National Minimum Dataset requirements
17/18	

C. Activities

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

Quarter	Activities
16/17 Q1	Meet with Adastra and SDUC to reconfigure and cleanse the current EPaCCS template
16/17 Q2 16/17 Q3	SCCG to review options for EPaCCS and consider alternatives to the current system, including: ○ Blackpear in Worcestershire (https://www.blackpear.com/press-release-worcestershire-palliative-care-moves-into-digital-age/)

	○ MyRightCare (http://www.myrightcare.co.uk/concept/) ○ Coordinate My Care (http://coordinatemycare.co.uk/healthcare-professionals/) not sure if this available outside London Area. ○ GP System viewer: ○ SIDeR
16/17 Q4	Have made a decision on the way forward with Business Case development and define data set required in EPaCCS
17/18 Q1	Implement new way of working and seek funding opportunities
17/18 Q2	Implement new way of working and seek funding opportunities
17/18 Q3	• Review progress
17/18 Q4	• Review progress

D. National Services / Infrastructure / Standards

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

We would want to meet the national standards as above.

E. Evidencing Progress

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

At present we have no reporting capability from EPaCCS, so no baseline. It will be essential that whatever system is chosen has full reporting functionality, and this would then be used to monitor progress. National metrics are also not currently available.

Achievements since June submission
✓ Action plan agreed following meeting on 2 August 2016 with SDUC & SCCG to make the current EPaCCS as good as possible ✓ Working with Clinical Leads across the community and SIDeR Group members to look at better long-term solution, considering supplier market ✓ Plans for Business Case development discussed, pending solution options available ✓ Identified further teams who require access including Respiratory and Cardiology Teams, Community Nurses and Long Term Psychiatric Unit Clinical Teams

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

A. Baseline

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

As at 15 April:

- 74 Practices – 48 live including 2 dispensing (64%), 3 planned Go Live date (4%), 24 (32%) to plan.
- 22 Dispensing/ 53 non-dispensing
- 102 Community Pharmacies
- Utilisation: 65% use by live GPs

Percentage of repeat prescriptions transmitted electronically for February 2016 (excludes DDs EPS) - 54%

B. Ambition

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

Year	Ambition
16/17	24 Pharmacies left to plan:

	• 5 working towards date in planning (2 dispensing) • 3 early discussion - 3 practices are changing clinical system • 16 not yet engaged (all dispensing practices) EPS Project Board to review current use and learning for repeat dispensing and definition of 'all appropriate patients'. To then develop communication plan with practices, pharmacies and patient groups. EPS Project Board to monitor and review utilisation of EPSr2 for increase in repeat prescriptions.
17/18	Continue to engage in National EPS discussions regarding Phase 4, CDs and DM&D functionality. Review and monitor implementation and utilisation of EPSr2, capturing learning, benefits and opportunities.

C. Activities

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

Quarter	Activities
16/17 Q1	3 more practices live; 2 planning; 3 early discussions; 16 left. Clinical lead to attend National EPS Forum.
16/17 Q2	2 more live; 3 planning; 3 early discussions; 13 left. EPS Project Board to monitor and review utilisation of EPSr2 for repeat prescriptions.
16/17 Q3	2 more live; 4 planning, 3 early discussions, 10 left
16/17 Q4	2 more live; 3 planning; 3 early discussions, 9 left. Review national EPS implementation plans to agree local plan with LMC and LPC.
17/18 Q1	3 more live; 4 planning; 4 early discussions, 4 left. Update all stakeholders on status of EPS in Somerset, including communication to patient groups.
17/18 Q2	5 live; 6 planning; 1 early; 0 left. EPS Project Board to monitor and review utilisation of EPSr2 for repeat prescriptions.
17/18 Q3	7 live; 0 left.
17/18 Q4	All practices live with EPSr2.

D. National Services / Infrastructure / Standards

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

- EMIS functionality with dispensing Drs
- CD and other EPS functionality issues – dm+d
- Planned implementation of Phase 4
- Confirmation that Somerset will use the national EPS release 2

E. Evidencing Progress

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

- Monitor via EPS Project Board and metrics as provided by NHS DIGITAL Implementation lead.
- Progress and risk highlights to IM&T Strategy and CCG in annual update paper.
- Utilisation – target 80% (current 65%)
- After three months, expectation at 40% - 60% (otherwise capture issues) Actual percentage repeat prescriptions for Feb 2016 - 54%
- After six months, 80%
- Project support and RA to continue for practices and pharmacies, identifying risks, sharing benefits and monitoring information.
- Report to IM&T Strategy and CCG.

Achievements since June submission

(As at 6 October)

- ✓ 74 Practices – 54 live including 5 dispensing (73%), 5 planned Go Live date (7%), 15 (20%) to plan.
- ✓ 21 Dispensing/ 53 non-dispensing
- ✓ 102 Community Pharmacies
- ✓ Utilisation: 65% use by live GPs
- ✓ Percentage of repeat prescriptions transmitted electronically for February 2016 (excludes DDs EPS) - 54%
  - Identified champion users of EPSr2.
  - Work with practices to increase utilisation figures across

Somerset.

- ✓ EPS Project Board with LMC and LPC representation agreed review and action plan for eRD functionality and use to be implemented, collating outcomes and benefits from strong local use cases. Roll forward plan to be develop

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

A. Baseline

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

- 100% of practices have enabled online ordering for repeat prescriptions and appointment booking.
- As of March 2016, an average of 20% Somerset registered patients are enabled to order repeat prescriptions online and book online appointments. However, those registered are not using these services as much as we would like them to.
- 18 Practices of 74 have under 10% of patients registered to use online booking of appointments and repeat prescriptions. 10 of these are above 5%.
- Initial briefings shared via the Patient Participation Group (PPG) Chairs Network.

B. Ambition

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

Year	Ambition
16/17	• To ensure that 10% of patients at each practice (not just an average across Somerset) are registered for POLA. • To increase the amount of patients registered to 20% and for online to be their primary way of booking appointments and ordering repeat prescriptions.

17/18	• To increase the amount of patients register to 40% and for online to be their primary way of booking appointments and ordering repeat prescriptions. • To work with practices, the LMC, IT Leads Groups and NHS Digital Implementation Lead to increase uptake. • To liaise with the Digital Inclusion Group, PPG and population Groups to raise awareness of functionality and encourage sign up and use.

C. Activities

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

Quarter	Activities
16/17 Q1	• Attained baseline from NHS E. 18/74 Practices under 10%. 8 Practices under 5%
16/17 Q2	• 18 74Practices under 10% but 74/74 over 5%
16/17 Q3	• 64/74 Practices over 10%
16/17 Q4	• 74/74 Practices over 10% patients registered
17/18 Q1	• 25% of Practices at 40%+ patients registered
17/18 Q2	• 50% of Practices at 40%+ patients registered
17/18 Q3	• 70% of Practices at 40%+ patients registered
17/18 Q4	• 90% of Practices at 40%+ patients registered

D. National Services / Infrastructure / Standards

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

Local campaigns to promote uptake will take place with NHS England.

E. Evidencing Progress

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

Monitor via Programme of Work Group and POMI metrics as provided by NHS Digital

Progress and risk highlights to IM&T Strategy and CCG in annual update paper.

Achievements since June submission
✓ As of July 2016 (awaiting latest NHS Digital figures) , an average of 20% Somerset registered patients are enabled to order repeat prescriptions online and book online appointments ✓ 16 Practices of 74 have under 10% of patients registered to use online booking of appointments and repeat prescriptions. 10 of these are above 5%. These Practices have all been individually approached by the CCG/ CSU/ NHS England. ✓ The CCG and CSU have been in contact with local colleges and have attended several Freshers Fairs to promote POLA. ✓ Contact with Carers has been made and PPGs are on board. ✓ Working with NHS England to assist Practices with low uptake ✓ New GP Online Toolkit shared with practices and promoted at CCG Quarterly IT Leads meeting