NHS LONDON
CAPITAL INVESTMENT BID PROFORMA

NHS ORGANISATION	Whittington Hospital NHS Trust (trading under Whittington Health Integrated Care Organisation – WH ICO)
TITLE OF SCHEME	Implementation of a single integrated Electronic Patient Record (EPR) to drive the transformation of patient care across WH ICO
CAPITAL VALUE (£'000)	2011/12: £1580k 2012/13: £5500k Total: £7080k
LEVEL OF PRIORITY (OPTIONAL) If more than one proposal is submitted by the Cluster/NHST/FT, indicate whether this is 1st / 2nd / 3rd priority etc.	1st
CONTACT DETAILS:	Glenn Winteringham Director of IT glenn.winteringham1@nhs.net

SCHEME SUMMARY	[*Summarise the key dimensions of the scheme]* This bid is for £7.1m capital to implement a single integrated Electronic Patient Record (EPR) across WH ICO in order to : • Realise the benefits of becoming an ICO by enabling the transformation of patient pathways across primary, secondary, tertiary, community and social care boundaries • Integrate with the wider NCL and NHS London healthcare economy • Improve patient care, outcomes and experience • Reduce costs and deliver financial savings to NCL commissioners • Support delivery of NCL QIPP and Trust CIP

STRATEGIC CASE	*[Summarise the key strategic drivers and confirm support of stakeholders.]* *[Confirm the extent to which the scheme delivers on high priority NHS capital investment requirements, e.g. improving patient safety and the patient environment, reducing backlog maintenance (% of total); enabling QIPP delivery, etc.]* *[Confirm the support of key clinicians and the way in which the scheme supports delivery of local commissioning priorities and the requirements of emergent CCGs.]* *[Confirm that premises subject to the investment won't be disposed of within 5 years.]* **<u>Key strategic drivers</u>** – Whittington Health Integrated Care Organisation (WH ICO) was established on 1 April 2011 from the business transfer of Islington and

	Haringey community provider services to The Whittington Hospital NHS Trust. – As an integrated care organisation we deliver acute and community services for adults and children, primarily to the residents of Islington and Haringey and also to other London boroughs, including Enfield and Camden. Our community services portfolio also provides a service to Camden, and Barnet and Enfield. – The organisation currently runs three separate Patient Administration Systems. All three are legacy IT systems that do not integrate and as such are not fit for purpose for the effective running of an ICO. This inhibits the transformation of services going forward. – An EPR will enable WH ICO to provide integrated care across the ICO and out into the wider health economy e.g. primary care, social services, clinical networks – In a report for the Department of Health and the NHS Future Forum that was issued on 05/01/12 the King's Fund and the Nuffield Trust identify the lack of a "robust, shared electronic record" as one of the key barriers to creating integrated health and social care services **High priority NHS capital investment requirements** The proposed investment in a single enterprise wide EPR solution will improve **patient care, outcomes and experience** by :- – enabling the transformation of patient pathways by supporting seamless care delivery across acute and community settings e.g. reduced hospital admissions and costs and support more appropriate and cheaper care in the community\patient home – providing clinicians with access to a single shared patient record across the WH ICO rather than disparate IT silos that currently exist between the hospital and the two community settings i.e. real time access to the same data – integrating fully with EMISWeb that will allow GPs to access WH ICO electronic patient records on-line and vice versa to allow WH ICO clinicians access to primary care records held in EMISWeb. This aligns with the NCL IT strategy to roll out EMISWeb to all GP practices – integrating with the wider NCL and NHS London healthcare economy to provide shared access to patient data e.g. Cancer network, TB hub and spoke model ; including Social Services so we can share assessment documentation – providing patients with on-line access to their own records and significantly improving patient communications by using e-mail and text reminder communications i.e. minimising use of paper comms – supporting the QIPP agenda through real time performance management using its sophisticated informatics reporting capability ; and the ability to rapidly develop e-forms to capture any new data requirements as written in .net technology

	– supporting the development of a capitation payment mechanism that provides better value for money to the health economy based on transformed care delivery **Evidence Base for an Integrated Care System Underpinned by EPR** There are published reference case studies clearly demonstrating the benefits of integrated care in the UK e.g. Torbay, Stroke Care in London. In the US, most notably from two of the most successful integrated health care providers in the US, namely Kaiser Permanente and Veterans Health Administration a 55% reduction in acute bed days resulted from the implementation of integrated service networks. **Clinical Support** Following a series of EPR demonstrations as part of market assessment phase of procurement, clinicians have deemed an EPR as essential tool in their ability to transform clinical pathways as it provides the corporate platform to share patient data across health and social care providers. Work is already underway with local GPs and social services to develop more integrated ways of working and the organisation is committed towards achieving 100% e-comms. This however, cannot be delivered from the legacy IT systems.

ECONOMIC CASE	*[Confirm the scheme benefits – including financial (cash releasing and non cash releasing) and non financial (quantifiable and non quantifiable) and how the scheme delivers value for money.]* *[Confirm other options considered to achieve the scheme's objectives.]* **Benefits** The community services RIO systems are out of contract from mid 2015. From this date onwards the Trust will incur an annual maintenance and support cost. Implementing the EPR will enable cost avoidance to the ICO of £4m per year to use RIO (indicative quotes from BT are £2m instance of RIO and the ICO has 2 – Islington and Haringey). Additionally the Trust will need to replace its legacy PAS by March 2014 at capital cost of up to £1.5m and an annual support and maintenance cost of £250k and capital charges of c. £200k. **Value for Money** The average EPR costs for the preferred supplier of £8m represents significant value for money compared to the average deployment costs of the CfH EPR solution (Cerner Millenium) for London of £31m and for the Southern Cluster of £36m **Other Options** There are no other options as three current legacy IT systems are out of support by 2014/15 and none are fit for purpose for an ICO. **Carbon Reduction** Unable to quantify at this point, but there would be significant potential to reduce carbon emissions by :

	– moving from paper based processes across the ICO to electronic e.g. no more printed results or letters internally or sent externally to GPs – large reduction in paper based communications with patients by moving to e-mail\text – supporting mobile working by offering patients virtual clinics on-line and potentially web-cam consultations into their homes, reducing the need for journeys to hospital attendance – supporting mobile working by reducing car journeys back to a fixed base to use a PC to access information – supporting staff working from home e.g. home based diagnostic reporting, dictation and transcription

FINANCIAL CASE	*[Confirm the capital costs of the scheme and anticipated dates of capital deployment (and any associated disposals) split between 2011/12 and 2012/13]* *[Confirm the recurrent revenue costs of the scheme. Where these are anything other than revenue neutral or revenue saving confirm the source of additional revenue.]* *[Confirm that the recurrent revenue cost of the scheme is affordable]* **Capital costs** 2011/12: £1580k (March) 2012/13: £5500k (Linked to delivery of EPR modules – EPR go-live March 2013) Total: £7080k  EPR costs.xls The Whittington Hospital Trust has invested £5m of local capital in recent years to implement ; a modern, fast, secure resilient IT infrastructure which provides the platform to run the EPR on; CfH approved applications for an EPR e.g. Pathology, Order Communications, E-prescribing. For full EPR functionality and so that clinicians have easy access to all patient related records including digital images the Trust will be investing over £2m to replace its 10 year old legacy RIS\PACS in 2012/13. This investment is in addition to the requested £7.1m. There is also a minimum of £0.5m per annum for its rolling IT technology refresh program e.g. PCs, printers, servers, network etc. **Revenue costs** The annual maintenance and support costs are approximately cost neutral although the additional capital charges are a cost pressure of £1m p.a. The benefits of this proposal will accumulate over the longer term although during the transitional period of implementation the benefits will be significantly constrained. Consequently it is requested that a transitional support for the capital charges of £1m pa. be made available on a non-recurrent basis whilst implementation and embedding of systems occurs and until benefits are realised. At such a time the system becomes self-funding through the increased efficiencies of transformed services that will be partly retained by the Trust.

	Affordability Affordability in the longer term is expected through the wider transformation benefits associated with the development of the ICO. In the short term, non-recurrent financial support for the capital charges to support the transitional period is being sought. Should this bid be unsuccessful there will be a significant delay in implementing the system and the resulting benefits realisation of the ICO.

COMMERCIAL CASE	*[Confirm the commercial arrangements for delivery of the proposed capital investment, e.g. procurement approach and proposed contract type (If not using Procure21+ for new build or refurbishment or projects explain why not).]* *[Confirm when any necessary full planning consent will be achieved.]* *[Confirm status of legal documentation and what (if anything) remains to be agreed.]* *[For new build and refurbishment projects confirm: i) compliant with DH guidance (HBN & HTM); ii) compliant with eliminating mixed sex accommodation; iii) intention to undertake BREEAM assessment and target outcome.]* **Commercial arrangements** An Invitation to Tender (ITT) is ready to go out to suppliers on the Connecting for Health (CfH) framework contract Additional Supply Capability and Capacity (ASCC) i.e. CfH approved pre-tendered suppliers The aim would be to award contract by March 2012 and go-live by March 2013. [Confirm status of legal documentation and what (if anything) remains to be agreed.] ITT ready to go. Need to evaluate tender responses and award contract in March 2012.

MANAGEMENT CASE	*[Confirm the key risks to delivery and measures to mitigate and manage these risks.]* *[Provide a simple timeline with key milestones for the procurement and delivery of the scheme.]* **Key risks to delivery and measures to mitigate risks**

Key Risk	Mitigation
EPR solution does not meet functional requirements	Will only implement a proven NHS solution off a CfH framework contract Supplier must meet Output Based Specification
Failure to transform patient pathways	Establishment of an EPR Board chaired by CEO who is the SRO EPR deployment aligned to QIPP agenda via QIPP Board Establishment of a dedicated transformation team to facilitate change
Failure to deploy	Will only implement a proven NHS solution i.e. experience of deploying in NHS Part of bid is to fund short term additional

		resources e.g. project managers, business process managers, IT trainers, floor walkers, technical support, clinical and management backfill
	Lack of clinical engagement	Clinicians are fully engaged via software demonstrations and management structures e.g. divisional boards, medical committee

Key milestones (for the procurement and delivery of the scheme)

- Invitation to Tender to be issued 11/01/2012
- Submission of Tenders 01/02/2012
- Evaluation of Tenders 22/02/2012
- Notification of result of evaluation 09/03/12
- Award contract 30/03/12
- Go-live 03/13

LOCAL APPROVAL PROCESS	*[Confirm whether the scheme has yet received full Board approval, and if so the date on which this was confirmed. If not, confirm the anticipated date of approval and the extent to which the scheme has already received Board support, e.g. Outline Business Case approval.]* The Trust has identified this scheme as essential, both in terms of enabling service transformation and releasing the benefits that lead to increased efficiency associated with integrated care The scheme has been approved by the Executive Committee and given Chairman's approval pending full Trust Board approval of the outline business case on 25th January 2012.

CONFIRMED AS SUPPORTED BY:

CLUSTER/NHS TRUST/ FT CHIEF EXECUTIVE OR DIRECTOR OF FINANCE:	
NAME:	**Caroline Taylor**
TITLE:	**CEO North Central London Cluster**
LEAD COMMISSIONER (NHS TRUST / FT BIDS ONLY):	
NAME:	**Liz Wise**
TITLE:	**Director of Strategy and QIPP**
ORGANISATION:	**North Central London Cluster**