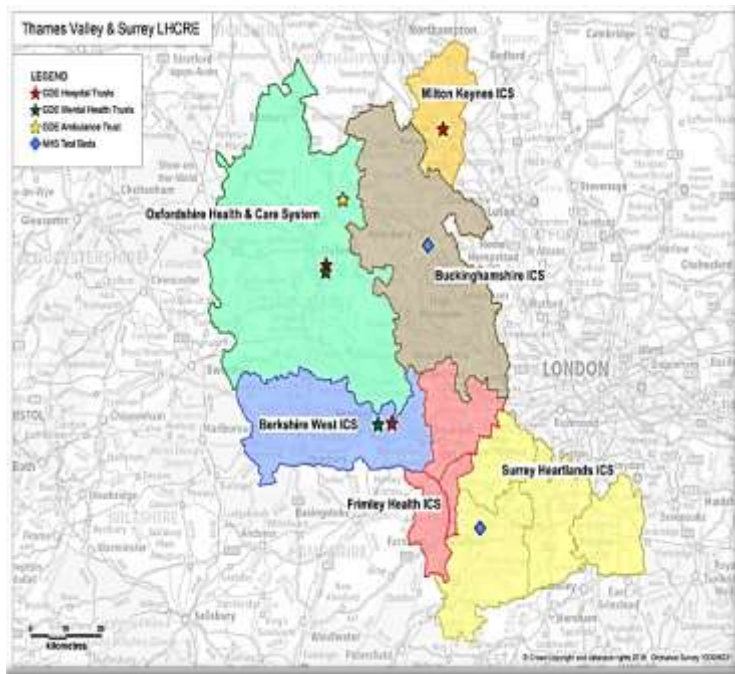


# Thames Valley & Surrey LHCRE



*We will build upon and exploit the maturity and expertise in our partnership to deliver care and quality transformation to our population through digital innovation and the harnessing of actionable population health intelligence.*

# Introduction

## Complexity

- Challenges on STPs/ICSs face
- Varying partnerships
- Levels of maturity in key enabling activities

## Commonalities

- Triple aim
- National priority programmes
- Culture/ ethos: ICSs, GDEs, a devolution site.

# Definition: Local Health and Care Record Exemplars

The aim of the Local Health and Care Record programme is to create an information sharing environment that **helps our health and care services continually improve the treatments we use, ensures that care is tailored to the needs of each individual, and can empower people to look after themselves better** and make informed choices about their own health and care.

Local Health and Care Record Exemplar programmes will “**raise the bar**” in how the NHS, and its partners, share information safely and securely to help deliver better care for our populations

Each Local Health and Care Record Exemplar will receive **targeted investment to deliver truly integrated health and care services in their area**. National capital funding of up to £7.5m will be made available for each of the localities for 2018/2019 and 2019/2020

# Building block for Population Health

**Population Health** is an approach aimed at improving the health of an entire population. It is about **improving the physical and mental health outcomes** and wellbeing of people, whilst **reducing health inequalities** within and across a defined population. It includes action to reduce the occurrence of ill-health, including **addressing wider determinants of health**, and requires working with communities and partner agencies.



**Population Health Management** improves population health by **data driven planning and delivery of care to achieve maximum impact**. It includes segmentation, stratification and impactability modelling to identify local 'at risk' cohorts - and, in turn, designing and targeting interventions to prevent ill-health and to improve care and support for people with ongoing health conditions and reducing unwarranted variations in outcomes.

# STPs and ICSs in TVS LHCR

Surrey Heartlands Health and Care Partnership – STP and ICS (devolution deal area)

Frimley Health & Care – STP and ICS

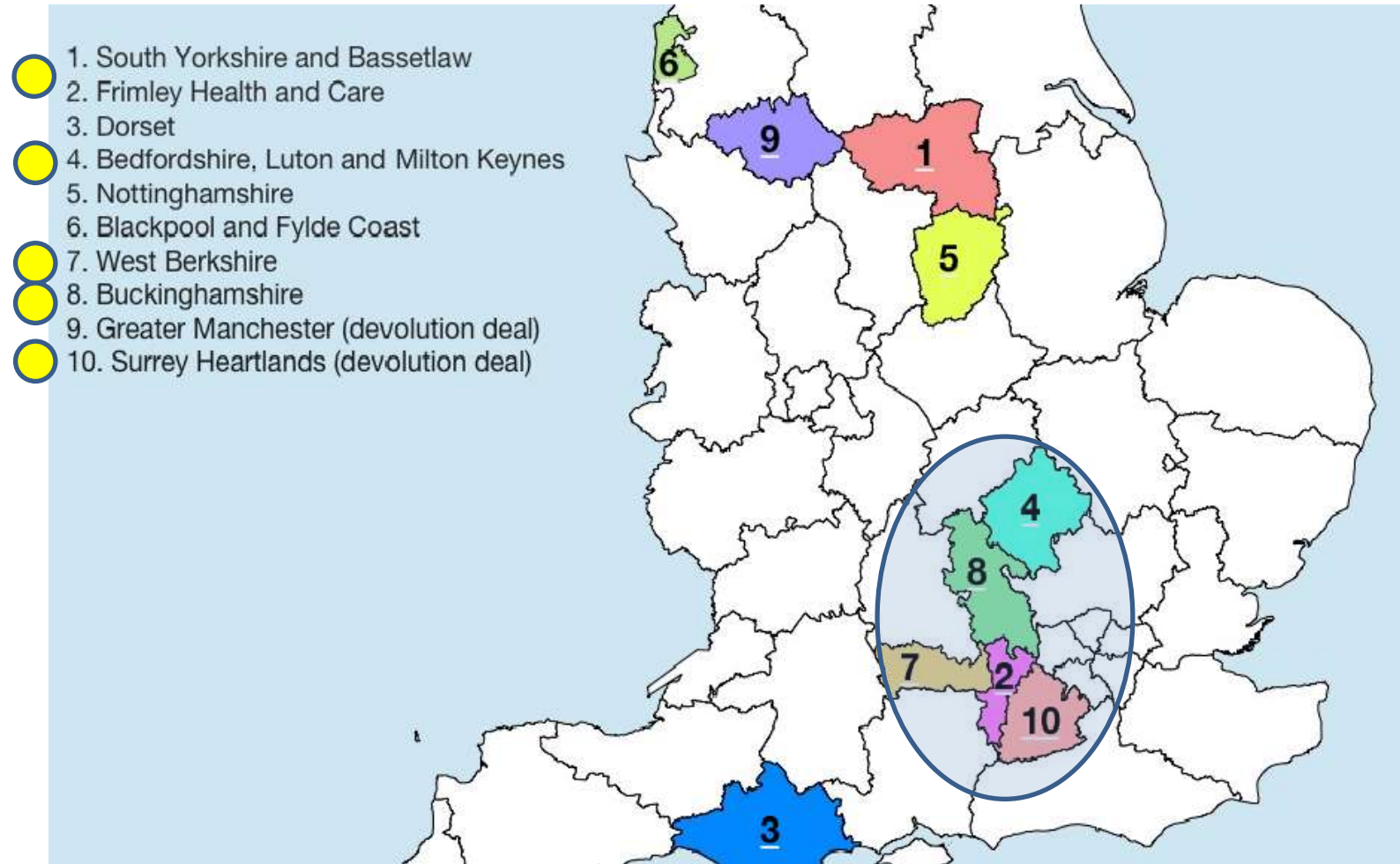
Buckinghamshire, Oxfordshire and Berkshire West STP:

- West Berkshire ICS
- Buckinghamshire ICS

Bedfordshire, Luton & Milton Keynes STP & ICS:

- Milton Keynes area

# The TVS area has the highest concentration of first wave ICSs in the country



# The TVS LHCR will build on extensive digital capabilities:

A set of leading integrated care records programmes:

- The **Connected Care** programme in Berkshire and Frimley (with Graphnet)
- The **Oxfordshire Care Record** (Cerner HIE & HealthIntent)
- **My Care Record** in Buckinghamshire goes live in August (Graphnet)
- Surrey Heartlands launching the **Surrey Care Record** in August (Patients Know Best)

High concentration of Global Digital Exemplars:

- **Oxford University Hospitals FT** (Acute GDE)
- **Royal Berkshire FT** (Fast Follower)
- **Oxford Health FT** (Mental Health GDE)
- **Berkshire Healthcare FT** (Mental Health GDE)
- **South Central Ambulance Trust FT** (Ambulance GDE)

Thames Valley Cancer Alliance HIE programme

# Delivery focus



Support, accelerate and spread best practice across the **five area-based shared records programmes**

Support, accelerate and spread best practice on **patient / citizen access and digital services (including PHRs)**

Development of the **TVS Virtual Regional Record for Individual Care** – a federated linkage of the 5 area-based systems (with Cerner, Graphnet, and PKB)

Development of the **TVS System-Wide Hub for PHM, Intelligence and Research**



TVS:

why us

why now

## The strength of opportunity

- Multiple Integrated Care Systems working together
- System wide patient benefits, including major pathway focus on Cancer, and emphasis on citizen engagement and self-care.
- Building on extensive digital capabilities and interoperability across the footprint.

## Our expertise in getting value from data

- The strengths of our use of data for direct care, planning and innovation, with excellent AHSN, CSU, Academic, and commercial partnerships. Eg -
  - Pop health intelligence – integrated diabetes dashboard rolled out to Oxfordshire practices, including at-risk patient identification
  - GDm-Health allows pregnant women to track their blood glucose levels and stay in touch with their healthcare team.

## We now have a firm foundation for delivery

- Our STP system-leads and Chief Executives are fully committed.
- We have the governance, leadership and resourcing in place.
- We have a strong collaborative partnership coming alive.

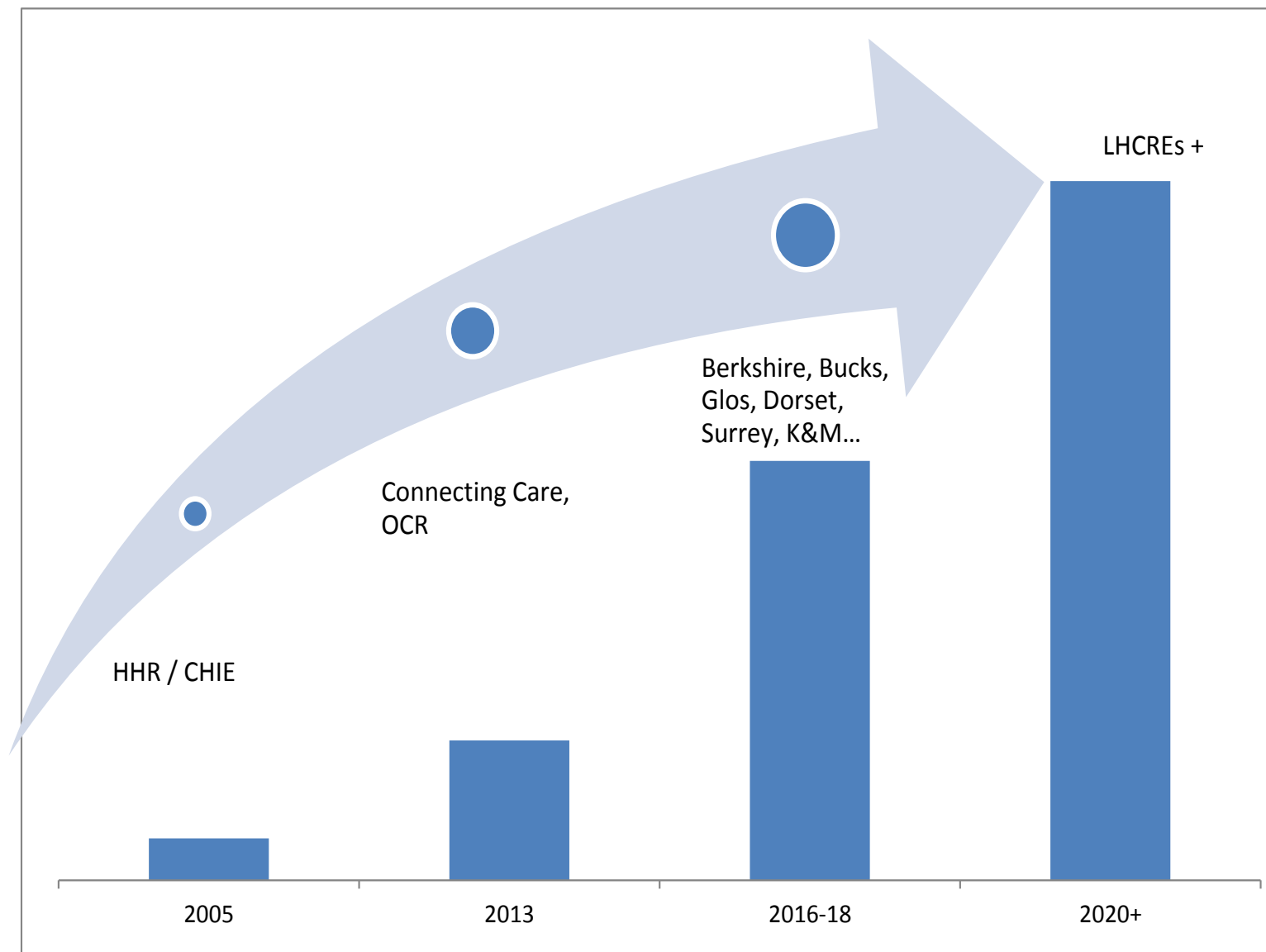
# Today...

to develop an **understanding** of what the TVS LHCRE is about and what it can achieve

to get your input from participants to shape the **priorities and focus** of the LHCRE programme.

Encourage further **engagement** and input to the programme, particularly for care professionals, transformation leads and lay people

# LHCREs are the next stage in evolution of records-sharing programmes



# Benefits - by virtue of the record being there...

Patient not having to repeat their story multiple times



Patient safety – reducing adverse events, safeguarding



Speed and assurance of clinical decision making



Reduction in ambulance conveyances



Reduction in pathology tests



Reduction in decisions to admit



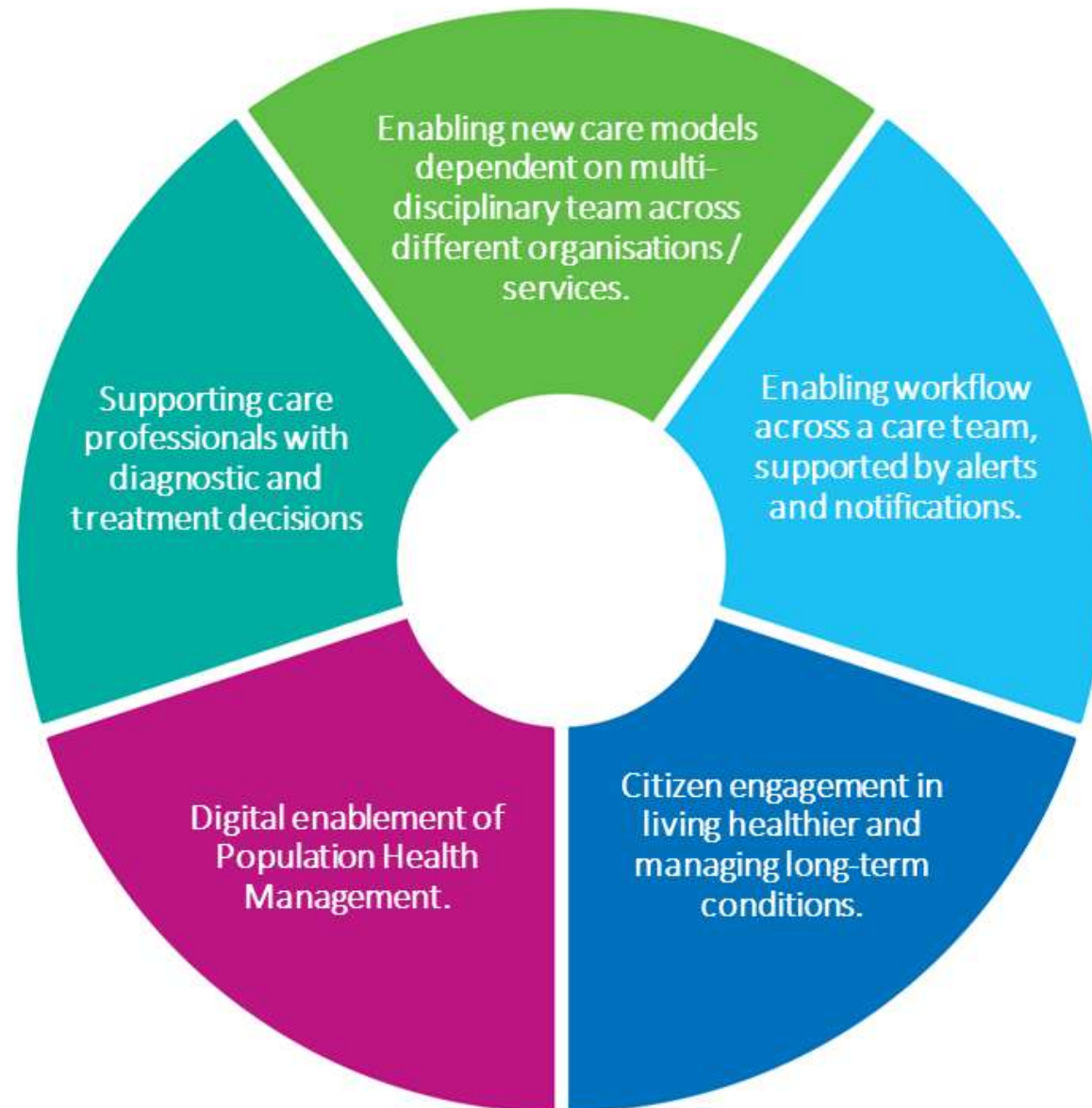
Reduction in length of stay



Reducing prescribing errors



# Benefits – to enable service improvement and transformation



# Experience shows...

- Most of the enablers to digital transformation are not technical in nature:



Leadership and engagement



Making the digital non-digital



Being driven by care improvement and service model change



An open and inclusive engagement model



Senior leadership and commitment



Making the business case

# But some are...



Easy to access and find the record (embedded / context launching)



Clear presentation of the information



Interoperability standards and data formats



Data quality



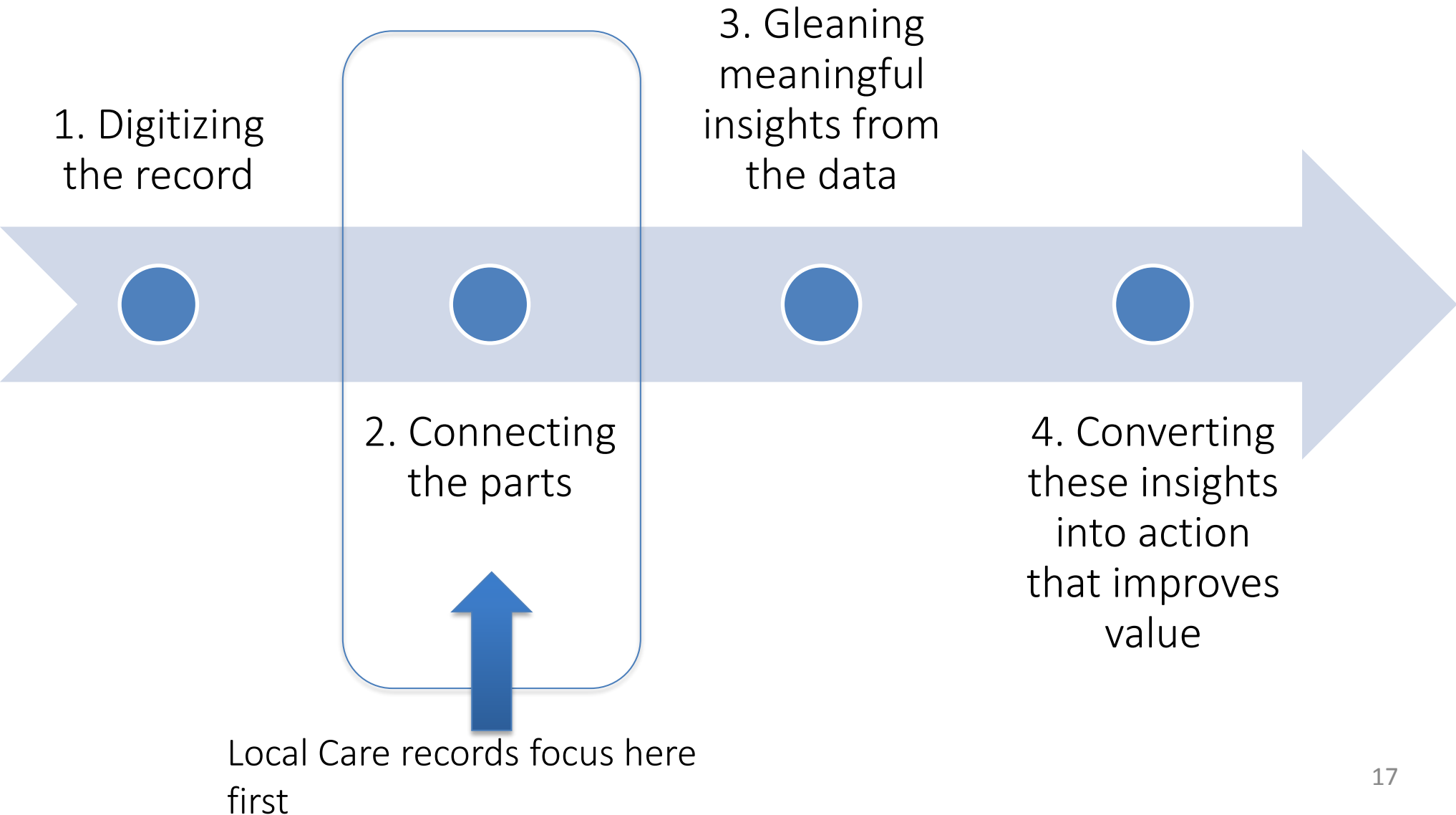
Supplier interfaces



Technical architecture



# 'Connecting the parts' – Bob Wachter on digital transformation



# LHCRES are about extending Scale, Scope and Impact

1. Digitizing the record

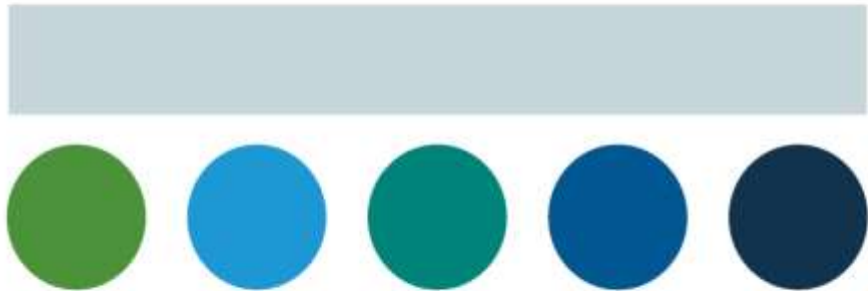
3. Gleaning meaningful insights from the data

2. Connecting the parts

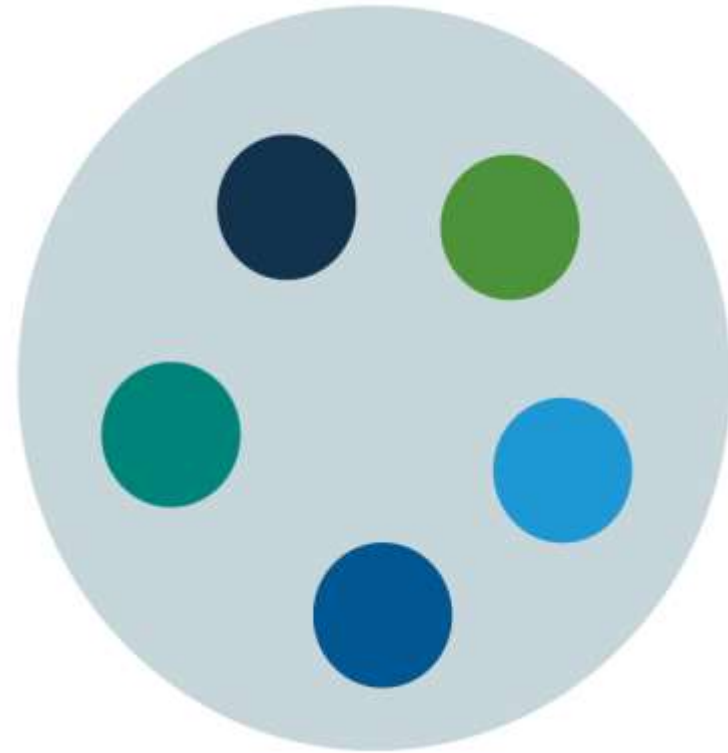
4. Converting these insights into action that improves value

LHCRES are about all of this – and impacting on digitisation and data quality

What does a LHCRE look like?



OR



# What LHCRE will feel like...through shared aims

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Enable service improvement and transformation - triple aim goals, directly supporting the development and operation of ICSs

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Provide a focus on Cancer, Maternity and Early Intervention in Psychosis to develop methods of sharing and using information across the whole area to improve care,

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Share development of how data and digital tools can support Population Health Management across the area.

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Engage with patients and the public around use of information to develop confidence and transparency.

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Collaborate on sound methods of information governance and security.

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Improve the scope and quality of data sets shared and available for care.

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Develop a network of care professionals (including CCIOs), service leads and in partnership with health & care user groups - collaborating to make digital services aligned to users' needs.

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## Next session...

Records  
sharing  
programmes  
underway:

- The **Connected Care** programme in Berkshire and Frimley
- Milton Keynes
- The **Oxfordshire Care Record**
- Surrey Heartlands launching the **Surrey Care Record** in August
- My Care Record** in Buckinghamshire going live in August

Mark, Mandy, Nick  
Steve, Anna.