

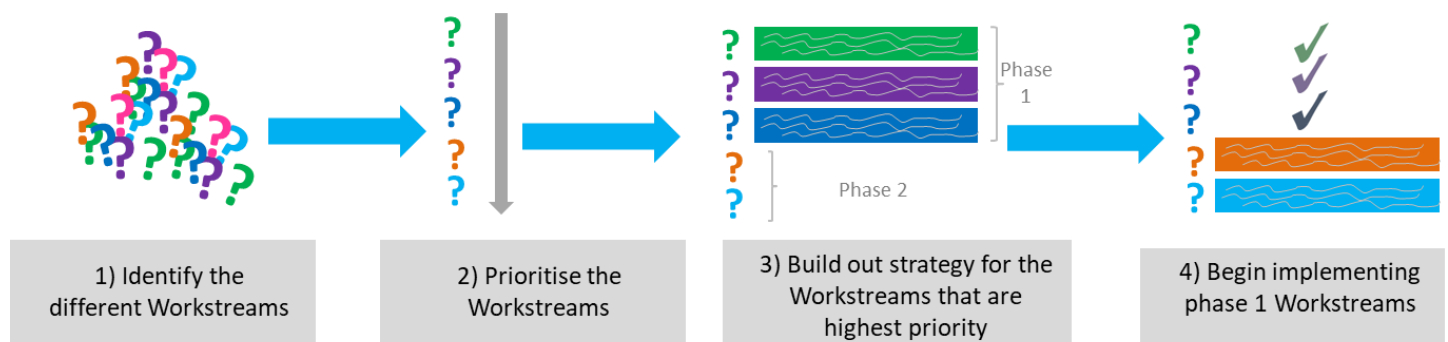
IT has an increasingly important role to play in Primary Care and we need to maximise its potential to help us to meet the increasing demand on capacity and provide the best health care to patients.

We are also keen, that whilst OCCG commissions the IT services for Oxfordshire GP Practices, that we share the IT Roadmap to enable practices to plan and have more opportunity to feed into it as we continually prioritise.

## What does the roadmap look like?

The roadmap needs to be useful as well as being something that we can begin to implement quickly. It needs to build on the local digital roadmap and be a plan that enables practices and federations to feed into it. We need a working document, which can adapt as priorities and initiatives change, whilst still giving a framework to work from.

To do this, we identified workstreams and ran prioritisation workshops with representatives from the federations and GP Practices as well as collecting much wider feedback through an online survey from GP Practices.



To prioritise the workstreams we used the following criteria:

Which workstreams....

- are the highest priorities for practices?
- are centrally mandated by NHS England?
- are needed to enable GP Forward View Schemes?
- would have the biggest impact (return on investment)?
- have dependencies for future projects?

This has given us the following prioritised list.

Priority	Workstream
Very high	Record Sharing (Interoperability of records)
	Cyber Security
	Telephony (VOIP, Unified Communications)
	Staff being able to access systems at home/from other sites
	All Records being submitted electronically
High- Centrally Mandated	Online Triage
	Patient Online
	Wifi
High	Improving Network Speeds
	Improving speed of computers
	Improving Printing
Medium	Sharing knowledge with hospital specialists
	Single Sign On
	OOH being able to see proactive care plans
	Staff sharing info with other practices
	Automating Processes
	Improving Clinical software
	Increasing number of computers/laptops
	Improving Data
	Desktop
	Employee Productivity

The sections below explain the reasons for why the priority was set for the Very High to High workstreams and the timelines for looking at them. Some of the workstreams are already live projects and so detailed timelines can be shared. Others are in the strategy building phase and so whilst we have shared a timeline for when the strategy will be built, we will need to communicate further timelines once the strategy has been agreed.

## Interoperability of Records (Record Sharing)

Being able to view records between primary care, OUH, OH, OOH, SCAS is important for patient care. Within Oxfordshire different organisations are on different record systems. The new Oxfordshire Care Record (nOCR) seeks to address this by enabling organisations to view each others records. Due to the scale and complexity of this project it is being done in phases.

### Why has this been prioritised?

- Strong feedback from primary and secondary care that this is important for patient safety
- Recognised in the CQC report that this was a significant gap in Oxfordshire

### **What else needs to be considered when building out this strategy?**

- Cybersecurity- It is vitally important that the system setup is secure with appropriate levels of access.
- Clinical Software/Systems- Any changes/upgrades to clinical software etc may impact this project and therefore this needs to be considered as part of this.

### **What are the next steps/timelines**

This is being done as a phased approach. The timelines for phase 2-4 are not yet agreed however phase 1 is expected to go live in Q2:

- Phase 1- EMIS GP Surgeries and Cerner users at the OUH users able to view a data feed from the organisation's records (Go live expected Q2 18/19)
- Phase 2- Oxford Health, OOH and SCAS go live on the system
- Phase 3- Oxfordshire County Council go live on the system
- Phase 4- Connectively to OCR equivalents outside of Oxfordshire

## CyberSecurity

There are several aspects to CyberSecurity. These include preventing malware from bringing down computer systems to stopping people being able to hack into systems and gain confidential information.

### **Why has this been prioritised?**

- There have been a number of successful virus attacks within Oxfordshire
- The sophistication of cyberattacks is increasing
- GDPR comes into effect 25<sup>th</sup> May 2018, which increases the fines payable if personal data is stolen

### **What else needs to be considered when building this strategy?**

- Desktop strategy. New versions of Windows have increased security. In addition admin rights on desktops/laptops increase the security risks
- Clinical Software, some older versions of clinical software require admin rights to function. Upgrading these can remove this requirement.
- Mobile Working- As the workforce increasingly needs to access EMIS etc from other sites, we need to ensure we have a secure way of doing this.

### **What are the timelines for building this strategy?**

- Evaluation of our current risk profile (to be completed by end of March 2018).
- Depending on the findings of this a strategy will be communicated with a detailed timeline
- GDPR workshops have been scheduled for April and May (see The Wire for details).

VOIP (Voice over IP) is an internet based phone system, which can replace your analogue phone system. These older analogue phone systems tend to have much higher ongoing costs. In addition they also don't have all the functionality to enable practices to work as efficiently both on their own and with other practices at scale. VOIP phone systems can enable failover to alternative numbers, being able to take calls on behalf of other surgeries (e.g. for training days), enable staff to access the phone system from anywhere (supporting mobile working), as well as supporting video and data calls.

The most important pre-requisite to VOIP is good network speeds (hence the network workstream). This will specifically need to be considered for a small handful of our practices, particularly in rural areas.

There is a good explanation of what VOIP is and the benefits [here](#).

### **Why has this been prioritised?**

- High number of practices are on expensive analogue phone systems that don't give all the functionality that practices need.
- A joint VOIP solution across Oxfordshire would enable better working at scale
- Some practice's current phone contracts are about to expire meaning they will need to sign new contracts soon.

### **What else needs to be considered when building this strategy?**

- Unified Communications- VOIP is one part of this. IM (instant messaging), presence (being able to see who is online), audio conferencing, sharing screens etc can also make practices and the system much more efficient, therefore this needs to be considered as part of the VOIP specifications.
- Network/Internet Speeds- VOIP requires a certain internet speed (bandwidth).
- Mobile Working- The degree to which mobile working is implemented in Oxfordshire will influence the type of devices that are used with VOIP e.g. desk phones vs headsets.

Some Federations have done a lot of work to identify VOIP solutions. We want this plan to build on the work the federations have done rather than compete, whilst also building a strategy that works for the county

### **What are the next steps/timelines?**

- Identify the business requirement, current landscape e.g. what federations have done, needs of practices (Complete mid May 2018)
- Roll out of strategy

## Mobile Working

A lot of staff are currently accessing practice systems from home and other sites such as care homes using their own devices. We need to ensure that this is done securely. In addition this needs to be enabled for all practices so that we can support working at scale, the care home scheme, and staff recruitment/retention.

### **Why has this been prioritised?**

- Need to ensure that mobile working is secure
- There is clearly a need for staff to be able to access practice systems at other sites, therefore we need to make this possible safely and securely.

### **What else needs to be considered when building this strategy?**

- Cybersecurity strategy. We need to ensure that this is done securely
- Desktop/Device strategy- we may need to consider the best way to do this and with what devices
- VOIP, this may enhance the mobile working strategy

### **What are the timelines for building this strategy?**

- Review of current setup and development of mobility strategy (to be completed by end of April).
- Roll out of this strategy from end of April (timelines will be agreed once the strategy has been developed).

## Communications being submitted electronically

The majority of communications sent from secondary care are being sent to practices electronically, which greatly reduces the amount of time it takes for them to be entered onto the system as they do not require scanning. In addition it saves postage costs. However there are still instances when these are not being submitted electronically and benefits could still be realised if this is changed.

### **Why has this been prioritised?**

- This would greatly reduce the amount of time practices spend on actioning incoming correspondence
- A lot of practices have adopted workflow optimisation and realised strong benefits. This will help them to further progress this.

### **What else needs to be considered when building this strategy?**

- Interoperability of records between different health providers.
- Clinical software

### **What are the next steps with this?**

- A group focussing on this is being kicked off (March 2018)
- This group will agree and communicate a timeline for when results will be seen.

## Online Triage

Online triage will enable practices to triage requests and conditions submitted by patients and select the most appropriate type of appointment or treatment, thus maximising GP time. OCCG has received central funding for this and there has been a lot of interest from GPs.

### **Why has this been prioritised?**

- Significant amounts of central funding will be awarded for this
- Severe GP capacity issues in some areas, this will enable us to free up GP time
- Significant amount of interest from GP Practices

### **What else needs to be considered when building this strategy?**

- Mobile working, if staff can access systems from other sites to do this, this could enable staff retention
- Cyber Security, we need to ensure that any patient information that is submitted is sent and stored securely.

### **What are the timelines for building this strategy?**

We will be rolling out online triage in three waves, with 10 practices in wave 1, approx. 20 in wave 2 and the remainder in wave 3. This is a change programme not an IT programme and therefore we will need to strongly support practices with this rollout

- Jan 2018- Wave 1 practices selected
- Feb-March 2018- Solution is selected with wave 1 practices playing a significant role in this.
- May 2018- Begin wave 1 rollout
- Oct 2018- Begin wave 2 rollout

## Patient Online

Patients being able to book appointments online, view their medical records and view test results helps to free up receptionist time, thus enabling a practice to be more efficient and productive. Patient Online is a central scheme to promote this. Oxfordshire is currently at about 10% uptake for this.

### **Why has this been prioritised?**

- Central Scheme with central targets
- Enables a practice to be more efficient by taking work away from receptionists

#### **What else needs to be considered when building this strategy?**

- Online Triage, how does this fit in with Patient Online and how do we communicate this clearly to the patients
- Wifi- Some practices are using their volunteers to help patients sign up for this. Having wifi in the practice is a requirement for this.

#### **What is the timeline for this?**

- All patients in Oxfordshire now offer patients at least 1 of the three patient online services.
- CSU is continuing to offer support to practices to help increase usage of patient online by their patients. Please contact Lynne Colley ([lynne.colley@nhs.net](mailto:lynne.colley@nhs.net)) if you would like assistance.

## Patient WiFi

Having wifi in the practice is a centrally mandated scheme. Once in place it will enable patients to access services online from within the practice. In addition it enables other health workers coming into the practice to quickly get on the wifi, thus making them more productive.

#### **Why has this been prioritised?**

- Central Scheme with central targets
- Is a building block to enable other patient online services

#### **What else needs to be considered when building this strategy?**

- CyberSecurity- Ensuring that the network within GP Practices is secure.
- Improved network/internet speeds- Need to consider this and whether it will have an impact on practice's bandwidth.

#### **What is the timeline for this?**

- This has been rolled out to all but six Oxfordshire GP Sites
- Four of these remaining practices will have wifi by end of April 2018.
- The other two practices will be brought online once some pre-requisites are completed.

## Improved network, internet and computer speeds

All staff within GP Practices are very busy and therefore anything that negatively impacts their productivity needs to be addressed. Network and computer speeds are one aspect that can play into this as they are important for many clinical systems as well as the administrative functions of a practice. We have grouped network/internet speeds and computer speeds together for now, whilst we determine exactly what the cause is of slow machines.

**Why has this been prioritised?**

- Very strong feedback from practices in the survey that this needs to be improved
- Is a requirement for VOIP and other parts of the strategy
- Capacity challenges within primary care and so technology needs to be an enabler rather than a blocker to productivity.

**What else needs to be considered when building this strategy?**

- Bandwidth requirements for VOIP etc
- Cyber Security, we need to ensure that we maintain network security.

**What are the timelines for building this strategy?**

- Review of practices networks with health checks performed (March-April 2018)
- Actions from network health checks implemented (From April 2018)

The CSU team will be proactively reaching out to practices that flagged this as an issue in the survey, however if you also think your practice has slow internet/network speeds please raise a ticket with ABS/Healthcare computing so that the team can investigate.

## Improving Printing

Clinicians within a practice regularly print a number of different items including referral letters, ICE notes and prescriptions. Having the right printing equipment to support this greatly improves efficiency. With the introduction of ICE, it is recognised that the equipment needs to progress to support this. Therefore there is a requirement for three tray printers in all clinic rooms.

**Why has this been prioritised?**

- Need to free up clinician time to maximise their time with patients
- Relatively easy one to resolve.

**What else needs to be considered when building this strategy?**

- Mobile Working, whilst at the moment it won't impact this, if a dramatically different type of mobile working is adopted this may need to be considered.
- Cybersecurity- Need to ensure that any changes to printing adhere to security policies.



### What are the timelines for this?

- All new printers ordered for clinical rooms will be three tray printers (from Feb 2018)
- Review of printers currently in primary care to agree sensible refresh/upgrade process for two tray printers already in primary care.

## Medium Priority Workstreams

So that the roadmap is manageable and something that can be implemented quickly, we are currently focussing on building out the strategy and implementing the high priority workstreams detailed above. We do need to be mindful of the other workstreams as we do this as decisions made can affect what we choose to do moving forward.

The medium priorities are:

Priority	Workstream	Which other workstreams does it need to be considered with?
Medium	Sharing knowledge with hospital specialists	<ul style="list-style-type: none"><li>• VOIP/Unified Communications</li><li>• Mobile working,</li><li>• Interoperability of records</li><li>• Electronic communications</li></ul>
	Single Sign On	<ul style="list-style-type: none"><li>• Cybersecurity</li><li>• Desktop</li></ul>
	OOH being able to see proactive care plans	<ul style="list-style-type: none"><li>• Interoperability of records</li></ul>
	Staff sharing info with other practices	<ul style="list-style-type: none"><li>• VOIP/Unified Communications</li><li>• Mobile working</li><li>• Interoperability of records</li></ul>
	Automating Processes	<ul style="list-style-type: none"><li>• Staff sharing info with other practices</li></ul>
	Improving Clinical software	<ul style="list-style-type: none"><li>• Desktop</li><li>• Improving network/computer speeds</li></ul>
	Increasing number of computers/laptops	<ul style="list-style-type: none"><li>• Mobile working</li><li>• Desktop,</li><li>• Improving computer/network speeds</li></ul>
	Improving Data	<ul style="list-style-type: none"><li>• Clinical Software</li><li>• Cybersecurity</li><li>• Interoperability of records</li></ul>
	Desktop	<ul style="list-style-type: none"><li>• Improving Internet/Network speed,</li><li>• Improving computer speed,</li><li>• Clinical software</li><li>• Cyber security</li></ul>
	Employee Productivity	<ul style="list-style-type: none"><li>• Desktop</li><li>• Improving Internet/Network speeds</li><li>• Clinical Software</li><li>• Cyber Security</li><li>• VOIP/Unified Comms</li></ul>

## What's next?

We are going to setup quarterly Primary Care IT Roadmap meetings, where anyone interested in feeding into the strategy and prioritisation can attend so that we can make sure we have continuous feedback from practices and federations. Anyone working in Primary care is welcome and if you would like to attend please contact [Hannah.scarisbrickrowe@oxfordshireccg.nhs.uk](mailto:Hannah.scarisbrickrowe@oxfordshireccg.nhs.uk). We hope to be able to host some of these as virtual meetings so that there isn't a travel burden. If you have any feedback at all, please do also contact us.