Primary Care Digital Transformation – Information Sharing workshop output

User stories captured in the following format:
As a <type of user> I want <some goal> so that <some reason>

1. As a practice I want to know more about the analytics project that is happening in the CCG because projects are started with a fanfare and then we hear nothing
2. As a practice I want to be able to send sensitive/clinical information to Social Services when requested without having to go via Egress
3. As a practice I need the burden of the CCG running searches on the practice *data/system*[1] to be reduced (the burden being copying and pasting into the CSU folder)
4. As a practice I don't want to check if paper letters are a duplicate of electronic letters already received
5. As a practice I want to share relevant clinical information with school mental health workers so that we can have appropriate clinical discussions and know what they have done *in relation to the service user*
6. As a practice I need to know what the District Nurses (or any member of an MDT) so the information about the patient is in one place and with the patient
7. As a practice I want any structured data coming back into our system to be accurate (so we get paid and so that records are accurate) and in a form that integrates back into our systems
8. As a practice I want information available so that anyone can be seen at any site so that the most appropriate clinician can be put in the right place and so that decisions can be made easily and not just by the GP
9. As a practice I need to understand who is using my practice clinical system and why so that I can control who is seeing what and why
10. As a GP quality and quantity (proportionality and presentation) of data is important. *I need* the right amount of information to make decisions about that patient and with that patient

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[1] Text in italics have been added by the scriber to add clarity

11. As a PCN I want voluntary organisations and the private sector to access relevant information in our clinical systems so that they can deliver services and communicate activity back

12. As a PCN I want to be able to run the hubs as a network and it to be as easy as possible to book appointments without having to log in and out of all the GP systems and the online appointments *are configurable* for nurses who can and can't do different things and different appointment lengths for different specialties

13. As a CCG I want to ensure the burden of data entry on clinicians is reduced as much as possible and integrity of the data is maintained and we are not double counting activity that may be recorded in more than one system

14. As a CCG I want to be able to interrogate Practice systems to find out information to influence patient care and/or service design and to reduce the burden on the practice (followed by a question as to whether this increases the burden given a previous story)

15. CHIS & practices spend a lot of time replicating each others' data. Could we both have one system