



Cheshire Care Record Summary of Current Position

June 2021

Report Authors:

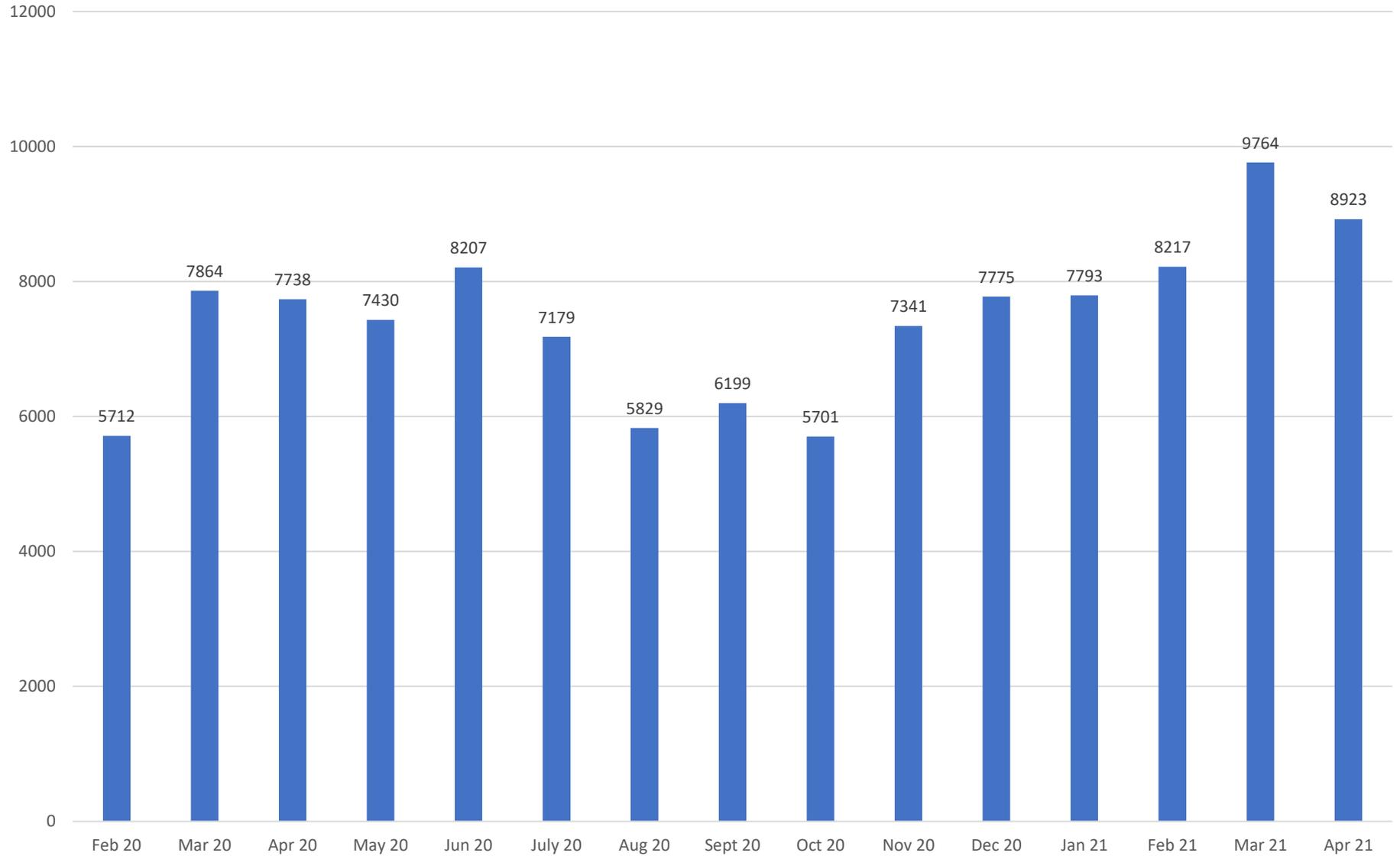
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Introduction

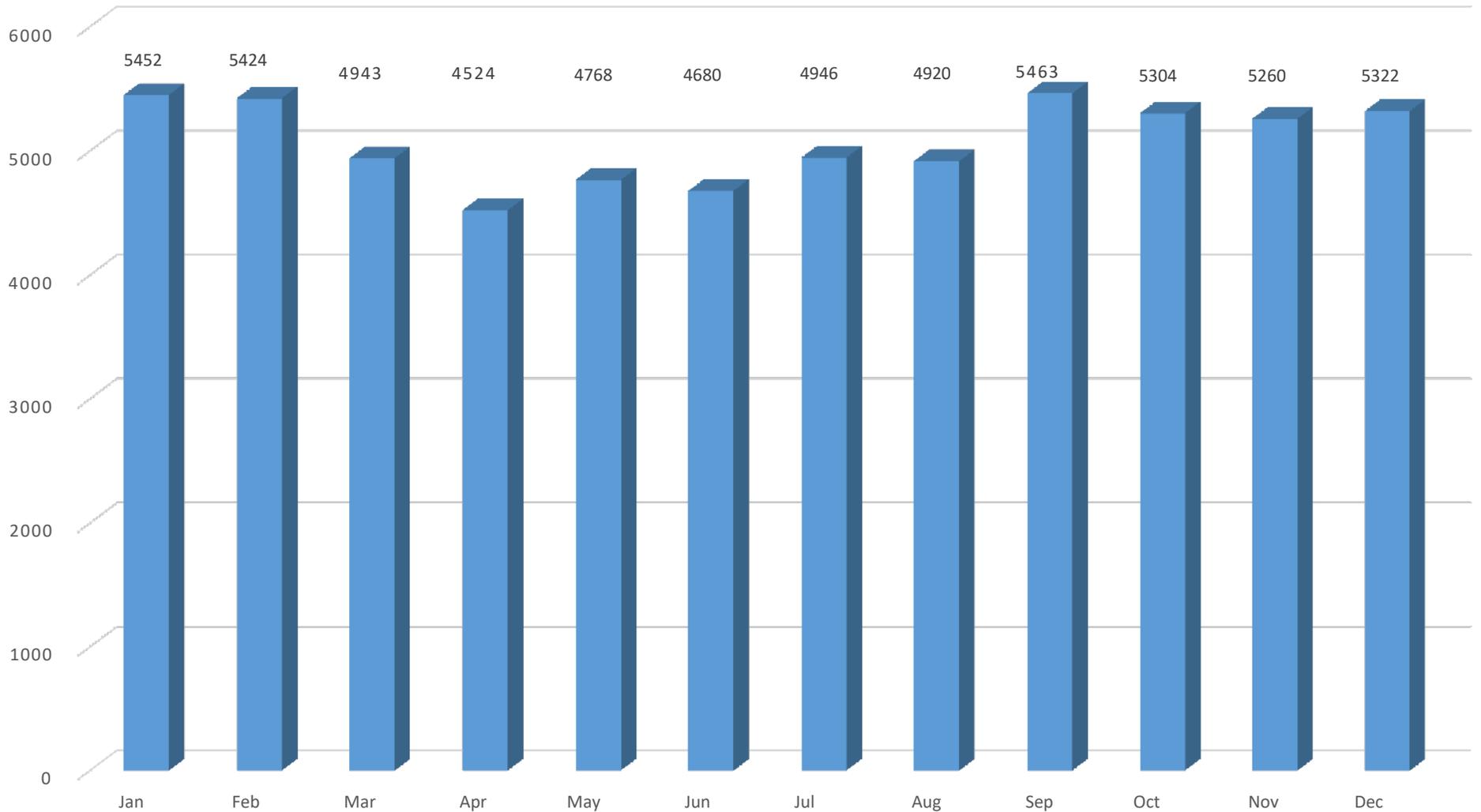
Cheshire Care Record – Current Position

- Consistent monthly usage increase, around 30% per month from previous year.
- The current contract with Graphnet has now been extended for a final 12 months and concludes 31st July 2022.
- Recruitment is underway to appoint an Optimisation Lead on a fixed term basis, anticipated postholder in place from August 2021.
- Work continues to connect Share2Care to the Cheshire Care Record via E-Xchange, the project is behind schedule but expected to go live by end of June 2021.
- As part of the Cheshire & Merseyside HCP ambition for shared health and social care, a digital strategy review has been initiated to appraise options for an integrated shared care record system for Direct Care across Cheshire and Merseyside. The review is being undertaken by Channel 3 consultancy.

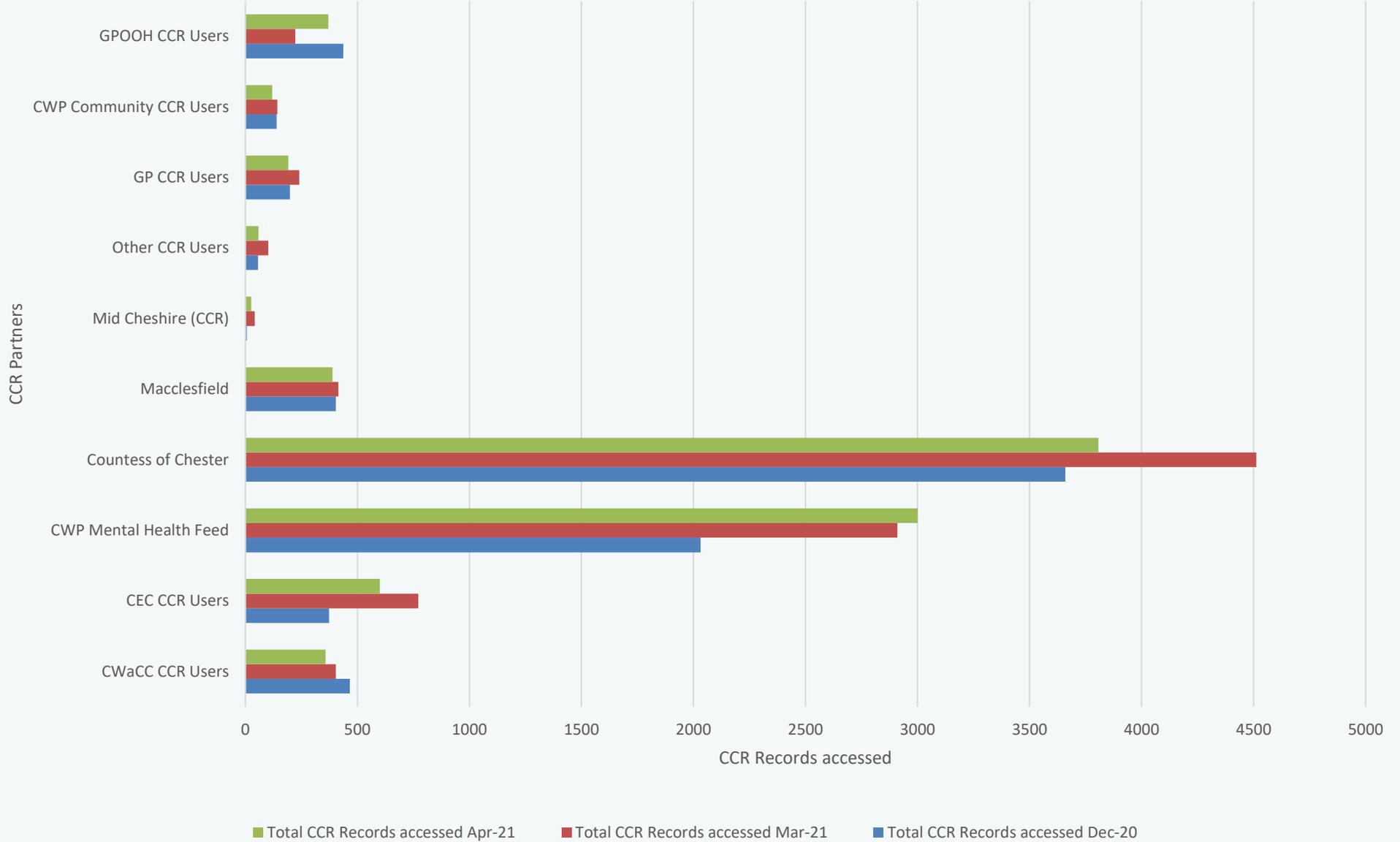
Total CCR Records Accessed during 20/21



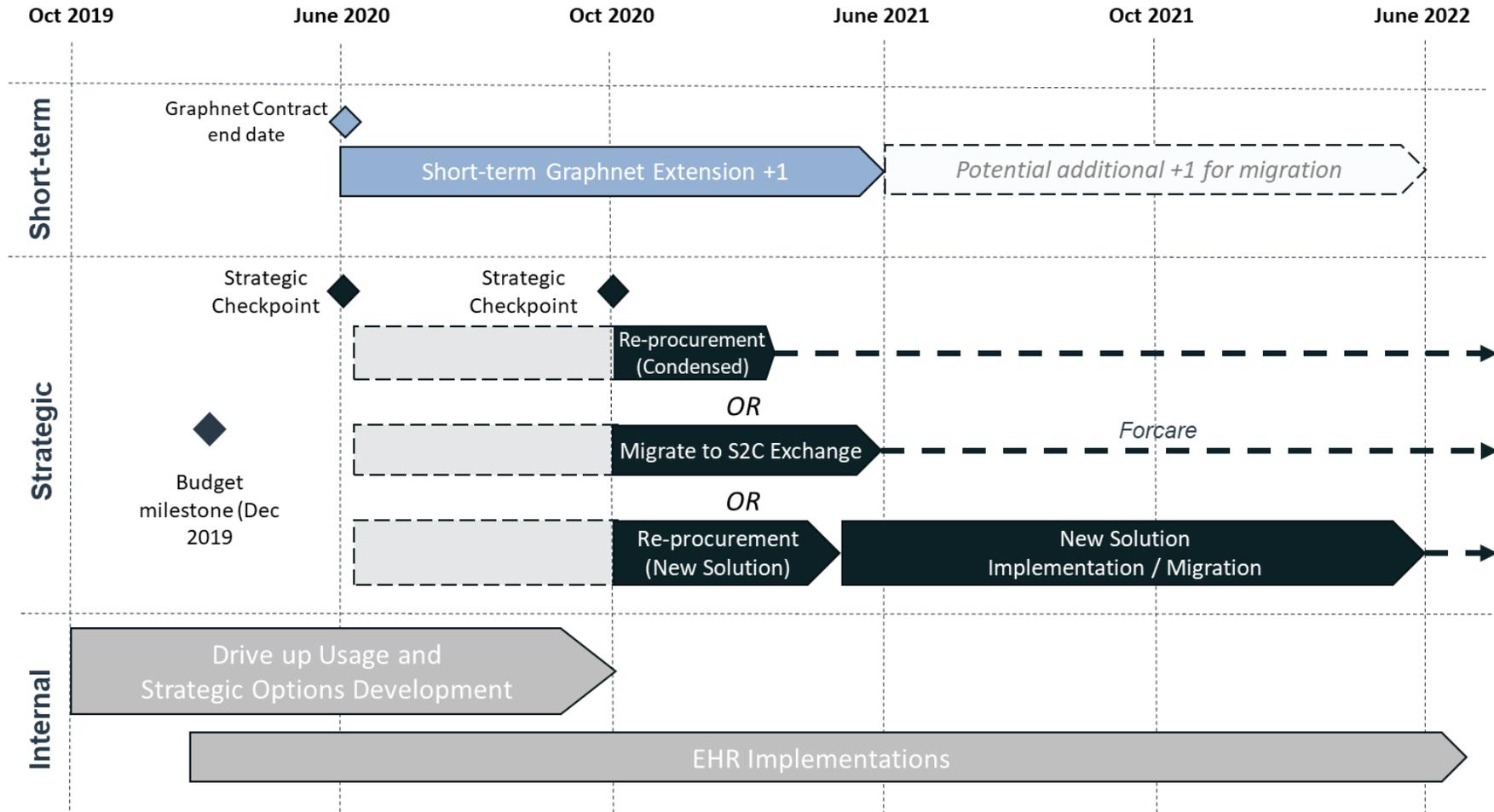
Total Patient Records accessed – January to December 2019



CCR Usage by Partner



Previous CCR Strategic Roadmap



Cheshire Care Record – Opportunities & Highlights

- Preparation work being done to add GP Out of Hours (Adastra) Data Feed to CCR *
- NWAS integration of end of life data into their EPR being evaluated by Graphnet
- CCR IG Group 2 year review of GDPR requirements and addition of new signatories
- Share2Care Training Video distributed to key stakeholders
- New CCR Training Video released with latest features and enhancements
- Working with CWP Provider on integration of their new Patient record system (TPP)

*** We are working with the C&M HCP to establish at what point developments to CCR should cease to ensure public monies are invested timely and wisely.**

Channel 3: Digital Strategy Review - C&M Shared Care Records

Executive Summary:

This digital strategy review outlined the options and recommended strategic direction for an integrated shared care record system for direct care and population health management across the System. The consensus view across C&M is for a common solution/database for direct care that will inform population health management and provide a base for Person Held Records.

C&M has strong ambitions for shared health and social care and has an opportunity to be a leader shaping the national direction. The ICS has recently published its 2021-2025 strategy, this strategy centres on the need to tackle health inequalities across the region. Key enablers for this are:

- Creating integrated care partnerships across health and social care.
- Supporting and enhancing Place-based population health analytics, building out wider data sets for the region and activity across the region.
- Taking a whole-system approach to commissioning and workforce planning.

These ICS ambitions, and the technology systems to support them, must also align with the developing national direction for shared care records to create an open standards-based solution based upon the national data model.

Next Steps:

There is no “do nothing” option under the current strategy that will allow Cheshire and Merseyside to meet the national objectives beyond September 2021

It was agreed and the C&M Digital Board (24 May 2021) the following:

a) Further work will be undertaken to review 2 options in the context of financial implications and clinical opinion/view:

Option 1 – Near real-time linked dataset for Population Health and Direct Care (e.g CIPHA) listed as the recommended option.

Option 2 – Common dataset for Shared Care Record and Population Health supporting workforce planning (e.g St Helens, Cheshire)

b) Any final decisions on the strategic direction are to be taken by a shadow ICS NHS Board in the autumn of 2021

Cheshire Care Record – Considerations and Risks

- The CCR contract expires end of July 2022. As it stands, we believe a further extension of the Graphnet contract is not possible and to continue as we are this would require a full procurement exercise to be undertaken.

Considerations

- Ongoing funding is not clear given Cheshire CCG will not be in place from April 2022
- A full procurement will be costly
- We are not clear of the C&M strategic direction as yet, and the impact of implementing further functionality to the CCR e.g. Adastra

Mitigation

- Discussions are ongoing with C&M digital lead to outline the concerns related to the CCR and the options open to us
 - Exploring collaboration opportunities to maintain services as part of a manageable transition to the agreed C&M strategic solution. Dialogue with St Helens & Knowsley on options to utilise current Graphnet contract are underway
- Current infrastructure for CCR is at end of life, funding would be required to both maintain and extend service, indicative costs of 100k currently quoted.

Mitigation

- Further work is underway to map out the timeline and costs for addressing the infrastructure and license issues, the CCR Senior Leadership Group have advised that the CCR remains operational, and we take a balanced and risk-based approach before agreeing to any further investment in infrastructure

Cheshire Care Record – Considerations and Risks

- Countess of Chester (CoCH) Informatics resource fully engaged with new Electronic Patient Record (EPR) rollout, with potential resource issues to migrate onto any new platform.

Mitigation

- We seek to recruit additional temporary resource from the remaining CCR monies (approx. £100k) to work on transition and migration.
- The role of the 'optimization lead' will have core responsibility for supporting discussions with C&M HCP, partners and stakeholders across Cheshire.

Conclusions

- We are navigating a new path for a shared care record for Cheshire during a time of uncertainty.
- We are reliant on timely information and direction from the C&M HCP.
- We are exploring collaboration opportunities to manage a transition so there is no loss of service and functionality for Cheshire Care Record Users.
- We will continue to keep the ICP Place Boards updated of progress as and when decisions are agreed.