1. ***Integrated Care including shared records.*** *This work-stream will develop secure patient / client record sharing across the Health & Care Community (with appropriate Info. Governance (IG)) under the principles of**integration and interoperability.*
2. ***Commissioning Enablement.*** *Fundamental to our Care Pathways work programme this work-stream will include clinician decision support tools, commissioning intelligence, knowledge management and corporate e-communications.*
3. ***Patient and Citizen Empowerment.*** *Fundamental to the self-care agenda this work-stream will establish a the range of tools and techniques to provide information, feedback or support (such as the use of telehealth, social media and texting**services).*
4. ***Enabling Infrastructure.*** *This will be developed as required to support the other work-streams, and covers Information Governance, data standards, Informatics and IT support services, training and IT infrastructure.*

***Our IM&T Programme***

**To turn the vision into reality requires the following work-streams;**

* ***Secure access to records by every clinician/ care worker, when and where needed, with clear opt-out and consent-to-view arrangements;***
* ***Empowering patients and their carers to take greater responsibility for their own health /healthcare through the use of technology-based support tools, and enabling patients to view their own records;***
* ***Commissioning decision-making - well-informed and evidence-based, through access to knowledge, timely, high quality information and analytical tools;***
* ***Exploiting innovative technologies where there is evidence of benefits.***

***Our IM&T Vision***

**Information and IT will be critical enablers of service change and improvement in Gloucestershire’s health and social care system, through:**

**Information Management & Technology Strategy for Gloucestershire: Plan on a Page**

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| ***Our Strategy in Context*** |
| **Some examples of why IM&T is crucial to our success, what it will deliver and how this will be achieved** |
| ***Why? - Drivers for change / Our Objectives*** | ***What? - Required IM&T Outcomes***  | ***How? – Proposed Initiatives*** |
| **Joining Up Your Care/Integrated Services, e.g.**Achieve service improvements by re-designing integrated clinical and care pathways, joining-up care between primary, community, acute and social care services - “right care, in the right place, at the right time”. Reduce duplication & unnecessary steps. Emphasis on partnership working. Focus on outcomes, not processes. Integrated Community Health & Social Care Teams (ICT). Multidisciplinary plans of care. Care closer to home, reducing avoidable emergency hospital admissions. Transformation of urgent care. | * Health & social care professionals sharing electronic records across organisations, resulting in improved operational decision making and reduction in duplication – latest information; anywhere, anytime.
* Integrated electronic care planning & improved service scheduling
* Faster electronic communications & improved turnaround times
* Agreed IG framework enabling secure electronic record sharing as the norm
 | * Develop cross-organisational strategy, requirements & plans for shared electronic records through Interoperability Programme
* Urgent care – implement secure electronic messaging between 111, OoH, GP’s and others
* Interoperability requirements included in pathway redesign
* Establish IG oversight group & record sharing agreements
* Further rollout Summary Care Records & e-Prescriptions
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| **Prevention & Self-care, e.g.**People enabled to take more control of their own health and wellbeing. Focus on empowering self-management / independent living, particularly for people with one or more long term conditions (LTC), with more emphasis on support for people at home and in their local communities where safe and appropriate – reducing the need for hospital based care. Partnership working to deliver ill health prevention and care strategies. Ensuring self-care strategies are informed by patient’s views. | * Patients have access to the information & knowledge needed to support self-care
* Patients have secure access to their electronic records & care plans
* Technology providing new ways for interaction with healthcare professionals e.g. Skype.
* Telemonitoring / Telehealth are integral components of LTC mgt.
* Improved communications with service users / patients
 | * Use of websites etc for wider range of information accessible to patients / public: e.g. links to condition / pathway-specific guidance
* Greater practice take-up of patient online booking, records access etc
* Greater use by all providers of text alerts, use of “Apps”
* Evaluate targeted use of social media & other online tools
* Embed Telehealth in re-designed pathways. Extend use of “Florence”
* Additional routes for patient feedback
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| **Commissioning for Transformed Services, e.g.**“One system, one budget” approach – best possible outcomes within available resources whilst reducing waste, harm, duplication and variation – with commissioned service pathways crossing organisational boundaries. Evidenced based pathway/service redesign. Innovative approaches to contracting models. Focus on outcomes. Utilise national best practice to maximise clinical and cost effectiveness e.g. prescribing. Monitor compliance with pathways / manage unwarranted variation.  | * A broader range of patient data available to inform commissioning
* Outcome data for integrated pathways defined & available – support for outcome based contracts
* Clinical decision support tools used to support new pathways & monitor adherence
* Joined-up up patient data available along patient pathway
* Benchmarking data routinely used in service planning & monitoring
 | * Improvements in Community & Mental Health data
* Collect/collate outcome measures
* Wider sharing of information to/from Gloucestershire Council
* Rollout ACG (Risk Stratification tool). Appraise benefits & implement further clinical decision support tools
* Develop tools /protocols to link & analyse data from different services along patient pathways
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