Board Meeting
28 November 2018

Lanarkshire NHS Board
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NHS Lanarkshire

SUBJECT: Community IT Business Case

1.   PURPOSE

This paper is coming to the Board:

For approval	☒	For endorsement	☐	To note	☐

The purpose of this document is to obtain commitment and approval for investment in the procurement and implementation of a new, interim Community IT system as a replacement for MiDIS (Multi-Disciplinary Information System), the Community IT system currently used within NHS Lanarkshire.

NHS Tayside, who is the supplier of MiDIS stopped all development work on MiDIS three years ago. NHS Tayside has transitioned the support arrangements to "best endeavours" care and maintenance. Whilst the current system (MiDIS) is being supported on a "best endeavours" basis by NHS Tayside, should the system fail in future there is no guarantee the system would be recovered within reasonable timescales.

The national community IT system procurement has been stalled and there is a requirement to address the emerging risks associated with the current position through the re-provisioning of a community IT system. All MiDIS consortium members, comprising of 6 Health Boards, are in the process of migrating onto alternative commercial off the shelf solutions.

To maintain sustainability for NHS Lanarkshire's Community Services an interim solution needs to be procured and implemented as an urgent priority.

2.   ROUTE TO THE BOARD:

This paper has been:

Prepared	☒	Reviewed	☒	Endorsed	☒

By the eHealth Executive Group, SLT in North and South IJBs.

3.   SUMMARY OF KEY ISSUES

The key business drivers for this project are to maintain the provision of patient care services which are reliant on MiDIS across a wide range of community services. Sustainability of the current processes and workflows in the community is paramount.

The current system, MiDIS, developed by NHS Tayside is now only supported on a "best endeavours" principle which was initially due to expire on 31st March 2018 but has since been extended until 31st March 2020. Support from NHS Tayside beyond this date will see an increase in support costs as the bulk of costs will be borne by the remaining customers (Fife and Lanarkshire).

The lack of ongoing support and development of MiDIS presents a high risk to the sustainability of IT support to community services until a National Community System has been procured for NHS Scotland. This National Community IT system will not be procured and implemented during the current system's lifespan.

Should MiDIS fail or become unusable after 31st March 2020, without an interim solution in place community services will need to return to manual, paper based record keeping.

It is recognised that in addition, improved ways of working within all areas of the community are vital and this can only be achieved through the implementation of an interim solution.

The key benefits of this are identified as:

- Sustainability of support to community services
- Ability for community staff to input data off-line and via a mobile device thereby reducing delay and duplication of data entry
- Increased patient safety through a more complete and up to date patient record
- Improvement in the range of functions available including electronic appointment scheduling
- Ability to extract data more easily, accurately and timely
- Reduction in travel time resulting in an increase in patient facing time
- Enhanced communication between health care professionals
- Increased productivity and efficiency
- Improvements in morale and job satisfaction
- Reduction in the requirement to procure and store manual patient records

Mobile access will allow staff to view appointments and patient record information on a mobile device and record their findings and care notes directly into the electronic patient record whilst in the patient's home, eliminating the need for manual recording and subsequent transcription of notes in the community system. The electronic record will then provide an up to date record of the patient's situation and will be accessible to community staff from other professions participating in the team based care of the patient as well as acute and primary care clinicians involved in the patient's care.

4.   STRATEGIC CONTEXT

This paper links to the following:

Corporate Objectives	☐	LDP	☐	Government Policy	☐
Government Directive	☐	Statutory Requirement	☐	AHF/Local Policy	☐
Urgent Operational Issue	☒	Other	☐		

5.   CONTRIBUTION TO QUALITY

This paper aligns to the following elements of safety and quality improvement:

Three Quality Ambitions:

Safe	⊠	Effective	⊠	Person Centred	⊠

The National and Local eHealth strategy have been developed to align and improve the 6 dimensions of care; Safe, Effective, Efficient, Timely, Equitable and Patient Centred.

Six Quality Outcomes:

Everyone has the best start in life and is able to live longer healthier lives; (Effective)	⊠
People are able to live well at home or in the community; (Person Centred)	⊠
Everyone has a positive experience of healthcare; (Person Centred)	⊠
Staff feel supported and engaged; (Effective)	⊠
Healthcare is safe for every person, every time; (Safe)	⊠
Best use is made of available resources. (Effective)	⊠

6.   MEASURES FOR IMPROVEMENT

Measuring improvement will happen in the following ways:

Benefits Realisation – All projects within the eHealth Programme will undergo a benefits realisation exercise to determine if the project has realised the benefits described in the business case.

7.   FINANCIAL IMPLICATIONS

The business case assesses the full costs of replacing MiDIS and a summary is included below.

Non-Recurring	Total	18/19	19/20	20/21
Setup and Configuration	150000	150000	0	0
Implementation	1031152	0	515576	515576
Data Migration	100000	100000	0	0
Hardware (Hosting)	150000	150000	0	0
NHSL Mobile Devices	1320000	1320000	0	0
Remote Access Capacity	15000	15000	0	0
Broadband Capacity	20000	20000	0	0
Total Non-Recurring Cost	**2786152**	**1755000**	**515576**	**515576**
Recurring				
Software Maintenance and support	750000	250000	250000	250000
Hardware Maintenance and Support	90000	30000	30000	30000
Business As Usual	356588	0	178294	178294
Remote Access	180000	60000	60000	60000
Broadband	45000	15000	15000	15000
Total Recurring Cost	**1421588**	**355000**	**533294**	**533294**
Total over 3 years	**4207740**	**2110000**	**1048870**	**1048870**
Optional				
Mobile Data i.e. EE 4G	360000	0	180000	180000

The following table sets out the funding sources to address the financial requirements set out in the business case.

Funding Source	Total	18/19	19/20	20/21	21/22
IPACC	1540000	350000	420000	420000	350000
MiDIS	-400000	0	-200000	-200000	0
Strategy Fund	1887000	887000	500000	500000	0
NHSL Capital Programme	150000	150000	0	0	
NHSL general revenue funding	723000	723000	0	0	0
IJB[1] Contribution	841034	0	328870	328870	183294
Net Funding Contribution	**4741034**	**2110000**	**1048870**	**1048870**	**533294**

1. At initial discussion stage

The year 21/22 is shown to illustrate the on-going running costs beyond Year 3.

8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

A risk review team identified 6 strategic/operational risk associated to the MiDIS. These risks are actively managed on Datix. The risk management strategy confirms the need to replace MiDIS as a priority.

9. FIT WITH BEST VALUE CRITERIA

This paper aligns to the following best value criteria:

Vision and leadership	☒	Effective partnerships	☒	Governance and accountability	☐
Use of resources	☒	Performance management	☒	Equality	☐
Sustainability	☒				

10. EQUALITY AND DIVERSITY IMPACT ASSESSMENT

The impact of the proposed implementation of the Community IT System will be assessed as part of the overall programme.

Yes ☒ *Please say where a copy can be obtained*
No ☐ *Please say why not*

11. CONSULTATION AND ENGAGEMENT

Consultation has taken place with key users of MiDIS including an assessment of options and demonstrations of the proposed system as described in the business case.

12. ACTIONS FOR THE BOARD

The Board is asked to:

Approval	☒	Endorsement	☐	Identify further actions	☐
Note	☐	Accept the risk identified	☐	Ask for a further report	

13. FURTHER INFORMATION

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