NHS Lanarkshire

Community IT System Sustainability
(MiDIS Replacement/New Interim Community IT System)

Business Case

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Contents

1   Purpose of Document

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 (Mult0Disciplinary 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.

All MiDIS consortium members, comprising of 6 Health Boards, are in the process of migrating onto alternative commercial off the shelf solutions. 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.

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

2   Executive Summary

NHS Lanarkshire currently uses MiDIS to support a wide range of community, child health and mental health services. The system was developed and supported by NHS Tayside and was used by a Consortium of 6 NHS Boards and the Family Nurse Partnership.

While recognising that MiDIS has been highly valued by clinical staff, a number of key shortcomings have been identified with the current situation:

Unsustainable: MiDIS is currently only supported on a "best endeavours" care and maintenance principle and there has been no development of the application since 2015. This support was due to expire on 31st March 2018 but has since been extended to 31st March 2020.
Increasing Cost: support beyond this date (if possible) will see an increase in support costs as other NHS Boards have migrated or intend to migrate to alternative systems.
Increased Clinical Risk: should MiDIS fail or become unusable without an interim solution in place, community services would need to return to manual, paper based record keeping.
Poor architecture: MiDIS is hosted by NHS Tayside on an aging platform.
Inflexible: MiDIS does not support mobile working and the service improvements and efficiencies this provides.
System Performance: MiDIS has had several episodes of poor performance when clinical data could not be accessed. This is likely to happen more frequently as the underlying architecture ages.
Poor Access to Data: The reporting capability of the application is limited.
Poor Value for Money: limited opportunity to maximise efficient working practices, minimise wasteful variation, bring about measurable savings and ensure value for money.

The lack of ongoing support and development of MiDIS presents a high risk to the sustainability of IT support to community services within NHS Lanarkshire until a National Community IT system has been procured by NHS Scotland. This National Community IT system will not be procured and implemented during the current system's lifespan. There is therefore a need for NHS Lanarkshire to move to an interim solution as a matter of urgency before MiDIS becomes unusable.

Excluding NHS Tayside, other members of the MiDIS Consortium have already implemented, or are in the process of implementing the Cambric Morse Community System, available via the SoftCat Value Added Re-seller (VAR) Framework Contract as an interim community system.

NHS Lanarkshire community and eHealth staff have received several demonstrations of the Morse system and visited NHS Dumfries and Galloway to see how the system has replaced MiDIS in a relatively short timescale.

Pending a "Once for Scotland" approach for Community IT Systems which is likely to arise out of the delivery of the National Digital Health and Care Strategy, the review group are assured that Morse will provide the minimum level of functionality required to replace MiDIS and provide a fully working mobile solution.

It is therefore recommended that NHS Lanarkshire procures and implements Cambric Morse as its interim Community System [OPTION 6].

3   Background

The Multi-Disciplinary Information System (MiDIS) was developed by NHS Tayside in 2008 who continue to support it. The system provides functionality that supports a wide range of clinical services in the community and mental health sectors. It has been implemented in six NHS Boards; NHS Dumfries and Galloway, NHS Fife, NHS Forth Valley, NHS Lanarkshire, NHS Highland (Argyll and Bute) and NHS Tayside as well as the Family Nurse Partnership.

A strategic review of MiDIS carried out by Deloitte in 2013 identified that, although the system had fulfilled an important role, it had a number of strategic weaknesses and was becoming increasingly difficult to support and further develop. Consequently it was agreed between NHS Tayside and the other NHS Boards that development of the system would cease in 2015 and MiDIS would be put onto a care and maintenance regime until its retirement in March 2018. This was intended to provide these NHS Boards with time to make alternative arrangements via a national IT Community System business case commissioned by the Scottish Government. This has since been extended on a best endeavours basis until 31st March 2020.

While MiDIS provided sufficient functionality for most community services, it is unable to provide a mobile working solution which was recognised as needed in the 2009/10 review of community services. Data extraction and reporting capabilities are also limited.

There is now the possibility that MiDIS may fail in the future and that NHS Tayside will not have the knowledge, skills or resources to fix it. This would impact on community services and result in clinical services returning to using paper notes until an alternative is implemented. This is likely to have a significant effect on clinical benefits that have accrued since the introduction of MiDIS including the ability to share patient information.

The adoption of a replacement Community System will provide an opportunity to support enhanced functionality including:
- A system hosted on modern architecture
- A mobile working solution
- Better reporting capabilities
- A system that will accept SCI Gateway referrals
- Enhanced functionality such as annotating diagrams
- Continuity of the current community EPR

The Scottish Government issued a commission to NSS to develop an Outline Business Case for a National Community System. The business case was submitted to the Scottish Government in November 2017; no feedback has been received to date.

There is therefore a need for NHS Lanarkshire to move to an interim solution as a matter of urgency before MiDIS becomes unusable.

There are currently over 3,500 users of MiDIS within NHS Lanarkshire from 110 service areas across 11 service groups. This is projected to increase to 5,000 with the enhanced functionality provided by a replacement system.

4   Drivers for Change

The key business drivers for this project are to maintain the provision of service and safety of patients. 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.

5   Options

Six options were identified to deliver an interim Community IT system.

Option 1   Do Nothing

This option is not considered tenable. The care and maintenance support of MiDIS agreed until 31st March 2018 has already been extended until 31 March 2020. If no other solution is in place NHS Boards will need to revert to manual paper-based records.

Options 1 and 2	Strengths / Opportunities	Weaknesses / Threats
Do Nothing (1) Enhance/Upgrade the existing system (2)	• Already exists with known costs	• 'Do nothing' is unsustainable and time limited • No resource to maintain MiDIS after March 2020 • System becomes unusable • Outdated infrastructure • No resource to develop system • High risk of return to manual paper-based records • Duplication of data entry • Does not support the investment objectives • Does not support a patient centred strategy • Reduced data sharing • Difficult to extract chronological record • No buy-in from clinical staff • Increased cost of maintaining multiple systems and processes • Clinical risk due to fragmented patient records • Fragmented data for care delivery, service planning, medico-legal investigations, FOIs • Reduced staff morale

Option 2   Enhance/Upgrade the existing system

The previous MiDIS review confirmed there are no realistic alternative solutions for the long term continued provision of MiDIS, nor any plan to develop the system in the future. (See above SWOT table).

Option 3   Develop a New System

As there are systems available in the marketplace, the prohibitive costs of bespoke development means this is not considered a viable option. In addition this is not consistent with the eHealth strategy which promotes seeking a commercial package where these are available.

Option 4   Utilise other existing systems

This approach would involve adapting other systems to replace the functionality currently provided by MiDIS. A review of this possibility identified that the only options available would be to adapt either the TrakCare acute system or the Clinical Portal. It has been concluded that neither of these systems are designed to support the breadth of clinical services in scope, nor would they provide a mobile solution for community staff.

Option 5   Buy a COTS (Commercial off the Shelf) solution via OJEU Procurement

A market sounding exercise undertaken by the national project team as part of developing the Initial Agreement and Outline Business Case for a national approach to Community IT System. This indicated that there are systems in the marketplace able to provide the majority of the functionality required, in particular covering community nursing, children's services and mental health. However, there was considerable cost variation between suppliers, ranging between £3.6m and £13.5m over a five year period and uncertainty as to whether they could support the level of integration required with other systems. This would equate to an annual system cost of £720K.

These indicative costs related only to the supplier component so excluded mobile devices as well as implementation and BAU costs from the NHS Lanarkshire perspective. Supplier costs were based on 4,000 users with an incremental increase for additional users.

The Initial Agreement assumed procurement across a number of NHS Boards and any discounts which may have been on offer on this basis may not be available to a single NHS Board. Taking this into account the potential costs including NHS Lanarkshire resource could be in the region of £8.2m to £18m depending on the supplier. In addition, a full OJEU procurement would typically take around 9 months to conduct and incur additional costs and resource excluded from this.

Option 5	Strengths / Opportunities	Weaknesses / Threats
COTS via OJEU Procurement	• Supports the investment and business objectives • Supports the patient centred strategy • Solutions available which meet functional requirements • Reduced duplication of data entry • Provides an electronic scheduling/diary solution • Mobile access supported • OJEU process will ensure competitive cost proposal from suppliers • Improved system integration • Improved chronology of records regardless of location • Streamlined technical infrastructure • Improved user experience	• Time and overhead to undertake procurement process (up to 9 months) • Tight timescale for implementation unlikely to be achieved • High risk of return to manual processes due to implementation timetable • Reliant on staff buy-in and training (change management) • May require changes to business process within one or more specialty or service

Option 6   Buy a COTS system via an existing Framework Contract

This option is similar to option 5 but would involve the procurement of a new interim Community System via the SoftCat Value Added Re-seller (VAR) Framework Contract which any NHS Board could purchase from (call-off).

This would allow for the procurement of an affordable solution without the need for a full OJEU procurement reducing cost, implementation timescale and procurement resource. This would equate to an annual system cost of £250K.

Given the risk associated with the MIDIS solution this option has been adopted by four of the seven MIDIS Boards and is being considered by one other.

 NHS Tayside purchased their COTS system off the now obsolete GP IT Framework contract.

Option 6	Strengths / Opportunities	Weaknesses / Threats
COTS via Framework Contract	• Supports the investment and business objectives • Supports the patient centred strategy • Solutions available which meet functional requirements • Framework process will ensure a legal procurement • Reduced duplication of data entry • Provides an electronic scheduling/diary solution • Mobile access supported • Improved system integration • Improved chronology of records regardless of location	• Not all potential suppliers are on the SoftCat VAR Framework • Full OJEU procurement may better ensure a competitive cost proposal • Tight timescale for implementation • Reliant on staff buy-in and training (change management) • May require changes to business process within one or more specialty or service

	• Streamlined technical infrastructure • Improved user experience • Shorter procurement timescale and cost that full OJEU procurement • Reduced risk of return to manual processes than with a full OJEU procurement	

6   Assessment Criteria

As part of the Exit Strategy from MiDIS, the Consortium Boards reviewed options, both as a Consortium and individual Health Boards.

To support the exit strategy from MiDIS and progress towards a "Once for Scotland" approach to community IT systems, the Scottish Government issued a commission to NSS to develop and Outline Business Case for Community IT Systems.

A Statement of Requirements and an Outline Business Case were developed to support the procurement and implementation of a national community IT system.

The functionality and affordability of the following systems was reviewed:

• TTP Systm One
• EMIS Web Community
• Cambric Morse

In addition NHS Forth Valley reviewed Care Partner, the current provider of their community mental health system.

Although likely that EMIS Web and Systm One would submit a bid as part of the National Procurement of a Community IT System, they are not currently included in an existing framework so are not available as an interim solution.

The system that provides the required functionality at an affordable cost is Morse, which has already been implemented in three of the five (excluding NHS Tayside) MiDIS Consortium board areas (NHS Dumfries and Galloway, NHS Highland and NHS Western Isles) and is currently being implemented in NHS Forth Valley. It has therefore been proven as a potential interim solution which will meet the sustainability requirements for Community Services in NHS Lanarkshire over the next three years.

It is therefore recommended that NHS Lanarkshire adopts Morse as its interim Community System.

7   Benefits

The benefits have been reviewed in terms of strategic, economic/financial and management cases.

The high level strategic benefits were identified as:

• Linked to NHS Lanarkshire's eHealth and ICT priorities;
• Supports Achieving Excellence;
• Supports the Health and Social Care Delivery Plan;
• Supports the future Digital Health and Care Strategy.

The economic/financial benefits were identified as:

• Potential sharing of future development work and costs across Scottish NHS Boards.

The product benefits to support the management case were identified as:

- Improved decision making – through access to up-to-date clinical information as and when required;
- Improved efficiency – through reduced duplicate data entry;
- Improved quality of care – through a more holistic picture of clinical information;
- Increased patient safety – through better informed decision making and improved referral process;
- Reduction in travel time – no need for staff to travel to and from bases to access paper or office based IT records, delegate work to colleagues or review correspondence (based on the provision of mobile devices) ;
- Standardisation of, and improvement in clinical recording – through template driven data entry and mandatory fields.

The key quantifiable benefits are expected to be the quality of information available and staff time savings resulting from mobile access to electronic records afforded by a new community solution.

Appendix B list the benefits of an electronic community system, some of which are currently realised by MiDIS, but all of which will be forfeit if the services were to return to using paper records.

8   Value for Money

The implementation of a new interim Community IT system can make a major contribution to realising NHS Scotland's strategic objectives and should enable significant productivity gains which can increase capacity and strengthen long term sustainability. This will play a major contribution in the transformation of community care through:

- Maximising efficient working practices, minimise wasteful variation, bring about measurable savings and ensure value for money;
- The provision of a comprehensive community and mental health record to sit alongside GP electronic records and acute sector electronic records, thereby completing coverage of the full breadth of NHS care and a more complete patient centric clinical record;
- Delivering a basis on which the to achieve the Scottish Government's 2020 Vision and deliver the Health and Social Care Delivery Plan by providing information that can enable patients to be cared for wherever possible at home or in the community by teams of health and social care professionals;
- Enabling better integration of primary, community and social care as well as supporting new care models;
- Enabling mobile access to shared electronic patient records for large numbers of community staff which will reduce non-patient contact time, raise productivity and increase capacity. This will also provide a basis to enable improved performance management;
- Forming a platform on which to provide guidance and clinical decision support which can help to standardise care and raise the quality of services through clinical protocols, audit and research.

The calculation of productivity gains set out below is a preliminary estimate based on the findings outlined within the MiDIS Replacement / New Community Systems Initial Agreement in 2016

While service efficiencies are expected, it is likely quantifiable cost savings will be limited. Rather substantial reductions in administration and data entry and travel time will allow an increase in patient facing time i.e. productivity benefits. Typical time savings seem to be in the order of an hour per day which can be redeployed to patient care with a potential increase in patient throughput and reduction in waiting times.

Based on a 7.5 hour working day, a time saving of 1 hour per day would equate to a 13% time gain and in practice when applied against patient facing time, the productivity gain is likely to be higher.

The MiDIS Replacement / New Community Systems Initial Agreement (2016) states that with conservative assumptions of 2,000 FTE staff with average employment costs of £30,000 per annum, the financial value of a 13% productivity gain for NHS Lanarkshire would be £7.8m. Realisation of

around 50% of this estimate to be redeployed to direct patient care would have a value of around £4m per annum Further detailed work remains to be done on staff roles and working patterns, however there can be little doubt that the value to be gained from better mobile support for staff is very significant and could offset the required investment and running costs of the required technology with a circa. 5 year payback period.

An alternative perspective is that within NHS Lanarkshire the staff reduction required to offset the ongoing revenue costs of a new community system following implementation would be approximately 48 FTEs from a user population of over 5,000 staff which is less than 1%

9   Risks

Ensuring sustainability of a Community IT system after the 31st March 2020 is the highest risk to clinical service delivery as support for MiDIS will cease at that point. Should there be a critical issue, this is unlikely to be resolved requiring community staff to return to manual paper based record keeping. This has a potential clinical risk for patients as well as financial and reputational risks to NHS Lanarkshire.

The key risks to the procurement and implementation of a new interim community system are outlined below. The impact of some risks is assessed as catastrophic due to the imminent withdrawal of support for MiDIS.

Contractual Risks	Likelihood	Impact	Mitigation
The MiDIS system is unsupported	High	Catastrophic	Procurement an interim solution urgently. If an unsupported issue occurs this will result in a return to manual paper records.
NHSL Board fails to approve the business case	Low	Catastrophic	NHSL Board provided with sufficient information to enable business case approval.
Contract terms cannot be agreed or the process of reaching agreement results in significant delays	Low	Major	A solution has been identified which can be procured from the VAR Framework.
The contractor has insufficient resource available to support the implementation	Low	Major	The supplier and NHS Lanarkshire have significant experience of implementing clinical systems and the appropriate resource commitment will be agreed as part of the procurement process.
The solution does not achieve the investment objectives	Low	Major	A system has been identified which will support the investment objectives and has been implemented successfully in other NHS Boards.

Implementation Risks	Likelihood	Impact	Mitigation
Inability to implement the solution effectively	Low	Catastrophic	Extensive relevant experience has already been gained through the implementation and use of MiDIS and other software applications. Other NHS Boards have, or are currently in the process of, implementing Morse and are willing to share experience.
Solution is not capable of integrating successfully with existing systems and infrastructure	Low	Major	Early discussion with the supplier to agree interface requirements as part of the procurement process.
Solution does not support all	Medium	Major	Early assessment of the extent to which service processes and requirements are supported by the

specialties/services resulting in one or more specialties/services			functionality of the new system and identification of outliers.
Extent of viable data migration	Medium	Major	Other NHS Boards have, or are currently in the process of, implementing Morse and are willing to share experience. If not all desired information is available for data migration, reach early agreement on minimal and nice to have data items and investigate options to maintain a historic data repository.
Lack of system adoption by staff	Low	Major	Early engagement of clinical leads.
Failure to realise benefits	Low	Major	Comprehensive staff engagement in the evaluation process will maximise clinical buy in and effective use of the application. Effective governance and resource availability and processes to evaluate service improvements included as part of the implementation process.
Cost overruns	Low	Moderate	The NHS Lanarkshire team have extensive experience of implementing IT systems in clinical areas. This coupled with the willingness of other NHS Boards to share their experience of implementing Morse will inform the NHS Lanarkshire resource and project plans.
Technology changes	Low	Moderate	An ongoing, 3 yearly refresh of hardware will ensure devices and technology will remain up to date and accommodate manufacturer upgrades.
Solution will require significant development to support the required functionality	Medium	Moderate	Agreement of functionality to be provided by the supplier and consideration of other solutions for those services which require functionality not currently provided by the core system e.g. prescribing for the addiction service.

10   Financial Appraisal

A breakdown of the costs and resources required include:
- Capital costs e.g. hardware, implementation costs
    - iPads
    - Servers
    - Interfaces
    - Remote Working solutions
- Non-recurring costs e.g. project staff
    - Project Managers
    - Clinical Support (Nursing)
    - Implementation Support
    - eHealth Trainer
    - Business Intelligence (BI) Developer
    - Form Developer
- Recurring cost e.g. licences, system administration, maintenance, ongoing training
    - Application Support
    - Licensing Maintenance and Support
    - Hardware Maintenance and Support
    - Business As Usual Support

The table below shows a breakdown of the costs

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

NHS Lanarkshire is considering extending WIFI across key areas within community to enable mobile workers to synchronise caseload data across key community setting and also from home if WIFI is available.

There is an option to facilitate real-time on the go data synchronisation through the inclusion of a data sim (EE contract) at an overall cost of £180K per annum for all users. It is planned to review the requirement for Mobile Data as part of the implementation. Mobile data will require a further business case to be developed.

The implementation cost above is based on the resource set out below. It is assumed this will be required for a 3 month period during 18/19, 12 months during 19/20 and 9 months during 20/21.

Implementation Resource	Band	Annual Cost
Project Manager	AFC 7 (*2)	99678
Implementation Support	AFC 6 (*4)	166348
Clinical Support	AFC 7 (*1)	49839
Clinical Support	AFC 6 (*2)	83174
Information Analyst (BI)	AFC 6 (*1)	41587
Form Developer	AFC 6 (*1)	41587
Training Support	AFC 5 (*1)	33363
Total		**515576**

The following BAU costs are assumed for years 19/20 onwards.

Business As Usual	Band	Annual Cost (£s)
Mobile Device Support	AFC 5 (*2)	66,726
Information Analyst	AFC 6 (*1)	41,587
Service Desk	AFC 4 (*1)	28,394
Application Support	AFC 6 (*1)	41,587
Total		**178,294**

It is evident from other community system deployments within NHS Scotland that there will be an increase in IT support as access to the electronic patient record will be via mobile devices which require to be supported and maintained. Additional support staff will be required within the Service Desk to provide first line support, with up to 3000 mobile devices to be deployed and supported two additional engineers will be required to maintain these assets. The core application will require an additional dedicated application support officer.

In addition, community staff have highlighted the requirement to provide on-going support to provide routine and ad hoc information requests. It is envisages that a series of dashboards and standard reports will be delivered during the implementation phase. On-going information requests will be handled by the additional Information Analyst.

Source of Funding

It is proposed that NHS Lanarkshire will commit £350k from the IPACC Fund which is part of the Scottish Government eHealth Allocation to NHS Lanarkshire during 2018/19 increasing to £420K in future years. In addition, £887K will be allocated in 2018/19 from the eHealth strategy fund with further contributions of £500k in 2019/20 and 2020/2021. Both these allocations are under review from Scottish Government and are allocated on a non-recurring basis.

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**

When the MIDIS System is decommissioned we will cease paying the annual charges estimated at £200K during 19/20 and 20/21.

The annual running costs beyond Year 3 are shown for illustrative purposes.

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[1] At initial discussion stage

A summary of costs and available funding is set out in the table below.

Costs and Funding	Total	18/19	19/20	20/21	21/22
Non Recurring Cost	2786152	1755000	515576	515576	0
Recurring Cost	1954882	355000	533294	533294	533294
TOTAL COST	**4741034**	**2110000**	**1048870**	**1048870**	**533294**
Available Funding	4741034	2110000	1048870	1048870	533294
FUNDING REQUIRED	0	0	0	0	0

NHS Lanarkshire will look to use the SoftCat Software Reseller Contract for the procurement of the system in line with current SFIs and procurement obligations.

It needs to be noted that there will be costs involved for the migration of data from MiDIS to Morse, the ongoing provision of mobile broadband and remote working solutions and other equipment refresh. It is envisaged that mobile devices will need to be refreshed every three to four years to keep up to date with the manufacturers' hardware and software changes. These costs need to be built into the existing technology refresh budget.

11   Implementation

The implementation will include all services currently supported by MiDIS and interfaces including eCare, CHI/SCI Store, the Orion Portal and SCI Gateway. This will be achieved via a phased roll-out over a period of 18 months – 2 years (see Appendix A for current services).

Additional consideration will be given to highly specialised services such as the Addiction Service to determine if these can be fully integrated or if a best of breed specialist system should be considered.

The scope of the implementation will be:
- Procurement of the system
- Procurement of specified hardware, devices and infrastructure
- Data migration strategy
- Specify and develop required forms and letters
- Roll-out in agreed phases
- Development and production of management information reports
.
A detailed data migration plan to enable access to legacy data will be developed as part of the implementation process. However it is anticipated that the Clinical Portal will be the mechanism by which historical data will be accessed.

Governance

Set out below is the proposed governance structure for the project:
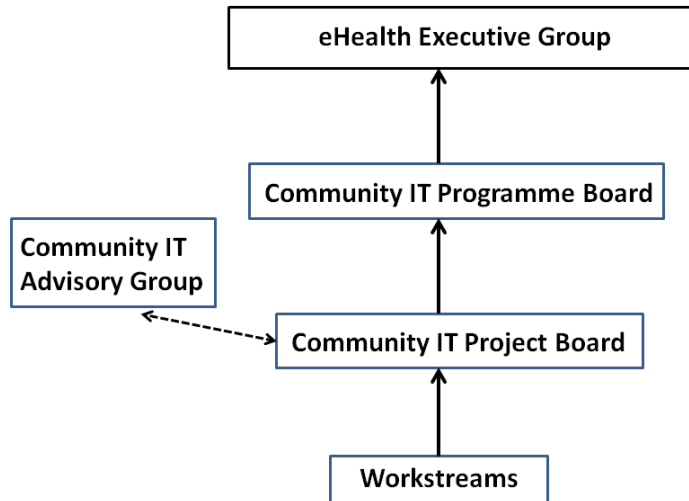
12   Recommendation

The Board is asked to:

1. **<u>Note</u>** the contents of the business case.
2. **<u>APPROVE</u>** the Business Case **[OPTION 6]**

13 Appendix A – Services and Locations in MiDIS

Service Group	Service Name
Addictions Service (LAS)	Addictions – Acute Services
	Addictions – Clinicians
	Addictions – South - Camglen
	Addictions – South - Clydesdale
	Addictions – South – East Kilbride
	Addictions – South - Hamilton
Integrated Addictions Service (LIAS)	Addictions – Integrated
	Addictions – Integrated – Acute
	Addictions – North - Airdrie
	Addictions – North – Bellshill
	Addictions - North – Coatbridge
	Addictions – North – Cumbernauld
	Addictions - North - Motherwell
	Addictions – North - Wishaw
Children and Family Service (LCF)	CPS - Lanarkshire
	Cpaed – Lanarkshire
	Crec – Lanarkshire
	Cscreen - Lanarkshire
	Family Nurse Partnership
	ICCN – Lanarkshire
	Midwifery – Airdrie
	Midwifery - Camglen
	Midwifery - Clydesdale
	Midwifery - Coatbridge
	Midwifery - Cumbernauld
	Midwifery - East Kilbride
	Midwifery - Hamilton
	Midwifery - Maternity Day Assessment
	Midwifery - Team B – Bellshill/Motherwell
	PHN – Airdrie
	PHN - Bellshill
	PHN - Camglen
	PHN - Clydesdale
	PHN - Coatbridge
	PHN - East Kilbride
	PHN - Hamilton
	PHN - Health & Homelessness – Lanarkshire
	PHN - Motherwell
	PHN - North- Locality
	PHN – Wishaw
	School Immunisation Team – Lanarkshire
	Sexual Health - Lanarkshire
Child Protection (LCP)	CPS – Lanarkshire
Continence Service (LCS)	Continence – Lanarkshire (LCS)
District Nursing/LTC	ABL1 – Lanarkshire (Acute)
	CARS – Lanarkshire
	Continence – Lanarkshire (LLT)
	DN – Airdrie
	DN – Bellshill
	DN – Camglen
	DN - Clydesdale
	DN - Coatbridge

	DN - Cumbernauld
	DN - East Kilbride
	DN - Hamilton
	DN - Motherwell
	DN - Overnight Service (North)
	DN - Wishaw
	Falls Registry Lanarkshire
	Hospital Discharge Services
	Hospital@Home- Lanarkshire
	Integrated Day Service - Lanarkshire
	LLT Advance Nurse Practitioner – Lanarkshire
	Lymphodema Service
	Moving& Handling Service
	Outpatient AHP - Lanarkshire
	Specialist Palliative Care Service
	Tissue Viability – Lanarkshire
EVA Service (EVA)	EVA – Lanarkshire
Health & Homelessness Service	Health & Homelessness Service – Lanarkshire
Mental Health & Learning Disability	CAMHS – Lanarkshire
	CMHT – (Adult) – Airdrie
	CMHT – (Adult) - Bellshill
	CMHT – (Adult) - Clydesdale
	CMHT – (Adult) - Coatbridge
	CMHT – (Adult) - Cumbernauld
	CMHT – (Adult) - East Kilbride
	CMHT – (Adult) - Hamilton
	CMHT – (Adult) - Motherwell
	CMHT – (Adult) - Wishaw
	Inpatient Older Adult Liaison
	Inpatients – Airbles
	Inpatients – Beckford
	Inpatients – Cleland
	Inpatients – Coathill
	Inpatients – Hairmyres
	Inpatients – Monklands
	Inpatients – Udston
	Inpatients – Wishaw
	Learning Disabilities - Lanarkshire
	MH Advanced Nurse Practitioner – Lanarkshire
	MH Care Home Liaison
	MH Forensics - Lanarkshire
	MH Older Adult – Airdrie
	MH Older Adult – Bellshill
	MH Older Adult – Clydesdale
	MH Older Adult – Coatbridge
	MH Older Adult – Cumbernauld
	MH Older Adult – East Kilbride
	MH Older Adult – Hamilton
	MH Older Adult – Motherwell
	MH Older Adult – Wishaw
	MH Young Onset – Lanarkshire
	MH (Adult) Community Rehabilitation Team
	MHO – Lanarkshire
	Perinatal MH - Lanarkshire
	Psychiatric Liaison – Lanarkshire
	TESS - Lanarkshire

Osteoporosis Specialist	OSN – Lanarkshire
Patient Affairs (LPA)	Patient Affairs - Lanarkshire

14 Appendix B – Benefits

Benefits:
- Standardised data to support management of audit activities
- Improved record keeping and legibility
- Paperless – reduced storage requirements
- Sharing of information between HCPs
- Reduction in time spend entering duplicate data into other systems
- Improved access to patient information
- Ability to see who is involved in the care of the patient
- Provides ability for a child/adult at risk to be identified by staff
- Supports clinical decision making, particularly where more than one HCP is involved
- Complete record available to multiple services
- Improved communication within and across services
- Mobile working facilitates geographical working and reduces travel time back to base
- Interagency sharing of information and multi-agency assessments

The outcome of these benefits for NHS Lanarkshire is likely to result in:
- Improved data quality
- Improved data availability for workforce and strategic planning
- Supports NMC Guidelines
- Improves financial and operational efficiency
- Creation of patient centric record
- Reduced clinical risk
- Better continuity of care
- Improved morale
- Increased job satisfaction
- Better information governance
- Supports national and local reporting
- Reduces administrative time, increasing the time available for clinical use which has the potential to increase throughput and reduce waiting times

And in support of national strategies will:
- Maximise efficient working practices, minimise wasteful variation, bring about measurable savings and ensure value for money
- Support people to communicate with NHSScotland, manage their own health and wellbeing and to become more active participants in the care and services they receive
- Contribute to care integration and to support people with long term conditions
- Improve he availability of appropriate information for healthcare workers and the tools to use and communicate that information to improve quality
- Improve the safety of people taking medicines and their effective use
- Provide clinical and other managers across the health and social care spectrum with the timely management information they need to inform their decisions on service quality, performance and delivery