Local Digital Roadmap

October 2016

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Executive foreword - The case for change

People often tell us that they only want to tell their story once, no matter which health or social care professional they are talking to. Demand for services is also rising, which means we need to free up the people working in health and social care so they can focus on looking after patients and helping people to improve their health and wellbeing.

Building our digital capacity will be key to achieving this. As well as helping us to support people to lead healthier and happier lives, it will also give professionals the technology they need to work more efficiently, in turn helping them to respond to demand.

This local digital roadmap (LDR) shows how health and care organisations will use technology over the coming five years to join up and simplify services for patients. Designed to make services more sustainable in the long term, it also supports the government's ambition for the NHS to become paper-free at the point of care by 2020.

Our roadmap has been developed by clinical leaders, county, district and borough councils, police, housing, hospitals, mental health providers and Healthwatch Suffolk over the past two years. It is part of our robust answer to the challenges of the Five Year Forward View, and includes:

1. **A detailed plan** which puts the mechanisms in place to allow us to share high risk and critical information about people, with their consent.

2. **A strategic plan** to change the way the NHS and social care work so that people get access to care differently. Staff will be given the technology and skills to use it effectively so they can focus on the quality of care.

3. Ways to **connect** health and social care workers with the wider public sector, such as police and housing providers.

I am proud of this piece of work. It is a great example of health, care and wider public sector staff coming together rapidly to improve people's health and wellbeing, maintain financial balance and provide safe, quality and sustainable services, regardless of location, organisation or care setting.

Dr Ed Garratt, Chief Officer
Ipswich and East Suffolk and West Suffolk clinical commissioning groups (CCGs)

Sam Hepplewhite, Chief Officer
North East Essex Clinical Commissioning Group

Our commitment

Over the next five years, health and care organisations in north east Essex, east and west Suffolk will work together better, support you to look after yourself confidently and inspire clinical and community leadership.

We want the best for you. So we need to make changes to improve: care for everyone; the quality of services on offer; support for our workforce; and how we spend public money within budgets.

The public, clinicians, the voluntary sector and other partners have told us that they want us to join forces to reduce duplication. They want us to do things well without waste and make sure are our services are simpler.

This is what we will aim to do. By linking up services, you will see GP surgeries, mental health and social care services, acute hospitals and community health professionals all working together, moving care closer to people's homes and improving their outcomes.

Building better health and care

Did you know?

- One in five children across north east Essex and Suffolk are overweight or obese. That figure jumps to one in three for young people aged between 10 and 11 and two thirds of all adults.
- One in four people aged over 65 are now living with two or more long-term conditions, like diabetes, breathing problems or heart disease. This means that doctors and nurses, hospitals, voluntary and social care professionals have to take more time and effort to support them.
- Smoking-related illness kills around five people every day across north east Essex and Suffolk.
- In parts of north east Essex and Suffolk, there are a significant number of people who claim benefits. In many cases this is because of ill health or a lack of skills to access the available employment opportunities.

This page is taken from the Five Year Forward View 2016-21:
A guide to the local health and care plan for north east Essex, west and east Suffolk.

Our challenges

Demand for health and social care services is rising

Many people within north east Essex, west Suffolk and east Suffolk are living with ill health or with a disability for a significant number of years.

A quarter of the population suffer from long-term conditions caused by stress, unhealthy eating, physical inactivity, drinking too much alcohol, smoking, air quality, poverty, isolation and poor housing.

The number of people going into hospitals is higher than the national average, and we are seeing increasing pressure put on emergency care, like 999 and emergency departments (A&E).

Quality of services vary

The current way of organising health and care means that some people get better care than others. There are significant variations in provision of healthcare across north east Essex, west Suffolk and east Suffolk. Referral and prescribing vary in general practice, and there are opportunities to improve patient outcomes in a range of specialties.

We can also see ways to reduce life-threatening or life-limiting serious incidents, such as deaths which were avoidable or mean people are left with prolonged pain or psychological harm.

In addition, there are specific concerns about some care providers, such as Colchester Hospital University NHS Foundation Trust (CHUFT), mental health providers, and a few GP practices.

Workloads are high - and getting higher

More people are going to see their family doctors and nurses than ever before. About 90% of care is given by our family doctors and nurses in the NHS - but many are reaching retirement age and too few are coming to Suffolk and Essex.

The same is true for other health and care professionals. We need to attract and retain staff.

Increasing local costs

In 2016, north east Essex, west Suffolk and east Suffolk will spend £2.1 billion on health and care. Healthcare is constantly changing as new treatments and technologies are discovered and put into place.

The costs of drugs, treatments and overheads have all gone up, and will do so again. Care homes have rising costs too which, coupled with the fact that people are ill for more years than before, means their care is costing more.

People with long-term conditions, such as diabetes, chronic obstructive pulmonary disease, arthritis and hypertension, account for around 50% of all GP appointments. Those with long-term conditions also fill 64% of hospital outpatient appointments and 70% of inpatient bed days.

About £7 of every £10 spent on health and social care is spent on long-term conditions (Source: Department of Health, 2012. Long-term conditions compendium of Information: 3rd edition).

The numbers of people with three or more long-term conditions is rising, and we expect there will be 45,000 in north east Essex, west and east Suffolk by 2018.

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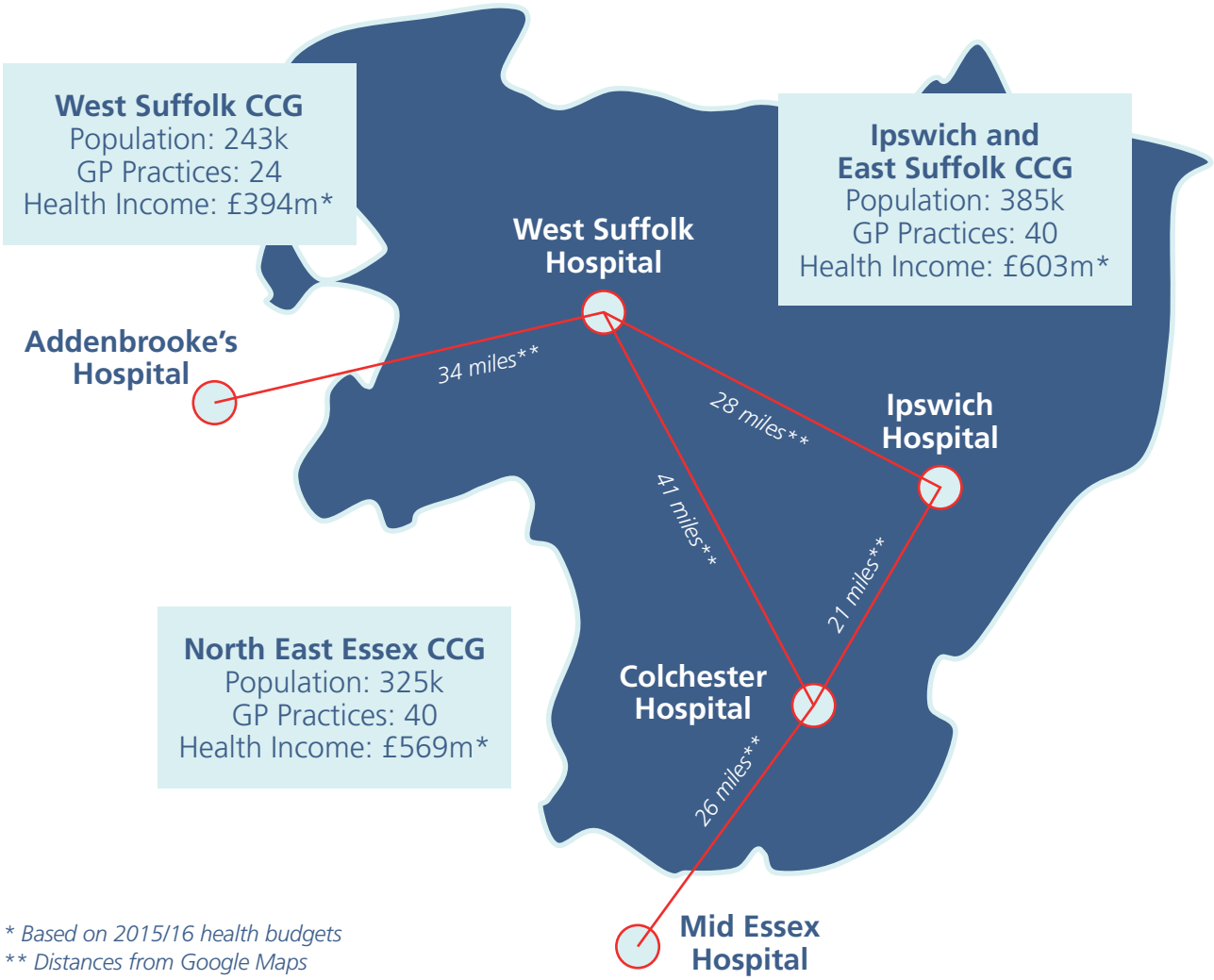
Area map



** Based on 2015/16 health budgets*
*** Distances from Google Maps*

The following key organisations are part of this LDR approach:

- Suffolk and Essex county councils
- Mid Suffolk, Forest Heath, Tendring, St Edmundsbury, Suffolk Coastal, Colchester, Ipswich and Babergh district and borough councils
- North East Essex, Ipswich and East Suffolk and West Suffolk clinical commissioning groups
- Suffolk GP Federation and GP Primary Choice
- Suffolk Community Healthcare and Anglian Community Enterprise
- Norfolk and Suffolk NHS Foundation Trust and North Essex Partnership Trust
- Healthwatch Suffolk and Healthwatch Essex
- East of England Ambulance Trust
- Suffolk and Essex local medical committees
- Suffolk and Essex GP practices

A full list of organisations within the LDR footprint is available at appendix one.

Some of the organisations which work in Suffolk and north east Essex also provide services in other LDR areas, such as Norfolk and Suffolk NHS Foundation Trust (NSFT) and the East of England Ambulance Trust (EoE). We have addressed the challenges which this brings by connecting our governance to the LDRs produced in neighbouring areas and strengthening our wider networks.

We are also supporting regional collaborations to make sure these providers are effectively involved without creating any additional operational pressures.
The senior responsible officer (SRO) for the Local Digital Roadmap (LDR) is Amanda Lyes, who is the Chief Corporate Services Officer for Ipswich & East Suffolk and West Suffolk CCGs.

Digital vision

To help meet our commitment and challenges this local digital roadmap shows how health and care organisations will use technology over the coming five years to join up and simplify services for patients. Designed to make services more sustainable in the long term, it also supports the government's ambition for the NHS to become paper-free at the point of care by 2020.

The roadmap has been developed over the past two years by clinical leaders, county, district and borough councils, police, housing, hospitals, mental health providers and Healthwatch Suffolk. It shows how we will all work together more closely than ever before to make the necessary changes to ensure our health and care system is effective and sustainable in the future. No single partner or locality can deliver the scale of transformation proposed on its own.

The LDR has been written to achieve the following objectives:

1. **A detailed plan** which puts the mechanisms in place to allow us to share high risk and critical information about people, with their consent.
2. **A strategic plan** to change the way the NHS and social care work so that people get access to care differently. Staff will be given the technology and skills to use it effectively so they can focus on the quality of care.
3. Ways to **connect** health and social care workers with the wider public sector, such as police and housing providers.

Our LDR has been produced to complement our Sustainability and Transformation Plan (STP), which describes how the public sector proposes to work more closely together to help people live healthier lives and take greater control and responsibility for their wellbeing. Building our digital capacity will be key to achieving this, with digital innovation described as a golden thread which is critical to the success of the local health and care plan.

Fundamentally, the LDR shows how we will expand and exploit the opportunities presented by working across a wider public sector economy to benefit patients, people and services.

Our aims

We want to transform the way that technology is used across health and care services so that:

- People can receive the care and support they need to live healthier, happier lives.
- People are given the information and tools they need to take responsibility for their own health and wellbeing, such as apps to encourage healthy living and reliable sources of online help.
- Health and care staff receive the right support to deliver care, with technology enhancing their working lives and not adding unnecessary difficulties, duplication or distractions.
- People can receive joined-up health and care from a system which works closely together.
- We deliver safe, high quality and sustainable services, regardless of location, organisation or care setting.
- We continue to look for innovative solutions to improve the health and wellbeing of our population.
- Patients are able to interact with health and care services digitally, for example by booking GP appointments online and viewing their own health records.
- We become paper-free at the point of care, which will not only ensure people receive safe, timely and high quality care, but will also reduce costs and make our system more sustainable.
- We introduce shared care records so that every organisation can support people to lead healthier, happier lives, while making sure we involve our patients in their development.

How we have developed the LDR

Our roadmap is written in the context of the three key challenges set out in the Five Year Forward View:

- The health and wellbeing gap
- The care and quality gap
- The finance and efficiency gap

Its key components are:

- Digitally-enabled shared care, which will support us all to lead happier, healthier lives.
- Becoming paper-free at the point of care to ensure people receive safe, high quality care while reducing costs and making our system sustainable.
- Using analytics at the point of care to develop insights which will increase the quality and timeliness of care.
- Using insights, intelligence and innovation to improve people's health and wellbeing and collectively work to achieve the right outcomes for people in a sustainable manner.

Although our ambition is to have a single digital strategy for all public services, this LDR primarily focusses on health and care integration, while also ensuring alignment to digital initiatives taking place in the wider public sector.

It should be noted that a wide range of pan-system activities are progressing. Given the pace of LDR development, it is acknowledged that this is a living document which will mature further over time and may well change to respond to the emerging system changes.

It is clear that we cannot consider digital strategy across our health and care system by looking simply at each organisation in isolation. In addition, as the local system is seeking innovation in new models of care and ways of working, we can no longer assume that organisation or location-specific services will remain the same.

As a result, the LDR aims to recognise our baseline position and be organisation and location agnostic so that it can support our professionals and our patients, regardless of where or from whom they are receiving care.

Our digital baseline - where we are now

To make sure we can plan and deliver our LDR effectively, partners completed a digital maturity assessment in January 2016. This gave us a strong overview of our collective current position, strengths and weaknesses and provided a valuable baseline from which to plan our work and drive forward improvement.

The assessments showed that 14 different systems are in use across 17 providers, most of which have limited interoperability.

Community services, mental health and social care have mixed levels of digital maturity, while primary care services have high levels of digital maturity which is largely consolidated into two common clinical information systems across the LDR area.

There is also variation in the digital maturity of our hospitals. However, all three - Colchester, Ipswich and West Suffolk - have now introduced electronic patient records, enabling staff to capture more information electronically at the point of care.

Case study:

Workstations on Wheels in use in West Suffolk Hospital's wards

Doctors and nurses at West Suffolk Hospital are using Workstations on wheels (Wows) at the bedside to record and share information about patients more efficiently. These workstations are specifically designed to be used in a clinical environment and provide essential information to the clinician.

The system sees staff use the e-Care EPR to record information via the WoW at a patient's bedside, rather than manually on paper. Future developments will see the connection of bedside device thus enabling seamless automated recording and upload to the EPR.

The workstations were rolled out across wards as part of the e-Care deployment in 2016.

Data recorded by the system is automatically uploaded onto the hospitals' EPR system which means it is immediately available to other clinicians.

At the time of writing, national digital maturity assessment results for primary and social care were not available in a comparable format. However they are a core part of our LDR and their results have been included in planning our digital strategy.

The digital assessments showed that:

- Several key services are ready to exchange information across different organisations and settings, although work will need to take place to increase this number over the next three to five years.
- Investment in staff and technology will be needed so that we can share and embed examples of good practice across the LDR area.
- Clinicians are increasingly using mobile devices to enter information into clinical systems while visiting patients within the community. There are still issues around connectivity in rural areas whilst community and primary care settings have little or no Wi-Fi. In addition, professionals often have to access multiple systems to get the information they need. Our ambition is to resolve this by introducing our shared care record, which will give clinicians access to one system which displays all the relevant information through a single sign on, in turn saving time.
- Organisations do currently have ICT support where calls received from staff are prioritised dependant on clinical need.

Our aspirations are to improve outcomes for our population by building on this baseline and increasing our levels of digital maturity in the future.

We want individuals to be healthier for longer, empowered and have ownership of their own life. By increasing our digital maturity, we expect to integrate health and social care information, improve communication between professionals and significantly reduce costs, in turn improving patient care, experience and safety.

We will use local commissioning and contracting processes to continue to develop and drive up local digital maturity with providers.

Case study:

Handheld devices replace pens and paper on Ipswich Hospital's wards

Doctors and nurses at Ipswich Hospital are using iPods to record and share information about patients more efficiently. The system sees staff use specialist software to record information such as pulse, blood pressure and temperature onto a mobile device at a patient's bedside, rather than manually on paper.

The system was rolled out across adult wards in 2015 to improve patient safety, and extended to the children's ward in late 2016. The devices send an automatic alert to a clinician if a patient's condition deteriorates, saving valuable time.

Data recorded by the system is automatically uploaded onto the hospital's IT system when the patient is discharged, which means it is immediately available if they are readmitted for any reason.

"Most of us use our smart phones to run our lives. We have probably been very slow in embracing technology in all aspects of health and social care. What is fantastic about the Digital Roadmap is that it brings all our plans to use technology in one place and sets a clear direction for us all."

Nick Hulme, accountable officer for local plan & chief executive of Ipswich Hospital NHS Trust and Colchester Hospital University NHS Foundation Trust.

Key achievements and initiatives

There are already several examples of good practice taking place across Suffolk and north east Essex, which include:

Information sharing

- A new electronic patient record system was introduced at West Suffolk Hospital in 2016 and Ramsey Healthcare will be implementing their new electronic patient record system in 2017.
- Social care has begun using the NHS number.
- In addition to acute hospital settings clinicians are now able to access their patients GP summary care records in mental health and out-of-hours services.
- West Suffolk Hospital, GPs and Cambridge University Hospitals NHS Foundation Trust are linking their systems so that they can share information electronically.
- Case management systems for adult and children's social care in Suffolk are being re-procured, in turn allowing for increased recording capability and integration with other Health and Care systems.
- North East Essex CCG has been strengthening its App to make it even more user friendly to GPs and the public. The App, which was launched in 2015, now holds information about local healthcare services that people can access in order to help them to look after themselves. A new directory of services has also been created that lists addresses and opening times of services and how to access them along with a easy to use map.
- A new service introduced by the CCG is saving local patients needlessly going to hospital, by GPs being able to speak directly to a consultant during a patient's appointment. Consultant Connect is a telecoms solution that offers GPs immediate and direct telephone access to local hospital consultants via their mobile phones.
- Patients in all wards and department at Colchester General Hospital can now access the internet thanks to the introduction of free Wi-Fi. The hospital has just started providing the service to patients and staff less than a year after Health Secretary Jeremy Hunt said that free Wi-Fi should be made available in all NHS buildings in England.
- General practice across north east Essex has gone live with Electronic Prescription Service (EPS2). This means more prescriptions can be sent electronically (which is safer and less open to fraud).

Case study:

Working together to achieve more for patients

A specialist team of health and social care staff are working closely together to help around 35 older patients every day to return home from West Suffolk Hospital more quickly.

The early intervention team (EIT) works seven days a week, including bank holidays, to assess older people within the emergency department, short stay unit and on inpatient wards. They help to develop a discharge plan which puts the right support in place to allow patients who are clinically fit to return home more quickly after they have received their treatment.

The integrated service provides a 'one-stop shop' where patients can be assessed for any equipment they may need, their mobility and care needs along with help with domestic activities and follow up services in the community. It is not only helping to avoid unnecessary admissions into hospital, but is also ensuring those who do need care on a ward do not need to stay as long.

After discharge, patients can receive support from Age UK Suffolk's Welcome Home Service, which provides advice and individually tailored support to help them regain daily living skills such as cooking, shopping and laundry.

> *Using and sharing information about patients safely, with the ability for patients to be a part of that, is vitally important. People have been telling us for some time this is what they wish to see, so that services are more seamless. It also has the added benefit of making sure that resources are targeted to provide the greatest benefit for the whole population. This covers west and east Suffolk as well as north east Essex, making its impact very powerful."*
>
> **Amanda Lyes, Senior Information Risk Owner (SIRO) for West Suffolk and Ipswich and East Suffolk CCGs.**

Key achievements and initiatives continued

Digital inclusion

- Work is taking place to make GP services more accessible, for example Ask My GP (online consultations available to patients of any practices signed up to the service) and the use of Care IS (Fully integrated clinical consultation support proven to improve clinical outcomes and reduce costs through improved concordance to best practice clinical guidelines)
- E-prescribing has been introduced in acute hospitals.
- Patients are being given the chance to choose where to collect their prescription using the electronic prescription service R2. (EPS R2).

Case study:

Introducing Roberto

Patients living in west Suffolk are now able to pick up prescriptions around the clock after Woolpit Health Centre introduced a 24hr collection point.

The prescription collection robot, nicknamed "Roberto" by surgery staff, has been installed to make it easier for patients to pick up their prescription at a time which suits them. Woolpit is thought to be the first surgery in East Anglia to introduce the technology.

Patients can opt to receive their medication from the robot when ordering online or using a repeat prescription form. Staff from the surgery's onsite pharmacy will then stock the order securely into the machine before an automatic text message is sent to the patient, containing a unique six-digit number which they then use to collect their drugs at a time convenient to them.

The new system has been introduced to improve the range of services available to patients while also reducing queues in the pharmacy and helping cut down congestion in the surgery's car park.

Patients from any surgery can use the machine by signing up via the NHS electronic prescription service.

Core capabilities

- Order communications service (enabling electronic ordering of tests and results) and decision making tool and services (acute).

Infrastructure/technology

- Essex and Suffolk County Councils have introduced technology to help people live independently in self-contained flats.
- Work has started to create a 'pan public sector wide area network' which would allow staff to work from other organisation's premises.
- 'Workstations on wheels' have been introduced at West Suffolk Hospital and iPods at Ipswich Hospital so that staff can access and capture patient information at the bedside.
- Ipswich and Colchester Hospitals are working together to digitise paper records.

Standards

- Plans have been put in place to achieve full NHS number compliance across health and care systems.
- Clinical terms are being standardised so that information sharing can take place.
- A standardised dictionary of medicines and devices (dm+d) is being introduced.
- Academy of Medical Royal Colleges Standards (AOMRC) headings are being implemented for standardisation in records and documents.
- All acute trusts will adopt GS1+ Pan European Public Procurement Online (PEPPOL) (see Infrastructure section) and all affected ICT specifications will include GS1 compliance requirements. This initiative will progress as further national announcements are made.

Challenges

However, the baseline assessments showed that we do face a number of challenges in driving forward our LDR.

These include:

- Culture change
- A large number of systems are in use that do not talk to one another
- Significant organisational change within existing key providers
- Pace of change required from industry and suppliers to meet requirements ahead of challenging timeframes
- Cross regional / border major partners (East of England Ambulance Service, out-of-hours, NHS111, Norfolk and Suffolk NHS Foundation Trust, Suffolk County Council and Essex County Council)
- Traditional approaches to security and governance often disabling rather than enabling change
- Challenging financial climate
- ICT systems that are not designed or accessible in an intuitive and user-friendly enough way for clinicians working in health and care
- Potential disincentives for industry partners for open access and joint working
- Critical underpinning infrastructure - mobile, broadband and network

Digital inclusion

From our own baseline assessment and drawing on the **Government's Digital Inclusion Strategy** we have developed a digital inclusion programme which shows how the public will interact with health and care services.

This work will initially focus on coordinating:

- **Patient Online.** This online system provides a platform on which patients and their care provider can interact digitally.

  During the lifespan of the LDR it will be further developed to give people the chance to:

  - look at and contribute to their record;
  - access digitally-enabled one-to-one care provision using a variety of technologies, such as video, voice and text messaging, rather than face-to-face; and
  - monitor their own health using telehealth, telecare, apps and wearable media, such as heart monitor, blood pressure cuff or activity tracker.

Further innovation in this area will be key to the successful delivery of the local health and care plan.

Case study:

Using the web to look after your health

All patients in Suffolk and north east Essex can now view a summary of their medical records, order repeat prescriptions and book appointments using Patient Online.

Designed to give patients greater control of their own health and wellbeing, the system offers more convenience, choice and control in how people access GP services. It aims to build on evidence which shows that patients who are informed and involved in their own care and treatment have better outcomes and are less likely to be admitted to hospital.

Online services are offered in addition to traditional ways of contacting a GP practice, such as over the phone or in person.

Digital inclusion continued

- **Transactional services.** This covers all 'transactions' between an individual and their care provider which can be processed with zero or minimal professional involvement, in turn reducing resource pressures on the service, such as:

  - booking appointments online;
  - ordering repeat prescriptions; and
  - making choices as to how personal care budgets are spent.

The LDR will place increasing focus on completing as many of these 'transactions' as possible online to free up professionals so that they can use their time more effectively.

Case study:

Self referral online to Allied Health Professionals

Self-referral to physiotherapy is now available at all clinics. Patients who are over 16 can choose to refer themselves or their GP may have asked them to 'self refer'.

The process is straight forward; patients access the service by inputting their information into a secure internet site via a series of 18 questions about their medical history and their condition.

The information is assessed within 24 hours and information/advice/exercises are sent via email in the first instance. Patients will be contacted by telephone, email or mail within one week and provided with an appointment date.

We recognise that additional work will need to take place to improve the digital literacy of the public, patients and carers by 2021 so that they can fully interact with health and care services digitally. For example, although many people are comfortable transacting online, such as making bill payments, booking holidays and banking, few have really adopted "personal interaction", even when those services exist. In some cases, this is because of the digital literacy of the patient or carer, but more often it is because it is easier for everyone, including the professional, to see someone face-to-face. To resolve this, we will need to make sure all Patient Online services are accessible, intuitive, meaningful and useful. We will also reach beyond the boundaries of the LDR and connect to education, industry and other public groups to create the will to embrace this change.

Digital workforce

One of our further challenges is addressing the gap in digital literacy within our workforce. As this is such a critical part of the LDR, we have developed a digital workforce programme which includes:

- **Digital leadership.** We need to ensure that:
  - Chief clinical information officers (CCIOs) have the necessary skills to drive the clinical digital agenda and are represented on all boards, while networks are in place to adopt the change management approach outlined in the LDR.
  - We develop a 'clinical safety officer' network across our footprint and beyond.
  - We develop our organisations' chief information officers (CIOs) beyond being seen as heads of IT and into leadership roles.

It is critical to link this programme to the emerging 'driving digital maturity' initiatives within NHS Digital and the CCIO network, as well as reflecting on the findings from Professor Robert Wachter's report published in 2016.

Based on our baseline assessments and the insight Wachter provides, we recognise that this programme is one of our most critical.

- **Enabling change**
  - Led by existing professionals to drive digital maturity operationally.

- **Digital services / workforce collaboration and transformation**
  - Led by our technology / digital professionals.

- **Health and care services workforce empowerment**
  - Make sure our staff have the skills and support use technology effectively, so that it enhances their working lives and not adding unnecessary difficulties, duplication or distractions.

The digital workforce programme has complex interfaces with all other programmes within the LDR. It also forms a component part of the wider system-wide workforce workstream.

Digital workforce continued

Case study:

East Suffolk diabetes care picks up national award

An east Suffolk project which has successfully improved care for patients with type 2 diabetes, assisted by the introduction of a single system for all clinicians to use, regardless of their location, has been awarded national recognition.

The initiative, which has been driven by a variety of healthcare organisations working in partnership, scooped the 'innovation in diabetes care' accolade at the 2016 Healthcare Transformation Awards, hosted by NHS Clinical Commissioners.

The award comes after partners introduced a single system for everyone involved in diabetes care, in turn making it easier for 18,000 local patients to move through the care pathway. It was introduced in collaboration by Ipswich and East Suffolk Clinical Commissioning Group, Ipswich Hospital, Ipswich Hospital Diabetes Users Group, Diabetes UK and GPs.

Readiness

There is a significant tension between delivering sustainability through digital transformation, and the investment that requires, and maintaining financial stability in the intermediary years.

We will look within our system to resource what we can, but we also will need substantial investment over the coming years to achieve the ambitions of the LDR and realise its benefits.

As such we aim to:

- Develop robust investment cases for change
- Make the most of existing and nationally-funded technologies wherever possible, unless these will not help us to deliver the STP
- Work collaboratively to achieve more from within our system
- Build partnerships across the wider public and private sector to attract investment
- Consider how and where local resources can also progress our roadmap, particularly by matching any investment opportunities that may arise
- Seek investment from national bodies to innovate and cascade at scale, in turn supporting the wider health and care community.

We have outlined a portfolio of work which needs to be carried out to deliver our LDR. This is made up of seven key programmes with underpinning workstreams:

- Digital inclusion
- Digital workforce
- Information sharing
- Population health and wellbeing - insight, intelligence and innovation
- Infrastructure
- Investment
- Governance

Each of these programmes has been linked to the three key challenges, the universal and core capabilities and our local system-wide priorities.

Investment

Due to the scale and potential value of the investment required to deliver this ambitious strategy, we have included an investment programme within the portfolio.

This programme is made up of four workstreams, the outputs from which are critical to ensure economic and financial viability, value for money and effective transformation:

- Investment cases
- Benefits realisation
- Partnership
- Resource utilisation / rationalisation - this is a significant step change which will enable the local aim of 'collaboration across the system' and is key to modernising business support functions

We will be looking for short term investment by using:

Incremental changes

- We will use our local organisations' existing resources to deliver the universal capabilities, and will support primary care as key enablers of this work
- We will make applications to the 2016-18 Primary Care Estates and Technology Transformation Fund (ETTF) to progress:
  - primary care mobile working
  - patient access to primary care services

Transformational changes

- We will work with local organisations which have secured additional funding (such as Suffolk County Council's transformation challenge award (TCA)) to align the scope of the work to our LDR wherever possible.
- We will work with local organisations to progress potential additional funding bids, for example West Suffolk NHS Foundation Trust's successful bid to become a global digital exemplar. Having a global digital exemplar site within our footprint will accelerate the STP aims, particularly in west Suffolk but also throughout the footprint and the wider public sector.
- We will make applications to the 2016-18 ETTF to:
  - contribute towards a pan-public sector WAN
  - contribute to public and private wi-fi provision
  - continue to improve patient access to primary care services

Other investment opportunities

We are working closely with public sector partners with expertise and a successful track record in securing investment from less traditional sources to the NHS.

These include:

- **Innovate UK**
- **ERDF**
- **Smart Cities**
- **Nesta**
- **Horizon:** which provides grants for transnational, collaborative research and innovation projects to IMPACT academia, industry, small and medium enterprises and public authorities
- **Interreg:** which focuses on the development of social innovation applications that will lead to an increased efficiency and effectiveness of local services to address health, demographic change and wellbeing
- **Health Programme:** which identifies and promotes uptake of evidence-based good practices to national authorities, universities and public bodies
- **Innovative Medicines Initiative**

We are also working with the Eastern Academic Health Sciences Network (EAHSN) around more potential partnerships for work identified through the LDR, together with potential opportunities created by West Suffolk Hospital's successful bid to become a global digital exemplar.

> *We are proud to be one of only a small number of global digital exemplars in the country. This will strengthen a larger strategic plan for the digital capability of the whole system. We know that using technology is essential for the future of healthcare, meaning that patients can be more involved in their own care."*
>
> **Prof Dr Steve Dunn, chief executive of West Suffolk Hospital Foundation Trust.**

Mobilisation

We have sought to progress our system to be ready for mobilisation following the first LDR submission in June 2016, where the themes and ambitions included within our roadmap were highlighted as a potential national exemplar.

As a result, partners in Suffolk and north east Essex have begun to adapt their existing programmes and project structures to align with the aims of the LDR. We have also articulated the start-up requirements of this programme and this will commence the underpinning work to support the deployment of the LDR from March 2017.

The LDR will be coordinated by a system-wide portfolio, programme and projects office (P3O) which will be linked to the STP programme office and connected to each partner's project management office. This is critical to both the local health and care plan proposals and LDR and is included within the essentials workstream.

Aims of the essentials workstream

This function will provide guidance essential for the system wide success of the LDR, which will focus on the following areas:

- Leadership (Digital Workforce)
- Standards (Governance) - connected to a number of key programmes within the Portfolio
- Investment / Benefits
- Assurance (Governance)

These aims require prioritised focus on the following areas:

- Quality & Safety (Information Sharing)
- Strategic Supplier Management (Infrastructure)
- Interoperability Model (Information Sharing)

To support transition from our current structure, the following existing groups will initially remain in place and will prioritise the following areas:

Group	Priority
CCG-led Informatics Partnership Boards*	will coordinate progress against the universal capabilities through the P3O and review system-wide progress
Provider IT strategies with associated internal governance	will include taking responsibility for delivering the universal capabilities
The Clinical Information Assurance Group (CIAG)	will coordinate the information sharing workstream
The Informatics Partnerships ICT Sub-Group	will coordinate the infrastructure workstream
The Information Forum	will explore suitable technologies to connect secondary use health and social care data, leading to a further development of improving population health and wellbeing by the use of insight, intelligence and innovation (iPHWBi[3])

*(*At the time of writing the Suffolk and north east Essex systems have separate Informatics Partnership Boards and sub-group structures. These are due to merge by the end of March 2017.)*

Naturally these groups will evolve as each programme starts to take shape. This changing programme and project structure will be driven through the local health and care plan's Essentials workstream and will be part of the governance programme.

The LDR's governance arrangements will be implemented by building on the collaborative working already in place across the footprint and through the Informatics Partnership Board.

Chief Clinical Information Officer (CCIOs) and Chief Information Officers (CIOs) from all partners are active members of this board and its sub-groups, and key clinical and digital leads will operate system-wide through each of the respective programmes and projects.

CCIOs will be responsible for the clinical leadership of this plan, and the clinical engagement across the system.

Change management approaches

Successfully engaging with clinical staff across each programme will be critical to the success of LDR. This is partially because of the need to upskill existing operational staff so that they can enable and embed change, whilst backfilling their posts.

This is seen as a big challenge during a time of unprecedented resource pressure and service demand, and as such additional focus has been placed on designing and implementing this model so that it can successfully drive transformational change.

This work will fall under the clinical leadership project within the digital workforce programme, and is intrinsically connected to the clinical leadership / (CCIO) / Clinical Safety Officer (CSO) network which we will set up as part of the Essentials workstream.

Identification of approach to benefits management and measurement

There is a fundamental shift underway looking at new commissioning arrangements in order to drive forward the delivery of a sustainable, integrated local health and care system. This joined-up approach will release resources traditionally tied up with payment by results to focus on system costs and delivering the aims of the local health and care plan.

As a result, benefits evaluation will be completely and intrinsically linked to system-wide plans to minimise the risk of counting them more than once.

To evaluate the success of introducing innovative technology on a large scale, we have adapted existing models and MoV® to create a business value management strategy which can be utilised or adapted where appropriate.

This function will sit within the investment programme, although its start-up will commence under the essentials workstream.

> *For social workers in Suffolk, we want to ensure that care records remain accurate, are accessible to all and draw on information from across health and care. The digital roadmap articulates our aspirations for customers and patients in Suffolk and underpins this shared work."*
>
> **Sue Cook, Director of Adults and Children's Services, Suffolk County Council.**

Critical Success Factors

As the system progresses the Local Digital Roadmap, and proposals in the local health and care plans will lead in that responsibility, the success of this programme hinges on the following critical success factors:

- Strategic Alignment
- System Leadership
- Collaboration
- Organisational Capability
- Systemwide governance
- Market awareness
- Best Value

Resourcing

Whilst we acknowledge that there is a lot of work to do around resourcing, skills and capabilities (see the digital workforce section), our aim is to develop and use existing resources from within, wherever possible.

However, we also recognise there will be times over the life of the LDR where we may have to either bring in specialist skills or additional resource so that we can manage any peaks in activity or to provide expertise in specialist areas with the intention to transfer those skills and knowledge to the local workforce.

Informatics Partnership Board members have agreed that the most appropriate approach to resourcing the LDR is collaborating across organisational boundaries rather than creating an additional layer of resource.

Initially, we are considering how best to use local skills in particular areas, for example by capitalising on our council's experience in volume digital transactions with the public, or the CCGs' collaborative procurement approach following the national Local Service Providers (LSP) exit.

A number of initiatives of this nature have already been implemented and will continue to yield results. They include:

- West Suffolk Hospital and West Suffolk CCG / GP IT collaborating to deploy e-Care to support clinical safety, operationalisation and stakeholder management for out of hospital information flows
- Ipswich Hospital and Norfolk and Suffolk NHS Foundation Trust both use the Lorenzo Regional Care (LRC) electronic patient record and are looking at:
  - sharing of full records for around 30,000 patients who currently receive services from both organisations
  - using clinical support teams to support staff using the Lorenzo system in both organisations
  - sharing lessons learnt about the implementation of intra-organisational record sharing with the wider Suffolk and north east Essex system.

The digital services workforce collaboration and transformation project will be responsible for developing and adopting this as the standard way of working across the system once it has been initiated by the Essentials workstream.

Paper-free at the point of care

As outlined earlier in this roadmap, our providers are at varying points of digital maturity against the seven 'paper-free at the point of care' capabilities, which are:

- Records, assessments and plans
- Transfers of care
- Orders and results management
- Medicines management and optimisation
- Decision support
- Remote and assistive care
- Asset and resource optimisation

Key organisations are continuing to work on aligning their current and future digital strategic plans directly to these core capabilities and raising the profile at board level.

However, most of the work needed to achieve the capabilities is subject to annual funding applications, and very few have dedicated funding agreed apart from those due in 2016/17 which have already been through a funding application process or are subject to ETTF approval.

Using each organisations strategic plans we have been able to project progress against each of the seven capabilities up until March 2019 which in turn enables us to plan effectively to meet the "paper-free at the point of care" by 2020 ambition.

Universal capabilities

As part of the national LDR guidance, there are ten digital universal capabilities where local health and social care systems are expected to make progress over a two-year period up until March 2018. They are:

A. Professionals across care settings can access GP-held information on GP prescribed medications, patient allergies and adverse reactions.
B. Clinicians in urgent and emergency care settings can access key GP-held information for those patients previously identified by GPs as most likely to present.
C. Patients can access their GP record.
D. GPs can refer electronically to secondary care.
E. GPs receive timely electronic discharge summaries from secondary care.
F. Social care receive timely electronic assessment, discharge and withdrawal notices from acute care.
G. Clinicians in unscheduled care settings can access child protection information with social care professionals notified accordingly.
H. Professionals across care settings made aware of end-of-life preference information.
I. GPs and community pharmacists can utilise electronic prescriptions.
J. Patients can book appointments and order repeat prescriptions from their GP practice.

Our approach to delivering the universal capabilities (UCs) has been to initially identify the key providers associated with their minimum delivery before then identifying aspirational stretch and transformational ambitions for each one.

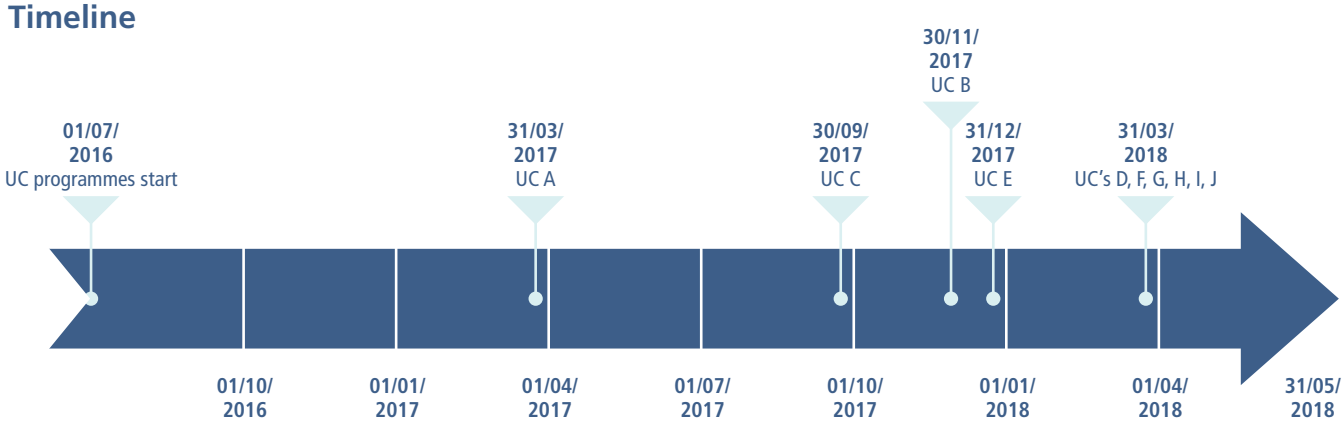
Some of these are based around clinical safety (for example, access to child protection information in mental health crisis services), coupled with efficient use of resources. Some providers are included within the minimum requirements but also have stretch and transformational aspirations which reflect the potential service changes for the future.

We have also identified which of the LDR programmes of work will be integrally involved in the successful implementation of these capabilities.

Where possible, and in line with our LDR principles, we will exploit nationally available applications and infrastructure to deliver against the UCs. However, we recognise that once our transformational activities have commenced, more efficient and effective solutions may become available.

As some of the UCs require "out of area patients" to be included, we will ensure national solutions (such as summary care records) are in place, even if they are enhanced by local solutions. This will remain a requirement until there are confirmed national standards in place around information sharing and interoperability.

Timeline



Delivery

Each component part of each UC has been split by provider to establish what needs to happen for successful delivery.

Alongside the mapping of current operational and strategic plans to the core capabilities, we are now embedding the work to deliver the UCs into the current work programmes of affected providers and progress has already been made towards meeting the timelines for delivery. The requirement to meet their aims and objectives for successful delivery of UC's has also been added to our provider contracts.

Whilst many of the technologies to meet the UC's are already in place and well used, much of the success in implementing the UCs depends on business change or hinges on primary care enablement, adoption, and encouragement.

Recent deployments across our system have increased awareness that clinically led/informed business change enhances adoption whilst minimising resistance and this approach is being adopted systemwide.

Universal capabilities key highlights

Use of SCR, Clinical Record Viewer and other Shared Records

Between June 2016 and September 2016 we have recorded a 30% increase in the use of the GP Summary Care Record, This however does not show the full picture of shared records utilisation, and c15,000 records are being accessed per month across the urgent care system in Suffolk.

Patients can access their GP record

Patient online is 100% enabled across all Suffolk and north east Essex GP surgeries

GPs receive timely electronic discharge summaries from secondary care

All Acute organisations in the footprint are electronically transmitting between 80-98% of discharges within the required timescales.

Clinicians in unscheduled care settings can access child protection information (CP-IS) with social care professionals notified accordingly

Work has commenced with the national CP-IS team and Suffolk organisations are due to go live in April 2017.

Patients can book appointments and order repeat prescriptions from their GP practice

Patient Online 100% enabled in GP practices across the STP footprint.

Information sharing

Our Informatics Partnership Board is committed to overcoming information sharing obstacles across health and care, with appropriate governance, in the best interests of patients and the integrated care agenda. As such, our ambitions for information sharing are high.

The Information Sharing Programme of Work focuses on:

- Summary care record (with additional information)
- Shared care records
- Digital quality and clinical safety
- Interoperability requirements
- Integrated transactional services
- Information sharing governance
- Digital record keeping

One of the first priorities as part of the stakeholder work we carried out was for us to challenge the information governance issues that prevent clinicians from having access to the information they need to treat an individual at the point of care.

The Clinical Information Assurance Group (a sub-group to the Informatics Partnership Board) have progressed an approach for the refresh of our pan-footprint information sharing agreement and agreed two distinct phases with phase one having three concurrent tiers of work:

Phase one, tier one - work in progress

Phase one has three concurrent tiers and is required to deliver against the universal capabilities and will form part of the governance and information sharing programmes. It includes all organisations providing services affected by the universal capabilities, plus those impacted by the stretch targets, and requires them to sign up to an information sharing protocol to demonstrate their intention to move forward the information sharing agenda.

We currently have two overarching information sharing protocols in place; one in Suffolk and one and one in north east Essex (which is part of the Whole Essex Information Sharing Framework).

Most organisations in the local health and social care economy have signed these protocol, including county councils (social care), mental health, acute hospitals, community services, GP practices, GP out of hours providers, NHS111 and ambulance.

We are also approaching neighbouring organisations, as people do travel because of patient choice and specialist services, to sign the protocol. These include Cambridgeshire Hospital University NHS Foundation Trust, James Paget University Hospitals NHS Trust, Norfolk and Norwich Hospital Foundation Trust, East Coast Community Services, community pharmacies and local hospices.

Phase one, tier two - work in progress

Phase two will see us finalise agreements based on specific organisational information sharing requirements. This will include a central repository of:

- Records management policies which are up-to-date and include review dates
- Data quality approaches which are up-to-date and include review dates
- Organisational governance structures
- List of governance structures with Caldicott Guardian / IG lead / Senior GP / Clinical Safety Officer or equivalent functions
- Current information sharing agreements which are up-to-date and include review dates
- An agreed list of authorised signatories for information sharing agreements for each organisation

Phase one, tier three - work in progress

We will work with the newly-formed integrated neighbourhood teams to formalise information sharing and governance to support the Safer, Stronger, Resilient Communities programme.

Any information sharing requirements linked with the proposed implementation of GP Connect which aims to support better clinical care by opening up information and data held within GP Practice IT systems for use across health and social care will be added to this tier of work and progressed.

Phase two - transformational

We are aiming to progress a single agreement underpinned by clearly defined cross-organisational information sharing so that we can deliver the shared care record and associated decision support.

Our aim is to include organisations which provide health and care support to people across the footprint. This could include district and borough councils, private hospitals, Department of Work and Pensions (troubled families), voluntary sector, care homes, residential homes, care agencies, youth offending, child health, equipment suppliers, housing providers (council, private and third sector), probation services, fire, prisons and criminal justice.

Whilst this agenda is challenging, we believe appropriate information sharing is necessary to deliver against the local health and care plan, and as such will coordinate progress across the system.

We expect this second phase to be more definitively articulated as we reach the end of the first phase, and will use the lessons we have learnt and progress in other footprints to continue shaping the information sharing agenda.

The below outlines some of the ambitions supported by the Information sharing programme of work:

- Secure messaging between patient and GP services
- Secure messaging between patient and professionals
- Implementation of Shared care record across care settings for professional
- Security protocol for citizens gaining access to the Shared Care Record
- Patient facing APIs (wearables etc.) to provide information to care records
- Shared care record patient access and contribution
- Predictive decision support at point of care
- Identification and action for the vulnerable

Key Information Sharing Principles

Information sharing is based upon a number of key principles from a risk and safeguarding perspective which are summarised below:

- **Role/Service based access:** Levels of access to information will be based on roles or service profiles.
- **Consent and opt out:** Information shared is facilitated only when an individual has given consent to do so. An individual holds the right to 'opt out' to all or parts of their personal information being shared.
- **Proactive audit:** The aims and ambitions of this LDR will result in a significant increase in information being shared for the benefit of the citizen, therefore there is a significant safety and security need to assure that only those that require access to data, are able to access it.
- **Exclusions:** There are a number of exclusions which will not be included within any sharing model, unless explicitly stated due to legal/statutory requirements and sensitivity concerns.
- **Mandatory training:** All staff will be expected to undertake mandatory training.
- **Monitoring and evaluation:** Ongoing monitoring and evaluation of both the sharing model and its effectiveness will be undertaken.
- **Patient and public engagement:** Patients and members of the public will be given an opportunity to consult, debate and inform the approach to sharing for the purposes of providing care.

Infrastructure

As outlined earlier in this roadmap, clinicians are increasingly using mobile devices to enter information into clinical systems while visiting patients within the community. However, there are still issues around connectivity in rural areas, whilst community and primary care settings have little or no Wi-Fi. In addition, professionals often have to access multiple systems and single sign on is still an area that needs to be addressed.

We are looking at the work NHS Digital are carrying out nationally around single sign on and identity management. Our aim is for our shared care record to include a single place that displays all the relevant information through a single sign on.

All the major providers within the footprint are at differing stages of their infrastructure maturity and organisational strategic ICT plans. The ICT sub-group is promoting collaborative working as well as the sharing of information and skills. This approach will be expanded through the digital services workforce programme

Recent progress has seen an exciting collaboration emerging between Suffolk County Council and health to progress work towards a shared Health and Social Care Network (HSCN) / Public Services Network (PSN) infrastructure, with 10 shared sites being enabled and due for evaluation in 2017.

> *We are at the forefront of delivering care for people in their local communities. Technology has outpaced us and to help manage demand and expectation we need a good plan and appropriate investment to improve our infrastructure so we can take advantage of continual developments to give the best service to our patients."*
>
> **Kevin Bernard, CCG Governing Body and Practice Manager, West Suffolk CCG.**

The future

The ICT sub-group has brought together the organisations in a single forum and has agreed an approach to its interim work towards progressing our infrastructure vision. This has been grouped into two sections:

Mobility: which will enable our clinicians to embrace mobile working in line with proposed redesign by developing:

- Data mobile - 3G/4G/public
- Enterprise mobility management, which will manage mobile applications, mobile devices management and mobile control
- Wide area network (WAN) and Wi-Fi including HSCN/PSN and Wi-Fi providers
- Mobile applications which enable both on and offline working and synchronisation

Social: Addresses the need for collaborative and seamless working across organisations to support the redesign in systems by developing:

- Unified communications, such as instant messaging, presence, video and audio
- Shared documents/records and the ability to co-author documents

All the initiatives associated with this programme are critical to the local health and care plan and contribute to the key challenges, specifically the finance and efficiency gap and the care and quality gap.

Interoperability

The definition of interoperability is the ability of different information technology systems and software applications to communicate, exchange data, and use the information that has been exchanged.

We have many examples of progress being made around interoperability, including:

- Discovery around GP Connect First of Type (FoT)
- Health Information Exchange (HIE) which enables users to exchange and view patient data, regardless of their EPR system, this is currently being implemented across acute trusts, primary care and neighbouring STP/LDR footprints.

It is therefore a critical and urgent output of the essentials workstream to coordinate and document our system-wide interoperability model.

The need for this has accelerated due to the recent success of West Suffolk NHS Foundation Trust in becoming a global digital exemplar and their proposed connection of local clinical systems/ information to support the system plans for the West Suffolk accountable care organisation (ACO). Any methodology used to enable these connections must be complimentary to interoperability across the wider footprint and beyond.

We are committed to the principle of using open source Application program interface (API) which is a set of routines, protocols, and tools for building software applications rather than proprietary APIs (where the software's publisher or another person retains intellectual property rights, usually the copyright of the source code, but sometimes patent rights) and enhancing our understanding and connections across the health, care and commercial sectors, such as by connecting to the national Code4Health programme.

We are also including these expectations and standards where service redesign or contract negotiations opportunities present.

Looking after your information

To minimise risks associated with data security and cyber security, our approach focusses on three areas:

People (within the workforce programme)

- All staff will complete mandatory e-learning training and be aware of potential threats, such as phishing emails and non-secure webpages, and what actions to take.
- Each organisations' ICT department will have an accredited ICT security officer with a Certified Information Systems Security Professional qualification.
- These security officers will form a community group to communicate early warnings and provide support and education around any risks which emerge.

Process (assurance from the governance programme)

All organisations to achieve as a minimum requirement by embedding business as usual appropriate standards, such as:

- IGSoC
- PSN
- PCI/DSI

Aspirational qualifications for organisations could be:

- ISO 27001 (information security management)
- ISO 9001 (quality management system)
- ISO 80001 (application of risk management for IT networks)

Suffolk County Council and St Helena Hospice have achieved Cyber Essentials. West Suffolk Hospital has achieved ISO 27001 and Essex County Council are seeking re-accreditation for ISO 27001.

Technology (within the infrastructure programme)

Implementing Edge security which has significant security improvements that help to defend people from increasingly sophisticated and prevalent web-based attacks against Windows and including:

- Perimeter firewall management
- Secure web gateway
- Intruder protection security
- https: inspection.
- Multi-factor authentication as a minimum standard/ requirement and to include soft tokens available through smart phones etc.
- Network access control
- Secure email using transport layer security encryption at both ends of the process

The ICT sub-group are connected to the NHS Digital CareCERT programme and will ensure national support is adapted and used locally, together with any associated directions from the National Cyber and Security Centre.

GS1 standards

GS1 sets standards for identifying, capturing and sharing information - about products, assets, services, people, locations and more. These standards make it possible for companies and healthcare providers to speak the same language, connect with each other and, more importantly in healthcare, deliver improved patient safety, regulatory compliance and operational efficiencies

GS1 adoption across our footprint is currently low, and is predominately focussed on wristbands, case notes and robotic dispensing.

The Carter Review highlighted adoption of GS1 standards to enable a seamless healthcare experience, and shift the current healthcare model to more of an integrated, patient-centric provision of care, which is a fundamental vision of our STP.

The infrastructure programme will be responsible for coordinating GS1 adoption and implementation, learning lessons from exemplars such as Derby and looking at the following opportunities to support our system-wide work:

- Point-of-care scanning to match product data to patient data
- Enabling the introduction of robotic dispensing systems
- Recording implant serial numbers
- Tracking and tracing individual instruments through decontamination, stock control and supplies management
- Tracking assets throughout a network of facilities

All Acute Trusts will adopt GS1+ Pan European Public Procurement Online (PEPPOL); all affected IT specifications will include GS1 compliance requirements and as further national announcements are made we will move this forward.

Governance

Approval

The Suffolk Digital Roadmap was approved by all key providers, formally endorsed by the Suffolk Health and Wellbeing Board and signed off on 30 June 2016.

It received formal commitment and support from all local commissioners and key care providers, with each making a significant contribution to the roadmap.

The LDR has subsequently been expanded to include north east Essex so that it aligns with the Sustainability and Transformation Plan footprint. It has also been strengthened to ensure it underpins the local system aims under the governance of the Suffolk and north east Essex cross organisational Informatics Partnership Boards.

Summary

This LDR represents a substantial cultural and technological transformation plan and will revolutionise our health and social care economy.

Whilst it represents the huge collaborative efforts over the last two years, we recognise this LDR demands a scale, pace and impact of a size yet seen in the NHS.

The shape of the Suffolk and north east Essex health and social care economy over the lifetime of the digital roadmap will change and this may require future revisions of this roadmap.

The transformation work over the next five years suggests building on work undertaken by local economies. This work is co-designed with front line clinicians and is focused around the health and care of each and every citizen and on the delivery of patient benefits.

The development of the LDR has been a collaborative approach with significant contributions made by all local health and social care organisations in the footprint and is a cornerstone of our service transformation work.

Without high quality digital care, our system simply will not be able to operate or achieve the level of transformational change we aspire to.

Our fundamental aim is to improve the health and wellbeing of the population of Suffolk and north east Essex. The LDR gives us the opportunity to do this.

Appendix one

Key organisations within footprint:

- West Suffolk Clinical Commissioning Group
- Ipswich and East Suffolk Clinical Commissioning Group
- North East Essex Clinical Commissioning Group
- Suffolk County Council
- Essex County Council
- Anglian Community Enterprise
- Allied Health Professionals
- Care UK
- Colchester Hospital University NHS Foundation Trust
- East of England Ambulance Trust
- Ipswich Hospital NHS Trust
- Norfolk and Suffolk NHS Foundation Trust
- North Essex Partnership NHS Foundation Trust
- Suffolk Community Healthcare
- Primary care
- West Suffolk NHS Foundation Trust

Connected organisations:

- GP Primary Choice
- IC24
- Ramsey UK Healthcare Group
- Suffolk GP Federation
- St Elizabeth's Hospice
- St Nicholas Hospice
- East Anglian Children's Hospices
- The J's and St Helena Hospices

Organisations connected to footprint (and longer term strategy):

- Borough and district councils
- Police
- Fire
- Voluntary sector
- Military
- Criminal justice
- Pathology Partnership
- Healthwatch
- NHS Property Services
- University of Suffolk
- University of Essex

Glossary

Abbreviation	Meaning
A&E	Emergency Department
ACO	Accountable Care Organisation
AOMRC	Academy of Medical Royal Colleges Standards
API	A set of routines, protocols, and tools for building software applications
API Proprietary	Where the software's publisher or another person retains intellectual property rights, usually the copyright of the source code, but sometimes patent rights
CCG	Clinical Commissioning Group
CCIO	Chief Clinical Information Officers
CHUFT	Colchester Hospital University NHS Foundation Trust
CIAG	The Clinical Information Assurance Group
CIO	Chief Information Officers
CISSP	Certified Information Systems Security Professional
CP-IS	Child Protection Information System
CSO	Clinical Safety Officer
CUH	Cambridge University Hospitals NHS Foundation Trust
dm+d	Standardised dictionary of medicines and devices
EAHSN	Eastern Academic Health Sciences Network
ECC	Essex County Council
EIT	Early Intervention Team
EoE	East of England Ambulance Trust
EPR	Electronic Patient Record
EPS R2	Electronic Prescription Service Release 2
ETTF	Primary Care Estates and Technology Transformation Fund
FoT	First of Type
GDE	Global Digital Exemplar
GP	General Practice
GP Connect	To support better clinical care by opening up information and data held within GP Practice IT systems for use across health and social care
GS1	Standards for identifying, capturing and sharing information - about products, assets, services, people, locations and more
HIE	Health Information Exchange
HSCN	Health and Social Care Network
ICS	Integrated Care System
ICT	Information Communication and Technology
ICT Sub Group	Information Communication and Technology Sub Group
IESCCG	Ipswich and East Suffolk Clinical Commissioning Group
IG lead	Information Governance Lead
IGSoC	Information Governance Statement of Compliance
IHT	The Ipswich Hospital NHS Trust
INT	Integrated Neighbourhood Team
JPH	James Paget University Hospitals NHS Trust
LDR	Local Digital Roadmap
LRC	Lorenzo Regional Care
LSP	Local Service Providers
MoV®	Management of Value
N&N	Norfolk and Norwich Hospital Foundation Trust
NEECCG	North East Essex Clinical Commissioning Group
NHS	National Health Service
NSFT	Norfolk and Suffolk NHS Foundation Trust
OOH	Out of Hours
P3O	Portfolio, Programme and Projects Offices
PCI	Payment Card Industry
PEPPOL	Pan-European Public Procurement Online
PSN	Public Services Network
SCC	Suffolk County Council
SCR	Summary Care Record
SRO	Senior Responsible Officer
STP	Sustainability and Transformation Plan
TCA	Transformation Challenge Award
UC's	Universal Capabilities
WAN	Wide Area Network
WEISF	Whole Essex Information Sharing Framework
WoW	Workstation on Wheels
WSCCG	West Suffolk Clinical Commissioning Group
WSH	West Suffolk NHS Foundation Trust

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