

Item: 8.4

Report to:	Primary Care Commissioning Committee
Date of Meeting:	28 June 2019
Subject:	Clinical Decision Support System proposal
Presented by:	Estelle Butters, Head of Performance & Programme Delivery Hull CCG
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STATUS OF THE REPORT:

To approve	<input checked="" type="checkbox"/>	To endorse	<input type="checkbox"/>
To ratify	<input type="checkbox"/>	To discuss	<input type="checkbox"/>
To consider	<input type="checkbox"/>	For information	<input type="checkbox"/>
To note	<input type="checkbox"/>		

PURPOSE OF REPORT:

The purpose of this report is to recommend that the Primary Care Commissioning Committee approve the proposal to fund the supply of a Clinical Decision Support Tool to primary medical care providers for 2 financial years (2019/21) to assist healthcare professionals deliver optimised patient care.

RECOMMENDATIONS:

It is recommended that the Primary Care Commissioning Committee:

- Consider the contents of the report;
- Approve the use of unallocated PMS premium resources to fund the tool for a 2 year period.

REPORT EXEMPT FROM PUBLIC DISCLOSURE No Yes

If yes, grounds for exemption
(FOIA or DPA section reference)

CCG STRATEGIC OBJECTIVE

Reduce public sector demand and variation whilst promoting access based on need and meeting NHS Constitution and statutory requirements.

IMPLICATIONS: (summary of key implications, including risks, associated with the paper),

Finance	Financial implications are detailed within the report.
HR	None.
Quality	It is anticipated that the use of a Clinical Decision Support Tool will improve the quality of care.
Safety	It is anticipated that the use of a Clinical Decision Support Tool will improve the safety of care.

ENGAGEMENT: (Explain what engagement has taken place e.g. Partners, patients and the public prior to presenting the paper and the outcome of this)

Regular engagement is being undertaken with clinicians and business managers within primary medical care providers to support integration and collaborative working.

LEGAL ISSUES: (Summarise key legal issues / legislation relevant to the report)

None

EQUALITY AND DIVERSITY ISSUES: (summary of impact, if any, of CCG's duty to promote equality and diversity based on Equality Impact Analysis (EIA). **All** reports relating to new services, changes to existing services or CCG strategies / policies **must** have a valid EIA and will not be received by the Committee if this is not appended to the report)

	Tick relevant box
An Equality Impact Analysis/Assessment is not required for this report.	√
An Equality Impact Analysis/Assessment has been completed and approved by the lead Director for Equality and Diversity. As a result of performing the analysis/assessment there are no actions arising from the analysis/assessment.	
An Equality Impact Analysis/Assessment has been completed and there are actions arising from the analysis/assessment and these are included in section xx in the enclosed report.	

THE NHS CONSTITUTION: (*How the report supports the NHS Constitution*)

This report supports delivery of the following principles, rights and NHS pledges:

- 1) The NHS aspires to the highest standards of excellence and professionalism
- 2) NHS works across organisational boundaries and in partnership with other organisations in the interests of patients
- 3) Quality of care
- 4) You have the right to expect NHS organisations to monitor, and make efforts to improve, the quality of healthcare they commission or provide.

PROPOSAL FOR PROVISION OF A PRIMARY CARE CLINICAL DECISION SUPPORT SYSTEM

1 INTRODUCTION

The purpose of this report is to recommend that the Primary Care Commissioning Committee approve the proposal to fund the supply of a Clinical Decision Support Tool to primary medical care providers for 2 financial years (2019/21) to assist healthcare professionals deliver optimised patient care

2 BACKGROUND

Over the last 2 years, primary care have been undertaking Quality Premium schemes in support of the CCG's priorities; a key part of the schemes was the improvement of data quality to support commissioning decisions and build on the aims of working at scale in support of the long term plan.

The CCG has also been working with primary care to support the reducing in variation of GP referrals and data quality, improving knowledge of pathways and efficiency within primary care. A number of practices have been trialling and, some purchased, a Clinical Decision Support System (CDSS) that assists healthcare professionals deliver optimised and up to date patient care in a safe and efficient manner.

The tool provides:

- Clinician's immediate and easy access to relevant diagnostic, treatment and referral resources.
- Embeds these resources seamlessly within the existing patient record in a clear and logical format to support the clinician during their workflows. Information can then be added into the patient record.
- Supports improved decision making to occur effectively and efficiently at the point of patient contact, all based upon the latest evidence based guidelines.

The tool also assists GP practices, Primary Care Networks and CCGs provide standardised patient care across organisations, based upon national and local policy and objectives. This helps optimise resource utilisation whilst ensuring best practice and patient safety occurs. The reporting functionality of the tool also enables organisations to use business intelligence reports for accurate service evaluation and planning.

3 INFORMATION

Through a Humber Coast and Vale an Estates and Technology Transformation Fund (ETTF) bid submitted in April, funding has been sought for a clinical decision support system across the CCGs; however it will not be known for some time whether this has been successful.

In Hull, a number of GP practices have been trialling a Clinical Decision Support Tool. Qualitative feedback gained from participating GP practices around use and service improvements has been positive and further work is being undertaken benefitting analysis and time saving analysis supporting collaborative working.

The CCG is now receiving requests from primary care around the procurement of a tool, which would demonstrate value for money by creating a more resilient primary care service in the area and benefit the whole health care system. The financial benefits to a practice following the trial of the CDSS and ongoing funding of the system for a further year would include additional QOF and enhanced service income, a reduction in clinical and admin/management costs through a more streamlined, efficient service delivery.

There will also be a potential saving to CQC costs, a reduction in staff turnover costs as the programme would increase job satisfaction and retention as well as the costs of time to deal with significant events.

Benefits

The table below shows benefits both for the CCG and primary care; one of the main benefits will be the reduction in work force supporting data quality issues and creation of templates. The tool will export a suite of templates into the system for practices to use such as referral forms, which will be consistent across the City.

The CCG implemented RAIDR in April 2019 (risk stratification tool) supporting practices to understand their population in areas such as disease prevalence, patients at risk of a hospital admission and secondary care activity. This tool will complement the clinical decision support system; however it does not aim to replicate the same outcomes.

Benefits to practices	Benefits to CCGs and PCNs
<ul style="list-style-type: none"> • Less Hassle • QOF Income – identifies shortfall • Save Time • Upskill Your Team • Patient Safety • Increase Income • Simplify Tasks • CQC Reports • Standardisation • Best Practice • Consistent templates across practices using tool 	<ul style="list-style-type: none"> • Local commissioning policies uploaded and maintained • Online Access Pathways • Prescribing Savings • Local formularies for prescribing • Workflow Efficiencies • Best Practice Contract Management • View at CCG level to support PCNs • eConsultations • Referral Capacity Reports • Risk Stratification • Compliments RAIDR • Self-Care • Upskill Workforce • View at Scale

The CCG has received an initial quote from a provider being used currently by the small number of Hull practices as follows:

The estimated costs for the first two years use of Clinical Decisions Support Tool is based upon a set-up fee per practice (determined by the number of patients on a practice list) which includes face-to-face training, access to webinar training plus an annual fee per patient. Procurement of a tool at scale utilising NHS frameworks offers the opportunity for significant savings and it is anticipated that the resource required to implement across the CCG would be as follows:

Year 1: set up plus licence £ 115,000

Year 2: licence fee only £75,000

It is proposed fund the supply of a Clinical Decision Support Tool for 2 financial years (2019/21) utilising resources unallocated PMS premium resources within the CCG primary medical care budget. The cost will be recovered should the Humber Coast and Vale proposal be successful later in this financial year.

In recognition for this investment Primary Care Networks will be asked to support the CCG's commissioning priorities by supporting standardising data coding, working to local commissioning policies, improving processes around patient reviews for long term conditions aligned to national RightCare initiatives.

4 RECOMMENDATIONS

It is recommended that the Primary Care Commissioning Committee:

- a) Consider the contents of the report;
- b) Approve the use of unallocated PMS premium resources to fund the tool for a 2 year period.