

# **SCIMP & SNUG Conference**

## **21 September 2016**

### **GP IT Re-Provisioning – Next Steps**

**(Workshop S6e)**

# Background

- ✓ The current GP IT Framework Agreements with EMIS and INPS commenced on 1 March 2010
- ✓ Each Call-Off contract exists for seven years from the date it was signed and they end variously between 2017 and 2021
- ✓ Most Boards have a mix of practices using the EMIS or INPS systems



# Who is Leading the GP IT Re-Provisioning?

- ✓ **Scottish Government eHealth issued a Commission to NSS IT to lead Phase One of the GP IT Re-Provisioning Project in June 2015**
- ✓ **The Commission Response was approved by SG eHealth in October 2015**
- ✓ **NSS IT are managing the project on behalf of Board eHealth Leads and under their direction**




# Objectives

*A simple and efficient Re-Provisioning exercise to establish a flexible contractual arrangement that is fit for purpose now, and can be easily added to as future requirements evolve*

**This vehicle should:**

- ✓ **Enable GP IT now and into the future**
- ✓ **Increase levels of contractual influence and control over the system vendors**
- ✓ **Ensure compliance with existing and emerging GMS contract**
- ✓ **Encompass an increased, pre-defined and controlled breadth of functionality**
- ✓ **Enable evolving Scottish Government Strategies**
- ✓ **Support evolving models of care**

# What's in Scope?

- 
- ✓ **GP IT Clinical Software and Roadmap for Development**
  - ✓ **Hosting of GP IT Clinical Software (including IG/Security and data controller considerations)**
  - ✓ **Interoperability Requirements**
  - ✓ **Maximising the value and contribution of mainstream IT solutions in general practice**



# Our Approach

- ✓ **Rigorous Process**
- ✓ **Strong Clinical Engagement**
- ✓ **Focused Collaboration**
- ✓ **Links to other National Initiatives**
- ✓ **Lessons learned from other Nations**



# GP IT Re-Provisioning Timeline

## Phase One

July 2015 - July 2016

- ▶ Outline Business Case
- ▶ Output Based Specification (requirements)

## Phase Two

July 2016 - July 2017

- ▶ Run the Procurement Exercise
- ▶ Contract Award - expected July 2017
- ▶ Implementation Plans in place

## Phase Three

July 2017 Onwards

- ▶ Accreditation & Testing of new systems
- ▶ Implementation and Deployment
- ▶ Training
- ▶ Transition to new systems

# **Interactive session**



# Persona Creation

In five groups create Personas for the following individuals:



**General Practitioner ('Karen')**



**Community Nurse ('Billy')**



**Practice Manager ('Sarah')**



**Receptionist ('Neil')**



**Health Board Facilitator ('Robert')**

# Persona Template Explained

Introduction:  
a name and a brief bio to  
personalise them

Persona characteristics:  
attributes and feelings

Training Considerations:  
What methods and timings would  
work best for the persona



## Introduction: Mary

Mary is a GP with 15 years  
experience

She works part time – 3 days a  
week

She is a Partner in a practice of  
six Partners

### GP IT System



#### Need:

Instant access to patients' records



#### Want:

The systems to be quick and slick



#### Desire:

Remote access to systems

### Persona Characteristics



Age: 42

#### Characteristics:

- ▶ Passionate about the role of the GP
- ▶ Feels Under Pressure  
"Oh No, not another change/system!"

### Implementation Considerations

- ▶ Will downtime be required?
- ▶ I'm not very technical
- ▶ Please avoid Mondays

### Training Considerations



- ▶ Working three days per week – how will training be rolled out for me?
- ▶ Will there be people on site to support me?

### Anxieties & Blockers



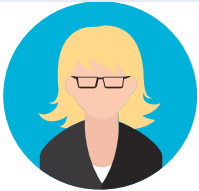
- ▶ What's the back up plan if the new system doesn't work?
- ▶ Risks associated with the lack of access to clinical information
- ▶ What will it mean for my patients?

Implementation Considerations:  
Techniques and timings that appeal to the persona

Anxieties & Blockers:  
items which de-motivate the persona

Need, wants and the ultimate desire  
from GP IT Systems

# General Practitioner



## Introduction: Karen

Karen is a GP with 20 years experience

She works full time in a remote and rural practice

### GP IT System



#### Need:

Reliability  
Progress – don't go backwards  
Simplicity for all GPs = intuitive



#### Want:

Speed/Performance



#### Desire:

System that learns your own habits and intuitive  
Future proof and visibility of roadmap

### Persona Characteristics



Age: 50

#### Characteristics:

- ▶ Very Busy
- ▶ Passionate about the NHS
- ▶ Puts the patient first
- ▶ Gets stressed out and embarrassed by inefficient systems and processes

### Implementation Considerations

- ▶ What can we afford?
- ▶ Who does the training/ how/ timing?
- ▶ Downtime, business continuity
- ▶ Configuration in advance of implementation e.g. Templates
- ▶ Contract (GMS) Requirements understanding
- ▶ Data migration and mapping
- ▶ Timing and impact of cluster working = costly to change systems

### Training Considerations



- ▶ Training before implementation – not after!
- ▶ 'Wizards' -Champions for different parts of the systems
- ▶ 'Dummy system' to practice and make mistakes without live impact
- ▶ Health Boards and Practices to share lessons learned

### Anxieties & Blockers



- ▶ Forced to change to a system she doesn't want
- ▶ Hosting = unknown
- ▶ Bad weather – Highlands & Islands
- ▶ Don't underestimate the importance of third party products "Can wreck her day"
- ▶ Support/ Help Desk – make it the suppliers' problem

# Community Nurse



**Introduction:**  
**Billy**

**(or Margaret)**

## GP IT System



**Need:** Fully Mobile Solution that works across multiple Practices



**Want:** Offline and Online Replication of Notes



**Desire:** Voice Recognition

## Persona Characteristics



**Age:** Billy – 40/ Margaret - 53

### Characteristics:

- ▶ Billy - keen to grasp new systems and online training.
- ▶ Margaret – matron-like, not IT literate, subject to stress as generally busy travelling between Patients and GP sites. More interested in delivering Patient care than keeping notes in the IT Solution up-to-date.

## Implementation Considerations

- ▶ Consistent role defined (Given access and encouraged to update notes)
- ▶ Cross-Practice Working requires feedback channel to be established
- ▶ Many CNs are not given access to the GP IT System (Group felt that they should be)
- ▶ Health Boards and Practices to share lessons learned
- ▶ Need for dedicated mobile devices
- ▶ GP IT Solutions are currently unworkable at many GP Branch Sites

## Training Considerations



- ▶ Training on GP IT Solutions has not previously been given to CNs other than casual coaching by Practice Managers. This has been problematic.
- ▶ Training should be given before implementation – not after!
- ▶ 'Dummy system' to practice and make mistakes without live impact

## Anxieties & Blockers



- ▶ Lack of Mobile Solution
- ▶ Inability to cover cross-Practice Working
- ▶ Lack of inclusion in previous training and potential lack of inclusion in product update/upgrade training as CNs do not belong to particular Practices.
- ▶ Any change to Practice solutions will cause anxiety, particularly as many CNs can cover multiple Practices potentially with different GP IT Solutions.

# Practice Manager



**Introduction:**  
**Sarah**

- ▶ **Works full time**
- ▶ **Quite technology savvy**

## GP IT System



### **Need:**

Slick and easy to use  
Reliable



### **Want:**

Problems/ bugs to be resolved quickly and efficiently



### **Desire:**

One system that does everything

## Persona Characteristics



**Age:** 40

### **Characteristics:**

- ▶ Outgoing
- ▶ Approachable
- ▶ Highly organised
- ▶ Forward thinking
- ▶ Passionate about the NHS

## Implementation Considerations

- ▶ Practice Connectivity
- ▶ Branch Connectivity (if practice has correct connectivity but the branch doesn't, it's a waste of time)
- ▶ Timing – not Mondays, not Fridays, avoid month end and key school holidays
- ▶ Help on site on go-live days
- ▶ Add-ons

## Training Considerations



- ▶ Access to a training version of the system to practice on in between training and go-live
- ▶ Trainers to come in to Practices
- ▶ Any off-site training sessions to take place on a number of different dates (cant let everybody away at the same time – need to think about BAU)
- ▶ Plan for ongoing/refresher training and training of new staff
- ▶ Ongoing training support from Suppliers (make this contractual)

## Anxieties & Blockers



- ▶ GPs not being able to update in real-time whilst new system is implemented
- ▶ Change of Supplier system to what we're all used to
- ▶ Super user training is not really enough. Especially if Super users are not adequately trained in the first place

# Health Board Facilitator



**Introduction:**  
**Robert**

**Works full time**

**Is one of a team of three facilitators covering a large geographical area**

## GP IT System



**Need:** Quick solutions to problems



**Want:** A system that works



**Desire:** Happy customers

## Persona Characteristics



**Age:** 32

### Characteristics:

- ▶ Enthusiastic
- ▶ Capable
- ▶ Thorough
- ▶ Busy
- ▶ Trouble shooter
- ▶ Knowledge base

## Implementation Considerations

- ▶ Facilitator User Group to help build strategy
- ▶ Must have coordinated support from local IT – they must be involved in the planning of the implementation
- ▶ Go-live Checklist
- ▶ Migration Pack
- ▶ Central Co-ordination – not supplier and the practice
- ▶ Remote Access Testing for User Acceptance Testing by the Facilitators
- ▶ Simple How To – Local Guides
- ▶ Working together

## Training Considerations



- ▶ Dedicated Supplier training resources
- ▶ Super Users at larger practices
- ▶ Training mapped against business processes is vital
- ▶ Health Board Facilitator Champions – the go-to person for specialist area of the system
- ▶ National Champions
- ▶ Configuration Knowledge Base

## Anxieties & Blockers



- ▶ Need us to be able to dictate to the suppliers rather than suppliers dictating the deployments to us.
- ▶ Need consistency with business processes across practices
- ▶ Timing of deployment – avoid busy practice peak time
- ▶ Involved in testing forum
- ▶ Business Continuity – what to do?!



# Receptionist



**Introduction:**  
**Neil**

**Works part time in a busy practice with multiple Receptionists**

## GP IT System



### **Need:**

Robust Appointment Bookings – easy to use



### **Want:**

More flexibility



### **Desire:**

One system for all - all info to view for all roles  
All practices on the same system = easier for Facilitators

## Persona Characteristics



**Age:** 45

### **Characteristics:**

- ▶ Set in his ways
- ▶ Doesn't like change

## Implementation Considerations

- ▶ NOT MONDAYS!!!! Or after Public Holidays
- ▶ Need back up – Business continuity laptop required
- ▶ Have supplier on site after implementation
- ▶ Upfront and timely information to help plan for down days (need a good lead time)
- ▶ Third Party Suppliers need to be considered in the plan (add-on systems)
- ▶ Pre-implementation pack – tailored to each Practice

## Training Considerations



- ▶ Super User (Floor walkers)
- ▶ Test/ Dummy system
- ▶ Quick guide (training guides can be too big) – Five point guide
- ▶ Web based and face-to-face (all learn in different ways)
- ▶ In-house, on site training

## Anxieties & Blockers



- ▶ Training for part-time staff – when will part time staff get trained?
- ▶ Fear of change/ something new
- ▶ Suppliers and NHSS IT need to speak to each other and be more joined up