

Richmond Clinical Commissioning Group Report Summary

Meeting Title	Governing Body in public	Date	17 January 2016				
Report Title	Local approval of joint ETTF tech bids						
Agenda Item	2.5	Attachment	J				
Purpose <i>(please indicate with X)</i>	Approval/ Ratification	X	Discussion / Comment		Information		
Author: <i>(name & job title)</i>	John Atherton Deputy Chief Officer	Executive Leads (Clinical and Officer) <i>(name & job title)</i>		John Atherton Deputy Chief Officer			
	Richard Thomas Chief Finance Officer			Kate Moore Vice Chair			
Presented by: <i>(name & job title)</i>	John Atherton Deputy Chief Officer	Further Information contact <i>(email address)</i>		John.atherton@richmond.gov.uk			
Summary and purpose of report							
<p>The SW London CFOs meeting on 25 November agreed to progress with financial approval of the five joint ETTF technology bids for SWL through local financial governance arrangements, with the aim of submitting approved PIDs/business cases to NHSE and the London Capital Committee at the start of February 2017.</p> <p>The bids have already been approved in principle at the London level as are summarised below. Richmond is part of four bids – see table below for summary.</p>							
Bid	Descriptor	CCGs included in joint SWL bid					
		C	M	S	K	R	W
Tactical solution	Interoperability solution utilising existing integration technologies in SWL (Graphnet, MIG, Cerner HIE) to give all UEC settings, including 111 and OOH, access to a view of the GP record from all SWL practices, and allow all practices to view information about their patients held on digital hospital records.	Yes	Yes	Yes	Yes	Yes	Yes
Docman Vault	Upgrading Docman to a cloud-based storage solution allowing electronic discharge summaries to be accessed by primary care from any setting, supporting primary care at scale.	Yes	Yes	Yes	Yes	Yes	No
Kinesis	Roll out of single GP to OP e-consultation software across SWL to reduce referrals; will standardise this process for GPs and hospitals across SWL.	Yes	Yes	No	Yes	Yes	No
iPlato	SMS and app-based (MyGP) solution for GP appointment scheduling, patient information and provision of basic telehealth.	Yes	Yes	Yes	Yes	Yes	Yes

Patient and MDT e-consultation	Skype for Business (software plus hardware) enabled in all SWL practices and hubs for patient-to-GP e-consultation, and MDT video conferencing.	Yes	Yes	Yes	Yes	No	Yes
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An initial financial review for accounting treatment, value for money, and high-level view of the procurement route has been completed. The costs for the interoperability tactical solution have been iterated further based on discussions with suppliers and a SWL-wide IT workshop on 13 December which ratified the approach.

A significant sum of the national capital being made available to south west London, although this is predicated on the CCGs' ability to begin implementation in year in 2016/17. The NHSE regional team have indicated that spending must commence this financial year or funding may be reallocated to alternative ETTF bids in the pipeline to ensure that the London-wide capital pot for 2016/17 is spent.

Financial and / or resource implications

Scheme	SWL ETTF bid	Richmond CCG annual revenue
Interoperability	£2.9m	£34,022
Docman Vault	£143k	£0
Kinesis *	£955k	£48,000 (plus £25 per use)
IPlato GP SMS service	313k	£40,330
Total		£122,352 (plus Kinesis usage fees)

* Kinesis implemented - ETTF to retrospectively fund set up costs. To confirm if proceed with full capitalisation of the PID.

Quality and safety / patient engagement / impact on patient services

Impact on patient services considered as part of each business case.

Equality and / or privacy impact analysis

Impact on equality and privacy considered as part of each business case.

Committees that have previously discussed/agreed the report and outcomes

SW London CFOs meeting on 25 November agreed to progress with financial approval of the

five joint ETTT technology bids for SWL.	
Communication plan and stakeholder involvement	
Communications plans agreed within business cases.	
Report recommendation	
<p>The report seeks endorsement from the Governing Body to approve the four business cases relevant to the CCG. The annual revenue cost for the CCG is £122,352 (plus Kinesis usage fees).</p> <p>Given the nature of this collaborative bid, a number of organisations need to approve the business cases through relevant meetings to ensure it can be finally endorsed by the London Capital Committee on 7 February 2017.</p>	
CORPORATE OBJECTIVES <i>(please indicate with X against relevant priority area / strategic objective)</i>	
1. Sustainability	
Deliver a financially sustainable health economy balancing the need for effective use of resources and the need for innovation.	
2. Commissioning for quality	
Work in partnership with local health providers and commissioners to commission quality integrated services that achieve good health outcomes, are accessible and promote equality for local people.	X
3. Clinical leadership	
Support the development of the CCG as a continually improving and clinically led commissioning organisation.	X
4. Engagement	
Enable local people, patients and stakeholders to have a greater influence on services we commission and develop a responsive and learning organisation.	
5. Statutory duties	
Deliver our statutory and organisational duties and ensure the CCG is a highly effective membership organisation.	

Report Summary Version Jan 2017

**NHS England ETTF Submission 2016/17 – 2019/20
Technology Scheme Project Initiation Document**

TITLE OF SCHEME	Scheme Reference: 22316 Digital document sharing via cloud solution - South West London
NAME OF THE CCG MAKING THE APPLICATION	NHS Merton CCG, as lead CCG on behalf of the South West London Commissioning Collaborative. The following CCGs are signed up to the bid: Croydon CCG, Kingston CCG, Merton CCG, Richmond CCG and Sutton CCG.
CONTACT DETAILS	<ul style="list-style-type: none"> • Business case lead: Sian Hopkinson, Sutton CCG sian.hopkinson@nhs.net • LDR Lead: Greg Penlington, Assistant Director – Transformation, SWLCC Greg.penlington@swlondon.nhs.uk 020 3668 3114 • LDR Clinical Lead: Dr Rod Ewen, Clinical ICT Lead, Wandsworth CCG rod.ewen@nhs.net • Chief Finance Officer: Geoff Price, Chief Finance Officer, Sutton CCG Geoffrey.price@nhs.net
DELIVERY PARTNER CONTACT DETAILS	PCTI Solutions Ltd Pioneer Court, Pioneer Way Whitwood, Castleford West Yorkshire United Kingdom WF10 5QU Haroon Iqbal: harooniqbal@docman.com 01977 66 44 96
BRIEF SCHEME DESCRIPTION	<p>Docman Vault provides the ability to share documents and information with patients, third parties and providers. The Docman Vault concept is based around an NHS patient centric document cloud store, hosted on a secure N3 environment with strict security and access control.</p> <p>Consumed through an open API, Docman Vault provides a platform for sharing patient documents, Docman Hub letters and non-patient documents.</p>

<p>STRATEGIC NEED</p>	<p>In line with the NHS 5 Year Forward View, Docman Vault supports record sharing by providing access to documents to deliver improved sharing and interoperability.</p> <p>With a push for shared records, Docman Vault is an enabler to incorporate the latest documents to provide a complete view of that record.</p>
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<p>HOW DOES THIS SCHEME ALIGN TO LOCAL STP DELIVERY</p>	<p>The solution complements core and mandated GP IT services. It aligns with and supports the delivery of CCGs' strategic objectives, Local Digital Roadmaps and the STP, to help improve the delivery and integration of services across the local care community.</p> <p>The planned technology scheme aligns closely with the Local Digital Road map in a number of ways. In the LDR in our region there are plans for the implementation of share records/ICR to support patient treatment. It is planned across our healthcare setting and as part of LDR that the many providers will continue to use their clinical systems that they are familiar with and that are tailored to their specific needs. With this in mind we will be implementing a shared record which will extract data from these systems and present it in a consumer application. In order to support the ICR and the clinicians' consultations, the very latest version of the patient clinical documents are surfaced and viewed. Secondly we have a number of services up and running to offer extended hours services as part of seven day access. It is imperative that clinicians have access to the latest version of clinical documents, again to assist clinical decisions being made. Docman Vault is the only solution we can implement to support this project.</p>
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<p>HOW DOES THIS SCHEME ALIGN WITH SERVICES BEING PROVIDED 'ONCE FOR LONDON' VIA THE LONDON DIGITAL PROGRAMME</p>	<p>Docman vault has been designed to be completely scalable across both the local and national Docman health economy.</p> <p>This scheme supports interoperability between clinical systems and consumer applications Docman Vault has an open API and it allows any third part application to connect into it providing the correct data sharing agreements, security and API integration has been achieved.</p>
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CAPITAL COST ESTIMATES (including VAT)	Croydon	£48,280											
	Kingston	£23,300											
	Merton	£22,800											
	Richmond	£25,130											
	Sutton	£23,730											
	Total	£143,240											
REVENUE COST ESTIMATES (Including VAT)	£0 revenue costs – capital only												
TARGET BENEFITS	A) Financial - Net revenue impact (by financial year)												
	<table border="1"> <thead> <tr> <th>15/16</th> <th>16/17</th> <th>17/18</th> <th>18/19</th> <th>19/20</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>£0</td> <td>£0</td> <td>£0</td> <td>£0</td> <td>£0</td> <td>£0</td> </tr> </tbody> </table>	15/16	16/17	17/18	18/19	19/20	Total	£0	£0	£0	£0	£0	£0
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£0	£0	£0	£0	£0	£0								
	<p>Net Revenue Impact There are no ongoing recurring costs associated with the Docman Vault</p>												
	<p>B) Non-Financial This scheme will allow clinicians to electronically access the latest revision of clinical correspondence through the shared record and other consumer applications. The organisation that will benefit from the scheme and the documents within could include ambulance service, GPs, acutes, social care, local authority, mental health, community etc., across the South West London footprint. Having this functionality will allow further sharing of information beyond the boundaries of south west London.</p>												

PROCUREMENT STRATEGY	Development of GPSOC product so no procurement necessary
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KEY RISKS	<p>Delays in funding approval could lead to delays in implementation – Estimated time for delivery is 8 -12 weeks from order.</p> <p>Docman are holding resources to commence implementation in January 2017.</p>
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ENDORSED BY		
CCG DIRECTOR OF FINANCE	Organisation	
	Name	
	Date	
REGIONAL ETTF LEAD	Organisation	
	Name	

	Date	
NHS ENGLAND PROCUREMENT ASSURANCE LEAD	Organisation	
	Name	
	Date	
	Name	

For Official Use Only

<p>REGIONAL ASSURANCE DECISION (For NHS England use)</p>	<p>Please document the decision made and provide supporting reasons for approving or rejecting the scheme.</p> <p>Please demonstrate where appropriate that acceptance of the scheme is a fair investment to support equitable and consistent progress towards standards and strategic system deployment within the region.</p> <p>Please document that all capital rules and any associated local governance arrangements have been adhered to.</p>
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<p>NATIONAL PROCUREMENT ASSURANCE DECISION</p>	<p>Provide supporting main reasons for approving or rejecting the scheme.</p>
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<p>NHS ENGLAND CHIEF FINANCIAL OFFICER APPROVAL (For NHS England Finance PAU team use)</p>	<p>Please document whether approval given by Chief Financial Officer.</p>
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NHS England ETTF Submission 2016/17 – 2019/20
Technology Scheme Project Initiation Document

SPONSORING NHS ORGANISATION	NHS Merton CCG, as lead CCG on behalf of the South West London Commissioning Collaborative. The following CCGs are signed up to the bid: Croydon CCG, Kingston CCG, Merton CCG and Richmond CCG.			
SOURCE OF CAPITAL	NHS England – Estates & Technology Transformation Fund			
TITLE OF SCHEME	Kinesis Conferral System - South West London: PID 1			
CAPITAL VALUE (Inclusive of VAT)	PID 1: 2016-17	PID 2: 2017-18	PID 3: 2018-19	Total
	955,000	870,000	926,400	2,751,400
CONTACT DETAILS	<ul style="list-style-type: none"> • Project Lead: Ben Homer, Merton CCG ben.homer@mertonccg.nhs.uk • LDR Lead: Greg Penlington, SWLCC greg.penlington@swlondon.nhs.uk • Clinical Lead: Dr Rod Ewen, Clinical ICT Lead, Wandsworth CCG email: rod.ewen@nhs.net 			
DELIVERY PARTNER CONTACT DETAILS	Cloud 2 Limited, 10 Hustlergate Bradford BD1 1RE Contact: Simon Hudson - 07735 052905 simon.hudson@cloud2.co.uk			

SCHEME SUMMARY	<p>Kinesis is a web-based, message-exchanging software system that runs on a secure (N3) connection and directly links GPs to hospital specialists. The purpose of the system is to enable rapid, SLA-managed access to expert advice on clinical questions ('conferrals') with the potential to avoid the requirement for full referrals.</p> <p>Locally, Wandsworth and Sutton CCGs have already implemented Kinesis, citing numerous benefits. Kinesis is widely available at two of the local acute Trusts: St George's and Epsom & St Helier hospitals."</p> <p>This project would expand the use of Kinesis across the whole of SW London, incorporating the remaining four CCGs and Kingston and Croydon University Hospitals.</p>
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STRATEGIC CASE

The solution complements core and mandated GP IT services. It aligns with and supports the delivery of CCGs' strategic objectives, service improvement initiatives, Local Digital Roadmaps and the STP, to help improve the delivery of services across the local care community.

In the SW London STP Area, Kinesis has been operational in Wandsworth for over four years and in Sutton for over two years as part of those CCGs' comprehensive referral management programmes built around the principle of supporting GPs to make better referral decisions. Wandsworth and Sutton are host commissioners for St George's University FT and Epsom & St Helier FT respectively but, due to the geographical and demographic nature of SW London, patients flow between each of the four acute trusts in the STP Area.

The project's SW London strategic impact would be to implement a single conferral system across the whole STP Area using a technology that is proven to deliver financial and patient benefits within the area. The project builds on existing networks and arrangements and is regularly requested by primary care practitioners in localities where it is not currently deployed.

Calculation of benefits in Wandsworth alone indicates savings, based simply on saved referrals, totalling £240,000 and there are significant additional benefits being recognised in terms of improved patient care and satisfaction.

In Sutton, the 2016/17 Target for referrals saved by Kinesis was 428 and the reality has already been much better than this: after six months of the year, they have already achieved 503 saved referrals and exceeded their savings target for the financial year.

Conservative estimates for the numbers of referrals across the three years have been calculated as follows:

	Merton	Kingston	Croydon	Richmond	All four
Year 1	1,000	3,000	5,000	1,640	10,640
Year 2	1,600	4,800	5,000	2,640	14,040
Year 3	2,275	6,825	5,000	3,800	17,900

Significantly, the project supports channel shift: using technology to break down barriers to access between patients and clinicians, and helping clinicians get rapid specialist input where necessary e.g. before referring a patient.

Kinesis supports the STP strategic theme of 'Productivity', streamlining and optimising the use of eReferrals between clinicians and reducing unnecessary outpatient appointments, reducing administrative overheads.

Kinesis enables primary care clinician access to a wide range of specialist services from within secondary care in a timely way. It increased the opportunities for shared and continued learning and improved clinical decision making.

In summary, Kinesis enables clinicians to gain timely and relevant access to secondary care support and advice using electronic channels. This benefits patients by enabling prompt access to specialist advice about conditions, GPs by improving and supporting their decision making process and specialists by reducing unnecessary referrals. Patient data is sent with fully secure encryption and any details are purged from the system when the referral is complete so the data protection concerns are completely managed.

The system saves waiting time for appointments and delays in treatment and has the potential to lead to more convenient community based treatment or earlier identification of urgent referrals in some cases.

Kinesis also gives patients confidence that their needs are being quickly assessed by experts meaning important care decisions remain with people they know and trust.

By avoiding unnecessarily referrals to specialists, Kinesis enables clinicians to maintain control of clinical decisions, which enables significantly improved care and treatment options, potentially reducing follow-up appointments and unnecessary further onward referrals.

FINANCIAL CASE

CCGs are asked to confirm they are happy with the full capitalisation of this PID. Where the solution has already been implemented in a CCG and funded through revenue this would impact whether this would be acceptable to local auditors.

The project assumes an extended pilot in place over the period 2016/17 to 2018/19 and, as such, is presented as three separate PIDs, of which this is the first. Kinesis is a component of the broader referral management strategy in SW London and represents potential quick gains both in terms of numbers and – consequently – the cost of avoidable first attendance referrals at secondary care settings.

The financial case is set out across the four CCGs where Kinesis is not already established in SW London and across all four acute trusts. Implementation costs only apply to Kingston Hospital and Croydon Hospital, as the system is already implemented in St George’s and Epsom & St Helier Hospitals as part of the earlier implementation by Wandsworth and Sutton CCGs respectively.

Year One: 2016/17 (costs in £'000)					
	Merton	Kingston	Croydon	Richm'd	All
Kinesis Support Package	9	9	9	9	36
Kingston Hospital Implementation	10	30	0	30	70
Croydon Hospital Implementation	0	0	150	0	150
Annual Kinesis licence costs	48	48	80	48	224
Message tariff unit cost: £25	25	75	125	41	266

	Sub-total excluding VAT	92	162	364	128	746
	Change management programme cost (excl. VAT)					50
	Annual total including VAT across all four					955
COMMERCIAL CASE	<p>The business case assumes that all Year One (16/17) revenue can be capitalised as implementation costs. This includes the change management costs included within the bid as £50,000 + VAT representing the resource required to negotiate and implement local agreements, engage with all parties, train users and manage the business-as-usual commitments during 2016/17 and to be continued in 2017/18.</p> <p>The implementation of Kinesis is a component of the broader referral management strategy in SW London that includes implementation of referral pathways, referral management, practice variation and the wider Out-of-Hospital agenda. Consequently, the implementation of a conferral system such as this is a component of a longer-term strategy to prevent unnecessary referrals to secondary care. It is therefore proposed that Year Three revenue costs are also capitalised as the whole scheme should be considered part of an extended pilot to the end of 2018/19, at which time the broader referral management programme will be more clearly defined in terms of expected outcomes.</p> <p>Consequently, all costs from 2016/17 to 2018/19 across the three PIDs have been capitalised to deliver this scheme as a pilot component of the broader out-of-hospital strategy in SW London.</p> <p>As noted on page two, above, conservative estimates for the numbers of conferrals across the three years have been calculated as follows:</p>					
		Merton	Kingston	Croydon	Richmond	All four
	Year 1	1,000	3,000	5,000	1,640	10,640
	Year 2	1,600	4,800	5,000	2,640	14,040
	Year 3	2,275	6,825	5,000	3,800	17,900
	<p>Taking the accepted cost of a first attendance referral as £160 and the projected cost of a conferral as £25, the unit saving from a successfully saved referral is £135.</p> <p>Both Wandsworth and Sutton are demonstrating saved first attendance referrals at a conservatively calculated rate of between 40% and 50%. Applying the mid-point of this rate to the conferrals above, demonstrates the following levels of saving to the SWL system in Year One alone.</p>					
	Mert	King	Croy	Rich	All four	
Conferrals	1,000	3,000	5,000	1,640	10,640	
45% @ £135 per unit	450	1,350	2,250	738	4,788	
Total saving	£60,750	£182,250	£303,750	£99,630	£646,380	

	Calculating the following years using the same data and methodology yields £852,930 in Year Two and £1,087,425 in Year Three.
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	In reality, the rates may be higher than this once the system is fully operational and embedded in primary and secondary care but these estimates represent significant savings alongside the patient benefits that avoiding a referral to secondary care often brings.
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MANAGEMENT CASE	<p>The SWL LDR Delivery Board will oversee the implementation of the project. It will report into the STP Executive Group which is part of the STP system-wide governance for SWL incorporating all CCGs, providers and local authorities in SWL.</p> <p>A part time CIO (SRO) and GP IT Lead for SWL have been appointed to lead the delivery of the LDR, including the tactical solution.</p> <p>The bid includes a change management resource across SW London to implement the scheme, which will support existing programme management resources within the SW London Collaborative Commissioning function.</p> <p>Key milestones following approval</p> <ul style="list-style-type: none"> • Early December: project implementation meetings with the CCGs, primary and secondary care and the system supplier. • January 2017 – initial roll-out of system to primary and secondary care. • February 2017 – conclusion of financials and benefits around implementation of the conferral system. • March 2017 – Go-live of system within initial group of primary care practices and specialities. • 2017/18 – full roll-out, engagement and development of service across whole of SW London.
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LOCAL APPROVAL PROCESS	<p>The governance steps to be followed for approval are below:</p> <ul style="list-style-type: none"> • Extended pilot of Kinesis conferral management system agreed by all CCGs to support development of the ETTF bid. – June 2016 • Bid approved by STP Executive Board - 29 June. • SWL IMT Board reviewed NHSE feedback on bid on 15 August • Bids ranked and moderated by SWL CCGs and NHSE on 21 September. • Bid and funding approved locally or by joint CFOs on 25 November. • 13th January: SWL Finance and Activity Committee: joint CCG-
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provider review of business case; attendance from NHSE London sought to field questions.

- Business case approved through organisations' finance committees:
 - Wandsworth CCG: 10th January
 - Croydon Hospital: 10th January
 - Richmond CCG: 17th January
 - Merton CCG 19th February
 - Kingston CCG: 23rd January
 - St. George's Hospital: 25th January (if executive sign-off required)
 - Sutton CCG: 26th January
 - Kingston Hospital: 1st February
 - Croydon CCG: 3rd February
- Approval by London Capital Committee – February 7th

ENDORSED BY		
CCG DIRECTOR OF FINANCE	Organisation	
	Name	
	Date	
REGIONAL ETTF LEAD	Organisation	
	Name	
	Date	
NHS ENGLAND PROCUREMENT ASSURANCE LEAD	Organisation	
	Name	
	Date	
	Name	

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SOURCE OF CAPITAL	NHS England – Estates & Technology Transformation Fund			
TITLE OF SCHEME	Kinesis Conferral System - South West London: PID 2			
CAPITAL VALUE (Inclusive of VAT)	PID 1: 2016-17	PID 2: 2017-18	PID 3: 2018-19	Total
	955,000	870,000	926,400	2,751,400
CONTACT DETAILS	<ul style="list-style-type: none"> Project Lead: James Corrigan, Merton IT Transformation Programme Manager james.corrigan@mertonccg.nhs.uk 0203 668 1835 SRO: TBC. Clinical Lead: Dr Rod Ewen, Clinical ICT Lead, Wandsworth CCG email: rod.ewen@nhs.net Chief Finance Officer: Andrew Hyslop, Director of Finance, Merton CCG email: andrew.hyslop@mertonccg.nhs.uk 			
DELIVERY PARTNER CONTACT DETAILS	Cloud 2 Limited, 10 Hustlergate Bradford BD1 1RE Contact: Simon Hudson - 07735 052905 simon.hudson@cloud2.co.uk			

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STRATEGIC CASE	<p>The solution complements core and mandated GP IT services. It aligns with and supports the delivery of CCGs' strategic objectives, service improvement initiatives, Local Digital Roadmaps and the STP, to help improve the delivery of services across the local care community.</p> <p>In the SW London STP Area, Kinesis has been operational in Wandsworth for over four years and in Sutton for over two years as part of those CCGs' comprehensive referral management programmes built around the principle of supporting GPs to make better referral decisions. Wandsworth and Sutton are host commissioners for St George's University FT and Epsom & St Helier FT respectively but, due to the geographical and demographic nature of SW London, patients flow between each of the four acute trusts in the STP Area.</p> <p>The project's SW London strategic impact would be to implement a single conferral system across the whole STP Area using a technology that is proven to deliver financial and patient benefits within the area. The project builds on existing networks and arrangements and is regularly requested by primary care practitioners in localities where it is not currently deployed.</p> <p>Calculation of benefits in Wandsworth alone indicates savings, based simply on saved referrals, totalling £240,000 and there are significant additional benefits being recognised in terms of improved patient care and satisfaction.</p> <p>In Sutton, the 2016/17 Target for referrals saved by Kinesis was 428 and the reality has already been much better than this: after six months of the year, they have already achieved 503 saved referrals and exceeded their savings target for the financial year.</p> <p>Conservative estimates for the numbers of referrals across the three years have been calculated as follows:</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #4F81BD; color: white;"> <th></th> <th>Merton</th> <th>Kingston</th> <th>Croydon</th> <th>Richmond</th> <th>All four</th> </tr> </thead> <tbody> <tr> <td>Year 1</td> <td>1,000</td> <td>3,000</td> <td>5,000</td> <td>1,640</td> <td>10,640</td> </tr> <tr> <td>Year 2</td> <td>1,600</td> <td>4,800</td> <td>5,000</td> <td>2,640</td> <td>14,040</td> </tr> <tr> <td>Year 3</td> <td>2,275</td> <td>6,825</td> <td>5,000</td> <td>3,800</td> <td>17,900</td> </tr> </tbody> </table> <p>Significantly, the project supports channel shift: using technology to break down barriers to access between patients and clinicians, and helping clinicians get rapid specialist input where necessary e.g. before referring a patient.</p> <p>Kinesis supports the STP strategic theme of 'Productivity', streamlining and optimising the use of eReferrals between clinicians and reducing unnecessary outpatient appointments, reducing administrative overheads.</p> <p>Kinesis enables primary care clinician access to a wide range of specialist services from within secondary care in a timely way. It increased the opportunities for shared and continued learning and improved clinical decision making.</p>		Merton	Kingston	Croydon	Richmond	All four	Year 1	1,000	3,000	5,000	1,640	10,640	Year 2	1,600	4,800	5,000	2,640	14,040	Year 3	2,275	6,825	5,000	3,800	17,900
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FINANCIAL CASE

CCGs are asked to confirm they are happy with the full capitalisation of this PID. Where the solution has already been implemented in a CCG and funded through revenue this would impact whether this would be acceptable to local auditors.

The project assumes an extended pilot in place over the period 2016/17 to 2018/19 and, as such, is presented as three separate PIDs, of which this is the first. Kinesis is a component of the broader referral management strategy in SW London and represents potential quick gains both in terms of numbers and – consequently – the cost of avoidable first attendance referrals at secondary care settings.

The financial case is set out across the four CCGs where Kinesis is not already established in SW London and across all four acute trusts. Implementation costs only apply to Kingston Hospital and Croydon Hospital, as the system is already implemented in St George’s and Epsom & St Helier Hospitals as part of the earlier implementation by Wandsworth and Sutton CCGs respectively.

Year Two: 2017/18 (costs in £'000)					
	Merton	Kingston	Croydon	Richm'd	All
Localised Support and Training costs	20	20	40	20	100
Annual Kinesis licence costs	48	48	80	48	224
Message tariff at a unit cost of £25	40	120	125	66	351
Sub-total excluding	108	188	245	134	675

VAT						
Change management programme cost (excl. VAT)						50
Annual total including VAT across all four						870

COMMERCIAL CASE	<p>The business case assumes that all Year Two (17/18) revenue can be capitalised as implementation costs. This includes the change management costs included within the bid as £50,000 + VAT representing the resource required to negotiate and implement local agreements, engage with all parties, train users and manage the business-as-usual commitments during 2016/17 and to be continued in 2017/18.</p> <p>The implementation of Kinesis is a component of the broader referral management strategy in SW London that includes implementation of referral pathways, referral management, practice variation and the wider Out-of-Hospital agenda. Consequently, the implementation of a conferral system such as this is a component of a longer-term strategy to prevent unnecessary referrals to secondary care. It is therefore proposed that Year Three revenue costs are also capitalised as the whole scheme should be considered part of an extended pilot to the end of 2018/19, at which time the broader referral management programme will be more clearly defined in terms of expected outcomes.</p> <p>Consequently, all costs from 2016/17 to 2018/19 across the three PIDs have been capitalised to deliver this scheme as a pilot component of the broader out-of-hospital strategy in SW London.</p> <p>As noted on page two, above, conservative estimates for the numbers of conferrals across the three years have been calculated as follows:</p>																												
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	Calculating the following years using the same data and methodology yields £852,930 in Year Two and £1,087,425 in Year Three.					
	In reality, the rates may be higher than this once the system is fully operational and embedded in primary and secondary care but these estimates represent significant savings alongside the patient benefits that avoiding a referral to secondary care often brings.					

MANAGEMENT CASE	<p>The SWL LDR Delivery Board will oversee the implementation of the project. It will report into the STP Executive Group which is part of the STP system-wide governance for SWL incorporating all CCGs, providers and local authorities in SWL.</p> <p>A part time CIO (SRO) and GP IT Lead for SWL have been appointed to lead the delivery of the LDR, including the tactical solution.</p> <p>The bid includes a change management resource across SW London to implement the scheme, which will support existing programme management resources within the SW London Collaborative Commissioning function.</p> <p>Key milestones following approval</p> <ul style="list-style-type: none"> • Early December: project implementation meetings with the CCGs, primary and secondary care and the system supplier. • January 2017 – initial roll-out of system to primary and secondary care. • February 2017 – conclusion of financials and benefits around implementation of the conferral system. • March 2017 – Go-live of system within initial group of primary care practices and specialities. • 2017/18 – full roll-out, engagement and development of service across whole of SW London.
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LOCAL APPROVAL PROCESS	<p>The governance steps to be followed for approval are below:</p> <ul style="list-style-type: none"> • Extended pilot of Kinesis conferral management system agreed by all CCGs to support development of the ETTF bid. – June 2016 • Bid approved by STP Executive Board - 29 June. • SWL IMT Board reviewed NHSE feedback on bid on 15 August • Bids ranked and moderated by SWL CCGs and NHSE on 21 September. • 13th January: SWL Finance and Activity Committee: joint CCG-provider review of business case; attendance from NHSE London sought to field questions.
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- Business case approved through organisations' finance committees:
 - Wandsworth CCG: 10th January
 - Croydon Hospital: 10th January
 - Richmond CCG: 17th January
 - Merton CCG 19th February
 - Kingston CCG: 23rd January
 - St. George's Hospital: 25th January (if executive sign-off required)
 - Sutton CCG: 26th January
 - Kingston Hospital: 1st February
 - Croydon CCG: 3rd February

- Approval by London Capital Committee – February 7th

ENDORSED BY		
CCG DIRECTOR OF FINANCE	Organisation	
	Name	
	Date	
REGIONAL ETTF LEAD	Organisation	
	Name	
	Date	
NHS ENGLAND PROCUREMENT ASSURANCE LEAD	Organisation	
	Name	
	Date	
	Name	

For Official Use Only

REGIONAL ASSURANCE DECISION (For NHS England use)	<p>Please document the decision made and provide supporting reasons for approving or rejecting the scheme.</p> <p>Please demonstrate where appropriate that acceptance of the scheme is a fair investment to support equitable and consistent progress towards standards and strategic system deployment within the region.</p> <p>Please document that all capital rules and any associated local governance arrangements have been adhered to.</p>
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For Official Use Only

NATIONAL PROCUREMENT ASSURANCE DECISION	Provide supporting main reasons for approving or rejecting the scheme.
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For Official Use Only

NHS ENGLAND CHIEF FINANCIAL OFFICER APPROVAL (For NHS England Finance PAU team use)	Please document whether approval given by Chief Financial Officer.
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NHS England ETTF Submission 2016/17 – 2019/20
Technology Scheme Project Initiation Document

SPONSORING NHS ORGANISATION	NHS Merton CCG, as lead CCG on behalf of the South West London Commissioning Collaborative. The following CCGs are signed up to the bid: Croydon CCG, Kingston CCG, Merton CCG and Richmond CCG.			
SOURCE OF CAPITAL	NHS England – Estates & Technology Transformation Fund			
TITLE OF SCHEME	Kinesis Conferral System - South West London: PID 3			
CAPITAL VALUE (Inclusive of VAT)	PID 1: 2016-17	PID 2: 2017-18	PID 3: 2018-19	Total
	955,000	870,000	926,400	2,751,400
CONTACT DETAILS	<ul style="list-style-type: none"> • Project Lead: James Corrigan, Merton IT Transformation Programme Manager james.corrigan@mertonccg.nhs.uk 0203 668 1835 • SRO: TBC. • Clinical Lead: Dr Rod Ewen, Clinical ICT Lead, Wandsworth CCG email: rod.ewen@nhs.net • Chief Finance Officer: Andrew Hyslop, Director of Finance, Merton CCG email: andrew.hyslop@mertonccg.nhs.uk 			
DELIVERY PARTNER CONTACT DETAILS	Cloud 2 Limited, 10 Hustlergate Bradford BD1 1RE Contact: Simon Hudson - 07735 052905 simon.hudson@cloud2.co.uk			

SCHEME SUMMARY	<p>Kinesis is a web-based, message-exchanging software system that runs on a secure (N3) connection and directly links GPs to hospital specialists. The purpose of the system is to enable rapid, SLA-managed access to expert advice on clinical questions ('conferrals') with the potential to avoid the requirement for full referrals.</p> <p>Locally, Wandsworth and Sutton CCGs have already implemented Kinesis, citing numerous benefits. Kinesis is widely available at two of the local acute Trusts: St George's and Epsom & St Helier hospitals."</p> <p>This project would expand the use of Kinesis across the whole of SW London, incorporating the remaining four CCGs and Kingston and Croydon University Hospitals.</p>
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STRATEGIC CASE

The solution complements core and mandated GP IT services. It aligns with and supports the delivery of CCGs' strategic objectives, service improvement initiatives, Local Digital Roadmaps and the STP, to help improve the delivery of services across the local care community.

In the SW London STP Area, Kinesis has been operational in Wandsworth for over four years and in Sutton for over two years as part of those CCGs' comprehensive referral management programmes built around the principle of supporting GPs to make better referral decisions. Wandsworth and Sutton are host commissioners for St George's University FT and Epsom & St Helier FT respectively but, due to the geographical and demographic nature of SW London, patients flow between each of the four acute trusts in the STP Area.

The project's SW London strategic impact would be to implement a single conferral system across the whole STP Area using a technology that is proven to deliver financial and patient benefits within the area. The project builds on existing networks and arrangements and is regularly requested by primary care practitioners in localities where it is not currently deployed.

Calculation of benefits in Wandsworth alone indicates savings, based simply on saved referrals, totalling £240,000 and there are significant additional benefits being recognised in terms of improved patient care and satisfaction.

In Sutton, the 2016/17 Target for referrals saved by Kinesis was 428 and the reality has already been much better than this: after six months of the year, they have already achieved 503 saved referrals and exceeded their savings target for the financial year.

Conservative estimates for the numbers of referrals across the three years have been calculated as follows:

	Merton	Kingston	Croydon	Richmond	All four
Year 1	1,000	3,000	5,000	1,640	10,640
Year 2	1,600	4,800	5,000	2,640	14,040
Year 3	2,275	6,825	5,000	3,800	17,900

Significantly, the project supports channel shift: using technology to break down barriers to access between patients and clinicians, and helping clinicians get rapid specialist input where necessary e.g. before referring a patient.

Kinesis supports the STP strategic theme of 'Productivity', streamlining and optimising the use of eReferrals between clinicians and reducing unnecessary outpatient appointments, reducing administrative overheads.

Kinesis enables primary care clinician access to a wide range of specialist services from within secondary care in a timely way. It increased the opportunities for shared and continued learning and improved clinical decision making.

In summary, Kinesis enables clinicians to gain timely and relevant access to secondary care support and advice using electronic channels. This benefits patients by enabling prompt access to specialist advice about conditions, GPs by improving and supporting their decision making process and specialists by reducing unnecessary referrals. Patient data is sent with fully secure encryption and any details are purged from the system when the referral is complete so the data protection concerns are completely managed.

The system saves waiting time for appointments and delays in treatment and has the potential to lead to more convenient community based treatment or earlier identification of urgent referrals in some cases.

Kinesis also gives patients confidence that their needs are being quickly assessed by experts meaning important care decisions remain with people they know and trust.

By avoiding unnecessarily referrals to specialists, Kinesis enables clinicians to maintain control of clinical decisions, which enables significantly improved care and treatment options, potentially reducing follow-up appointments and unnecessary further onward referrals.

FINANCIAL CASE

CCGs are asked to confirm they are happy with the full capitalisation of this PID. Where the solution has already been implemented in a CCG and funded through revenue this would impact whether this would be acceptable to local auditors.

The project assumes an extended pilot in place over the period 2016/17 to 2018/19 and, as such, is presented as three separate PIDs, of which this is the first. Kinesis is a component of the broader referral management strategy in SW London and represents potential quick gains both in terms of numbers and – consequently – the cost of avoidable first attendance referrals at secondary care settings.

The financial case is set out across the four CCGs where Kinesis is not already established in SW London and across all four acute trusts. Implementation costs only apply to Kingston Hospital and Croydon Hospital, as the system is already implemented in St George’s and Epsom & St Helier Hospitals as part of the earlier implementation by Wandsworth and Sutton CCGs respectively.

Year Three: 2018/19 (costs in £'000)					
	Merton	Kingston	Croydon	Richm'd	All
Localised Support and Training costs	20	20	40	20	100
Annual Kinesis licence costs	48	48	80	48	224
Message tariff at a unit cost of £25	57	171	125	95	448
Sub-total excluding VAT	125	239	245	163	772

	Change management programme cost (excl. VAT)	0
	Annual total including VAT across all four	926

COMMERCIAL CASE	<p>The business case assumes that all Years One and Two revenue can be capitalised as implementation costs. This includes the change management costs included within the bid as £100,000 + VAT across the two previous PIDs, representing the resource required to negotiate and implement local agreements, engage with all parties, train users and manage the business-as-usual commitments during 2016/17 and to be continued in 2017/18. There is no commensurate cost in 2018/19.</p> <p>The implementation of Kinesis is a component of the broader referral management strategy in SW London that includes implementation of referral pathways, referral management, practice variation and the wider Out-of-Hospital agenda. Consequently, the implementation of a conferral system such as this is a component of a longer-term strategy to prevent unnecessary referrals to secondary care. It is therefore proposed that Year Three revenue costs are also capitalised as the whole scheme should be considered part of an extended pilot to the end of 2018/19, at which time the broader referral management programme will be more clearly defined in terms of expected outcomes.</p> <p>Consequently, all costs from 2016/17 to 2018/19 across the three PIDs have been capitalised to deliver this scheme as a pilot component of the broader out-of-hospital strategy in SW London.</p> <p>As noted on page two, above, conservative estimates for the numbers of conferrals across the three years have been calculated as follows:</p>					
		Merton	Kingston	Croydon	Richmond	All four
	Year 1	1,000	3,000	5,000	1,640	10,640
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<p>Taking the accepted cost of a first attendance referral as £160 and the projected cost of a conferral as £25, the unit saving from a successfully saved referral is £135.</p> <p>Both Wandsworth and Sutton are demonstrating saved first attendance referrals at a conservatively calculated rate of between 40% and 50%. Applying the mid-point of this rate to the conferrals above, demonstrates the following levels of saving to the SWL system in Year One alone.</p>						
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Conferrals	1,000	3,000	5,000	1,640	10,640	
45% @ £135 per unit	450	1,350	2,250	738	4,788	

	Total saving	£60,750	£182,250	£303,750	£99,630	£646,380
<p>Calculating the following years using the same data and methodology yields £852,930 in Year Two and £1,087,425 in Year Three.</p>						

In reality, the rates may be higher than this once the system is fully operational and embedded in primary and secondary care but these estimates represent significant savings alongside the patient benefits that avoiding a referral to secondary care often brings.

MANAGEMENT CASE

The SWL LDR Delivery Board will oversee the implementation of the project. It will report into the STP Executive Group which is part of the STP system-wide governance for SWL incorporating all CCGs, providers and local authorities in SWL.

A part time CIO (SRO) and GP IT Lead for SWL have been appointed to lead the delivery of the LDR, including the tactical solution.

The bid includes a change management resource across SW London to implement the scheme, which will support existing programme management resources within the SW London Collaborative Commissioning function.

Key milestones following approval

- Early December: project implementation meetings with the CCGs, primary and secondary care and the system supplier.
- January 2017 – initial roll-out of system to primary and secondary care.
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- March 2017 – Go-live of system within initial group of primary care practices and specialities.
- 2017/18 – full roll-out, engagement and development of service across whole of SW London.

LOCAL APPROVAL PROCESS

The governance steps to be followed for approval are below:

- Extended pilot of Kinesis conferral management system agreed by all CCGs to support development of the ETTF bid. – June 2016
- Bid approved by STP Executive Board - 29 June.
- SWL IMT Board reviewed NHSE feedback on bid on 15 August
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	<p>21 September.</p> <ul style="list-style-type: none"> • 13th January: SWL Finance and Activity Committee: joint CCG-provider review of business case; attendance from NHSE London sought to field questions. • Business case approved through organisations' finance committees: <ul style="list-style-type: none"> ○ Wandsworth CCG: 10th January ○ Croydon Hospital: 10th January ○ Richmond CCG: 17th January ○ Merton CCG 19th February ○ Kingston CCG: 23rd January ○ St. George's Hospital: 25th January (if executive sign-off required) ○ Sutton CCG: 26th January ○ Kingston Hospital: 1st February ○ Croydon CCG: 3rd February • Approval by London Capital Committee – February 7th
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ENDORSED BY		
CCG DIRECTOR OF FINANCE	Organisation	
	Name	
	Date	
REGIONAL ETTF LEAD	Organisation	
	Name	
	Date	
NHS ENGLAND PROCUREMENT ASSURANCE LEAD	Organisation	
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NHS England ETTF Submission 2016/17 – 2019/20 Technology Scheme Project Initiation Document

TITLE OF SCHEME	Deployment of iPlato SMS Application – South West London Scheme Reference: 22315
NAME OF THE CCG MAKING THE APPLICATION	Wandsworth CCG on behalf of SWL STP (6 CCGs)
CONTACT DETAILS	<ul style="list-style-type: none"> • Business case lead: Majid Saber, Wandsworth CCG Majid.Saber@Wandsworthccg.nhs.uk • LDR Lead: Greg Penlington, Assistant Director – Transformation, SWLCC Greg.penlington@swlondon.nhs.uk • LDR Clinical Lead: Dr Rod Ewen, Clinical ICT Lead, Wandsworth CCG rod.ewen@nhs.net
DELIVERY PARTNER CONTACT DETAILS	iPLATO Healthcare Ltd 4th Floor 26-28 Hammersmith Grove London W6 7BA +44 20 3178-4675 info@iplato.net

BRIEF SCHEME DESCRIPTION	<p>The purpose of this scheme is to provide the capability for 2-way messaging between GP practices and patients in order to reduce DNAs, provide information on health promotion schemes, immunisation and medical alerts to patients.</p> <p>Ever since the cessation of Free NHSmail SMS service on the 30th of September 2015, the six CCGs in South West London (SWL) have been funding the cost of SMS from GP practices to patients through bulk purchase of CPS-EE solution which lacks an associated application for 2-way messaging or interface to the GP clinical systems.</p> <p>Historically, some practices in SWL had unilaterally purchased MJog to interface with their clinical system. Although MJog works well with the CPS-EE solution, it has significant IT overheads at the practice, does not integrate with INP Vision clinical system, and has no inherent 2-way messaging capability. Accordingly, the use of SMS messaging across SWLCCG GP practices is patchy due to the limited and perceived functionality of the existing solution.</p> <p>The deployment of iPlato will enable practice staff and patients alike to realise the full potential of an already familiar means of communication using 2-way messaging. The promotion of MyGP App will also eliminate text message costs whilst providing additional means of interaction between GPs and their patients. As iPlato integrates with all</p>
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	<p>GP clinical IT systems, GP practice users will require minimum level of training to make full use of the solution and patients can use the most familiar means of communication to them to exchange information with their GP practice. The Intelligent Messaging will also eliminate some costly practice communication to patients normally sent via letter or phone calls.</p> <p>Further, iPlato Intelligent Messaging is a cloud-based SMS Application solution which can be launched quickly across a wide area and meets the cloud IT aspiration across the CCGs in the SWL cluster. The 2-way messaging capability of iPlato will facilitate automatic cancellation and release of appointment slots, and the Lot1 GPSoC App (MyGP) for sending data instead of text messages will reduce the overall cost of the messaging service over time whilst improving usability and the extent of services supported by the application.</p>
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STRATEGIC NEED	<p>Deployment of iPlato at SWL GP practices fulfils one of the principal SWLCCG ICT strategy aims to share health and care information with patients in support of the delivery of care and meets the need to put patients first by giving people more information and control and greater choice about their care. The solution also supports the strategic vision of the SWLCCG for innovation and integration to improve efficiencies, and collaboration to deliver improvements in patient care and ensure a sustainable health economy.</p>
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HOW DOES THIS SCHEME ALIGN TO LOCAL STP DELIVERY	<p>The proposed solution will enable self-management in line with prevention and self-care as the emerging STP requirements for the SWLCCG LDR.</p> <p>The SWL potential capabilities for the LDR include supporting citizens in self-management for their health and well-being through accredited Apps. The deployment of iPlato will fulfil this requirement as it enables patients to update their records held on the GP clinical system with READ coded information using a mobile phone. The two-way messaging and the HSCIC accredited MyGP App, also support QOF initiatives by providing a platform to improve data gathering for schemes such as smoking cessation and health readings. Patients will be able to change contact details, set medication reminders, collect QOF data, track weight, BP and other health measures, and be notified of test results and download health records. These features will similarly support public health and immunisation campaigns to help reduce health inequalities across SWL Collaborative Commissioning Group (SWLCCG) of CCGs.</p>
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HOW DOES THIS SCHEME ALIGN WITH SERVICES BEING PROVIDED 'ONCE FOR LONDON' VIA THE LONDON DIGITAL PROGRAMME	<p>This technology scheme has no interoperability dimension. It is a proposal for the deployment of iPlato Intelligent Messaging to complement and extend the core requirement of Patient Online Access and to enhance patient messaging service and improve efficiency to better support the delivery of primary care services.</p>
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<p>CAPITAL COST ESTIMATES (including VAT)</p>	<p>The Year 1 (2016/17) fund necessary for the deployment of iPlato Intelligent Messaging at all 203 GP practices across the 6 CCGs in SWL includes:</p> <ul style="list-style-type: none"> • Supplier launch and change management (Full Launch - 112 man days) @ £67,200 + VAT • First Year Enterprise Subscription @ £165,000 + VAT <p>Year1 (2016/17) supplier cost = £278,640 incl. VAT</p> <p>SWLCCG Project Management @ 12.5% of year 1 supplier cost = £34,830</p> <p>Total Funds necessary: £313,470</p> <p>There are no associated costs for the Commissioner Dashboard, MyGP App or Long Number Subscription per practice to enable 2-way messaging.</p>																								
<p>REVENUE COST ESTIMATES (Including VAT)</p>	<p>The request for capital funds also includes first year subscription to the service (£198,000). In subsequent years this revenue cost will be borne directly by the 6 CCGs from their GPIT allocations, along with the costs of text messages:</p> <p>On average, GP practices are estimated to send around 15,000 text messages annually. The cost of these messages is about 3.1p per message, as they are typically 1.5 - 2 fragments long using EE NHSE approved gateway SMS fragment cost of 1.55p. Therefore, the total annual cost of the SMS application (£198,000) and the associated SMS messages across all 203 practices (203 * 15,000 * £0.031 = £94,395) will be £292,395. This figure does not account for the use of MyGP App which will result in the reduction of the overall SMS cost.</p> <p>This equates to:</p> <table border="1" data-bbox="544 1357 1283 1800"> <thead> <tr> <th>CCG</th> <th>Number of practices</th> <th>Annual share of estimated revenue requirement (£)</th> </tr> </thead> <tbody> <tr> <td>Richmond</td> <td>28</td> <td>40,330</td> </tr> <tr> <td>Merton</td> <td>24</td> <td>34,569</td> </tr> <tr> <td>Sutton</td> <td>26</td> <td>37,450</td> </tr> <tr> <td>Croydon</td> <td>58</td> <td>83,541</td> </tr> <tr> <td>Kingston</td> <td>25</td> <td>36,009</td> </tr> <tr> <td>Wandsworth</td> <td>42</td> <td>60,496</td> </tr> <tr> <td>Total</td> <td>203</td> <td>292,395</td> </tr> </tbody> </table>	CCG	Number of practices	Annual share of estimated revenue requirement (£)	Richmond	28	40,330	Merton	24	34,569	Sutton	26	37,450	Croydon	58	83,541	Kingston	25	36,009	Wandsworth	42	60,496	Total	203	292,395
CCG	Number of practices	Annual share of estimated revenue requirement (£)																							
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<p>TARGET BENEFITS</p>	<p>The Deployment of iPlato Intelligent Messaging will provide the platform for optimised communications with patients to help eliminate the cost of letters and phone calls, free up GP appointments and reduce A&E attendances and hospital admissions. This will result in cost savings that far outweigh the annual subscription fee of £198,000</p>																								

for the SMS application and the associated SMS messages across all 203 GP practices.

- The iPlato App and 2-way messaging will increase capacity across the system by facilitating auto cancellation and release of appointment slots for other patients. This will potentially reduce the number of visits to hospital A&E departments and minor injury units. The intuitive App and the 2-way messaging capability will further enable easy cancellation of appointments by patients to reduce the number of DNA rates which will in turn improve cost efficiencies. As well as the ability to book and cancel appointments, patients can receive reminders to place in their own or their carers' calendar.
- The use of iPlato App and 2-way messaging typically reduces DNA rates by between 25%-40% and releases the associated appointment slots for other patients to reduce pressures on the GP practice and other services. The footprint fallout resulting from patient visits to the surgery will also decrease as reminders, campaigns and health measures can be sent and received via MyGP App to improve patient experience of care delivery and facilitate self-management as well automate tasks which otherwise would require intervention by practice staff.
- The iPlato Intelligent Messaging Dashboard will allow commissioners to monitor SMS costs for every practice and between CCGs for comparison and analysis, as well as any cost reduction resulting from the promotion of MyGP App for data exchange. This should enable the CCGs to establish the extent and the means of interaction with patients through iPlato and identify improvement areas that will benefit from the promotion of the service.
- The extent of the wider range of services includes treatment of chronic conditions, increasing uptake of screening, reducing waste through patients not attending appointments, preventing health issues at source by immunisation and wellness care, meeting quality targets, and dealing with the specific challenges of reducing unnecessary visits to A&E and reducing hospital admissions.

A) Financial - Net revenue impact (by financial year)

	16/17	17/18	18/19	19/20	Total
Net Revenue Impact	0	£292.4k	£292.4k	£292.4k	£877.2k

B) Non-Financial

N/A

<p>PROCUREMENT STRATEGY</p>	<p>The iPlato Intelligent Messaging service integrates with all GP clinical systems in use across the SWLCCG. The cloud-based infrastructure of the solution also eliminates the need to install the application on desktop PCs or rely on local servers, to facilitate quick launch and improve vendor support and maintenance.</p> <p>The product will be procured by Wandsworth CCG on behalf of all 6 CCGs to allow for more robust negotiation of the contract with the supplier and maximise savings from bulk-purchase. The individual CCGs will also oversee their rollout progress which in turn have their own project management staff to liaise with iPlato in the launch and training activities associated with the deployment of the product in practices and drive the local communication and user engagement in conjunction with the locality managers and GP IT Groups in each CCG.</p> <p>The key milestones for the completion of the “Deployment of iPlato SMS Application – South West London” are:</p> <ul style="list-style-type: none"> • Date procurement will commence – On confirmation of central ETTF funds. • Planned start of works – The work will begin in Q4 of 2016 and will last for approximately 1-2 months including launch and training. • Estimated completion date – The project should complete in Q4 2016 or Q1 2017 pending the allocation of funds. <p>SWLCCG procurement strategy is compliant with NHS procurement rules and local Standing Financial Instructions.</p>
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<p>KEY RISKS</p>	<p>The dependencies and associated risks with this project are:</p> <ul style="list-style-type: none"> • Risk 1 - Practices not making full use of iPlato Intelligent Messaging including MyGP App • Risk 2 - Failure or delay to secure the fund necessary for the procurement and the deployment of the product • Risk 3 - Possible deployment dependencies on practice network firewall configuration <p>The steps necessary to manage the risks are:</p> <ul style="list-style-type: none"> • Mitigation 1 - Extensive engagement with practices has shown that there is already a strong appetite for an SMS application and in particular iPlato to complement the text and data communication with patient. Further engagement with the GP community and practice staff through local IM&T facilitators and GP IT groups will be supplemented with the supplier full launch of the product and training on its functionality. • Mitigation 2 - ETTF has been identified as the appropriate source for the central capital fund to launch the product. The project will also generate considerable revenue savings, part of which will be used to fund future supplier fees and SMS cost to ensure long term affordability. • Mitigation 3 - The product uses standard ports to minimise the need for changes to firewall configuration. The IT support providers for the CCGs will also be informed of the list of ports used by the product so that the need for any additional configuration can be assessed by their Change Management board in advance of the launch.
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ENDORSED BY		
CCG DIRECTOR OF FINANCE	Organisation	
	Name	
	Date	
REGIONAL ETTF LEAD	Organisation	
	Name	
	Date	
NHS ENGLAND PROCUREMENT ASSURANCE LEAD	Organisation	
	Name	
	Date	
	Name	

For Official Use Only

<p>REGIONAL ASSURANCE DECISION (For NHS England use)</p>	<p>Please document the decision made and provide supporting reasons for approving or rejecting the scheme.</p> <p>Please demonstrate where appropriate that acceptance of the scheme is a fair investment to support equitable and consistent progress towards standards and strategic system deployment within the region.</p> <p>Please document that all capital rules and any associated local governance arrangements have been adhered to.</p>
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For Official Use Only

<p>NATIONAL PROCUREMENT ASSURANCE DECISION</p>	<p>Provide supporting main reasons for approving or rejecting the scheme.</p>
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For Official Use Only

<p>NHS ENGLAND CHIEF FINANCIAL OFFICER APPROVAL (For NHS England Finance PAU team use)</p>	<p>Please document whether approval given by Chief Financial Officer.</p>
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Publications Gateway Reference 00368

<p>NHS England</p> <p>£1m - £3m Business Case Proforma</p>
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SPONSORING NHS ORGANISATION	NHS Wandsworth CCG			
SOURCE OF CAPITAL	NHS England - Estates and Technology Transformation Fund			
TITLE OF SCHEME	SWL Tactical Solution Interoperability Project Scheme reference: 22312			
CAPITAL VALUE (inclusive VAT)	2016-2017	2017-2018	2018-2019	Total
	£ 987,831	£ 975,528	0	£1,963,359
CONTACT DETAILS	<ul style="list-style-type: none"> • Project lead: Greg Penlington, Assistant Director, South West London Collaborative Commissioning Greg.penlington@swlondon.nhs.uk Mobile - 07584 142 767 • SRO: Kevin Fitzgerald, Director of IM&T, Kingston Hospital NHS Foundation Trust kevin.fitzgerald@kingstonhospital.nhs.uk Telephone - 020 8973 5202 • Clinical lead: Dr Rod Ewen, Clinical ICT Lead, Wandsworth CCG rod.ewen@nhs.net • Finance advisor: Chris Costa, SWLCC chris.costa@nhs.net 			

SCHEME SUMMARY

The SWL tactical solution aims to provide access to GP records in urgent and emergency care settings, alongside giving GPs access to view key information datasets shared by secondary care settings.

Strategically, it is a critical element of the first phase of the SWL Local Digital Roadmap which has been developed to support the implementation of the new models of care and transformation scheme contained within the SWL Sustainability and Transformation Plan. It represents the first stage of SWL-wide information sharing across borough boundaries which will support future information sharing initiatives, and will rapidly support the STP's aims to reduce non-elective admissions, improve hospital productivity, and support the delivery of coordinated general practice at scale.

The Tactical Solution will build on existing borough-level interoperability projects in SWL to harness existing information sharing solution capabilities that are already. It will constitute the creation of multiple information flows via connections to existing systems, new extracts of data, and licences and maintenance of these two elements. This will be achieved by:

1. Linking SWL GP practice systems via direct links to Graphnet and the healthcare gateway MIG interface to enable sharing and viewing of GP records with existing Clinical Portals.
2. Enabling direct access to share and view GP records in existing Clinical Portals where this capability is already supported (i.e. MIG interface is not required).
3. Deploying the Healthcare gateway MIG viewer to care settings where there is no Clinical Portal available to view the GP records.
4. Implementing a common information sharing agreement across SWL footprint.

In summary, the tactical solution will enable the following:

- A standardised extract from all GP records in SWL will be viewable across all SWL A&Es, UCCs and 111/OOH, and viewed within the existing clinical systems already in use in those settings (i.e. Graphnet, Cerner HIE or a web view (below))
- All GP practices in SWL will be able to view their patients' electronic hospital records from all four acute hospitals in SWL, either within their native system (in the case of EMIS), or through an additional login (in the case of INPS).
- Where there is an existing Graphnet portal, SWL & St. George's users will be able to view the patient's GP record for all GP Practices, within their existing RiO system.
- Where there is no existing portal in use in a provider, users will be able to view the GP record extract in the Healthcare Gateway MIG viewer – a web-based solution requiring an N3 connection and browser only.

In addition to unlocking immediate benefits relating to the provision of patient

	<p>information at the point of care, the tactical solution also constitutes a key step towards a medium-long term strategic interoperability solution for SW London. The tactical solution will:</p> <ul style="list-style-type: none"> • Achieve ‘proof of concept’ in sharing clinical information across SWL in a rapid timeframe • Demonstrate ability to overcome information governance, cultural and financial barriers in SWL • Focus on a manageable scope of data sharing, end users and overall cost to minimise risk to delivery • Maximise value of current local investments in technology <p>All information sharing described above is dependent on relevant information sharing agreements, consent and security safeguards being in place, and has interdependency with training, GP roll out, and other enablers. As such, the scheme also includes the vital provision of change management and facilitation costs for delivery.</p>
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<p>STRATEGIC CASE</p>	<p>As outlined above, the Tactical Solution will be an enabler to achieve the long term strategic aims of the SWL STP in alignment with the SWL local Digital Roadmap plans of being paper free at the point of care by 2020.</p> <p>In the short term, the benefits of the tactical solution will support the objectives of the STP to:</p> <ul style="list-style-type: none"> • Deliver primary care at scale, through common access to the GP record through GP hubs and out of hours services. This supports the delivery of primary care at scale. • Support the GP Strategic Commissioning Framework for London, by promoting more coordinated care by GPs who are able to rapidly see when a patient has been seen in a hospital setting, and the results of their tests and interventions, allowing them to effectively follow up with that patient. This will also facilitate more productive and informed dialogue and decision-making during remote consultations and cross care setting multidisciplinary reviews, which also form a part of the SWL LDR. • This also supports a reduction in hospital readmissions as a patient is more effectively and proactively ‘picked up’ by primary care following a spell in hospital. • Increase ‘parity of esteem’ for patients with a mental health condition presenting at an acute hospital, but allowing liaison services to be better informed about their medical history, including medication. • Building on the national ‘Keogh’ review of UEC services, support a ‘gateway’ approach to patients accessing UEC services, by sharing records with NHS 111 and out of hours services, enabling informed referral decisions to be made, reducing unnecessary A&E attendances and GP visits.
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- Reduce non-elective admissions, an area of significant year on year growth in SWL, through better informing the decision to admit in hospital settings. This is of particular benefit for complex or elderly patients,
- Reduce unnecessary tests and interventions for patients admitted, by providing clinicians with a view of a patient's medical history

The Tactical Solution also complements core and mandated GP IT services, in particular by building on the Summary Care Record by providing much greater access to information held in the GP record.

In doing this it also satisfies LDR Universal Capabilities A and B:

- *A: Professionals across care settings can access GP-held information on GP-prescribed medications, patient allergies and adverse reactions*
- *B: Clinicians in U&EC settings can access key GP-held information for those patients previously identified by GPs as most likely to present (in U&EC)*

Crucially, implementing the tactical solution will establish SWL-wide data liquidity and a SWL-wide approach to managing digital projects in support of the STP, and enable the roll-out of further technology as detailed in the LDR, including the move to a more sophisticated and higher-cost 'strategic' solution (planned to be the London Health and Care Information Exchange) in years 3-5 to support the new models of commissioning and provision within the STP. This includes a move to outcomes-based commissioning, capitated payments and intelligence-driven clinical management of patients.

Therefore the solution also satisfies a local capability defined in the SWL LDR that supports the STP's move toward more sophisticated commissioning and contracting arrangements for integrated care:

Local capability 18: Population health platform incorporating near-real time data and a whole-system longitudinal health and care record, with analytics to support population health management and effective commissioning, clinical surveillance and measure outcomes

A summary of the thematic benefits of the solution for both clinicians and patients are depicted in the table below.

Strategic Objective	Enabler	Outcome	Benefit	Result
Improved quality of care	Access to view up to date key clinical information at the point of care	Informed decision making	Better referral decision making	Improved patients outcomes
			Improved admission avoidance	
			Improved discharge management	
		Reduced risk of errors	Better prescribing	
Better coordination of care		Proactive identification of patients requiring intervention		
		More patients cared for in the community (not in care homes)		
		Reduced length of inpatient episodes		
More effective services		More time for care delivery	More proactive and self care	
		Less time expended providing	Increase clinical capacity	
		Reduction in cost	Sustainable organisations	
	Reduced repetition	Improved patient feedback		

The tactical solution has been developed with input from all organisations across SWL with senior leadership and clinical input from acute trusts, SWL CCGs, local authorities, community healthcare providers, and patient representatives, and GP. This process was undertaken through governance agreed at executive level across the system to establish an IMT Strategy Board, Provider Forum and Primary Care Forum, previously led by a single SRO from Merton CCG.

There has also been extensive SWL IM&T supplier engagement to support the technical design and feasibility of the solution, secure buy-in for the working with other suppliers, and designing a sustainable cost model for the solution.

To support the effective and rapid implementation of the solution, the SWL IM&T Strategy Board will be refocused to a Delivery Board for the LDR. New dedicated working groups will be established covering information governance, and referrals and discharge, alongside an expanded project management office as detailed in this scheme. The IG groups will incorporate IG leads and Caldicott guardians, and clinical leads in order to develop robust information and clinical governance procedures for the solution detailed in this bid. Clinical leadership of our IM&T groups will continue, drawing on local GP IT leads and provider CCIOs.

A part time CIO and GP IT Lead for SWL have been appointed to lead the delivery of the LDR, including the tactical solution.

The Tactical Solution project governance will ensure that clinical safety standards are incorporated and work with providers and suppliers across the SWL footprint to promote the clinical safety standards ISB 0129 and ISB 0160.

**ECONOMIC
CASE****Options development**

Extensive work was undertaken with IT leads and CIOs across CCGs and providers in SWL in the development of this specific solution.

Design principles were agreed to form an agreed foundation for collaborating at scale across SW London in a way which would build on, rather than cut across, existing investments in IT, and provide the best basis for high utilisation by end users by incorporating the solution into existing front end systems. The principles agreed were:

1. Clinicians want access to patient data across the SWL population
2. Clinicians want to use their clinical system User Interface
3. Clinicians don't want more than one User Interface
4. Clinicians don't want multiple passwords and log-ins i.e. they want single sign-on and event/episode context sensitivity
5. Suppliers want to own the User Interface
6. We mustn't give any one supplier a competitive advantage
7. Clinicians want patient context (patient identifiers and clinical pathway positioning for relevant data retrieval)

With support for an external partner specialising in the design of interoperability schemes, five options for combining existing interoperability initiatives were tested against these principles in dialogue with representatives from all CCGs and providers in SWL.

The solution proposed was agreed at a meeting on 16th June where a unanimous decision was taken.

Economic benefits

The table below summarises the potential, quantifiable benefits of the solution based on studies undertaken in comparable settings in the NHS, using comparable solutions. Due to the limitations in the availability of such studies, it does not capture the full range of benefits of the system as articulated above [continued overleaf]:

Indicative quantified annual benefits of the tactical solution once fully deployed

	Benefit	Quantified benefit	Population	Annual financial opportunity	Assumptions and References
1	Reduction in time spent by hospital teams in chasing medical history for patients.	Sutton IDCR: A recent baseline audit of Information Sharing in Sutton highlighted 100 hours per week from the Acute to Primary Care requesting information.	Croydon and Kingston hospital staff. (i.e. those without existing record sharing initiatives)	Productivity gain for 2 x hospital clinical teams of 75% x 100 hours per week = 7,800 hours p/a = £140,000	<ul style="list-style-type: none"> Sutton CCG: A recent baseline audit of Information Sharing across health and social care organisations in Sutton highlighted 100 hours per week from the Acute to Primary Care requesting information. Average of 75% patients seen in emergency setting are registered with a SWL practice. 50% based on cost of ward administrator at band 3 AfC at 37.5 hours per week = £26k incl. outer London HCAS and 28% on costs. 50% based on cost of pharmacist at band 6 AfC at 37.5 hours per week = £44k incl. outer London HCAS and 28% on costs. Additional benefits will result from St. George's and St. Helier Hospitals having access to GP records for a wider percentage of patients presenting in their respective EDs. Increased patient safety from access to GP record leading to fewer prescribing errors and improved care <p>Additional supporting references:</p> <ul style="list-style-type: none"> Oxfordshire CCG MIG deployment: Saving 15 mins per patient admitted undergoing hospital pharmacy review Blackpool Teaching Hospitals MIG deployment: On average

	Benefit	Quantified benefit	Population	Annual financial opportunity	Assumptions and References
					pharmacists are spending 71% less time on the phone to GPs and have contacted them 78% less than they were. It takes just three minutes to check drug history and allergies using the MIG
2	Reduction in NEL admissions as a result of reviewing information held on the GP record	Hampshire Health Record: study showed 9% reduction in decision to admit where good quality information about the patients was accessed by the ED clinician, vs where no information was available.	NEL admissions at Kingston and Croydon Hospitals = 49,989 (SUS 2015/16)	Avoided costs to CCGs of reduction of 10% x 9% in admissions = 450 admissions = £1,318,500	<ul style="list-style-type: none"> Hampshire Health Record: study showed 9% reduction in decision to admit to a bed where good quality information about the patients was accessed by the ED clinician, vs where no information was available. https://www.kingsfund.org.uk/sites/files/kf/media/W2C_Andrew_Fenton.pdf Clinicians would seek to access GP records for 10% of patients attending A&E to critically inform a decision to admit. Based on a Department of Health average reference cost 2014/15 of £2,930 for a NEL IP spell. Additional benefits will result from St. George's and St. Helier Hospitals having access to GP records for a wider percentage of patients presenting in their respective EDs.
3	Reduction in LOS for complex patients admitted with access to medical history at point of	Hampshire Health Record showed a reduction in inpatient bed days of 1.7 for complex patients where good quality	All NEL admissions at Kingston and Croydon Hospitals = 49,989 (SUS 2015/16) (i.e. those	Avoided cost to CCGs of reduction of 1.7 bed days x 2% NEL admissions = 1,000 x £296 = £296,000	<ul style="list-style-type: none"> 20% of NEL admissions are for complex patients, of which 10% are amenable to reducing need for IP investigations or supported discharge using information from the GP record, in turn reducing LOS. Hampshire Health Record (Graphnet): study showed with more complex conditions there was a statistically significant correlation with a reduction in inpatient bed days and clinicians who sought information; on average these dropped

	Benefit	Quantified benefit	Population	Annual financial opportunity	Assumptions and References
	admission	information about the patients was accessed by the clinician.	without existing record sharing initiatives)		<p>from 12 to 10.3, where good quality information about the patients was accessed by the clinician.</p> <p>https://www.kingsfund.org.uk/sites/files/kf/media/W2C_Andrew_Fenton.pdf</p> <ul style="list-style-type: none"> • Based on a Department of Health average reference cost 2014/15 of £296 for a NEL excess bed day. • Additional benefits will result from St. George's and St. Helier Hospitals having access to GP records for a wider percentage of patients presenting in their respective EDs. • Saving of 1,000 bed days per annum across Kingston and Croydon hospitals with reduction in bed pressures.
4	Reduction in duplicate diagnostic testing in acute setting.	Hampshire Health Record showed 13% reduction pathology tests where good quality information about the patients was accessed by the ED clinician.	All A&E attendances at Kingston and Croydon Hospitals =151,247 (SUS 2015/16) (i.e. those without existing record sharing initiatives)	Avoided costs to CCGs of 151,247 x 13% = 3932 tests @ £100 = £393,200	<ul style="list-style-type: none"> • Hampshire Health Record (Graphnet): study showed 13% reduction pathology tests where good quality information about the patients was accessed by the ED clinician. <p>https://www.kingsfund.org.uk/sites/files/kf/media/W2C_Andrew_Fenton.pdf</p> <ul style="list-style-type: none"> • 20% of patients attending A&E require basic pathology investigations. • Average costs of Full Blood Count, Urea & Electrolytes and Liver Function Tests (varies per trust) is £108 (Source: Cerner). • Note significant additional benefits likely from the availability of previous radiology investigations reducing the duplication

	Benefit	Quantified benefit	Population	Annual financial opportunity	Assumptions and References
					<p>of imaging.</p> <ul style="list-style-type: none"> Note additional benefits to providers relating to reduced pressure on NEL diagnostics allowing more timely diagnosis of patients.
5	Reduction in time spent by practice staff chasing up medical information including medication, procedures and diagnostic results	Sutton IDCR: A recent baseline audit of Information Sharing in Sutton highlighted 5.7 hours per week per GP practice used for the purpose of information sharing.	110 practices Richmond, Merton and Croydon (i.e. those without existing record sharing initiatives)	Productivity gain for GP practice staff totalling 296.4 hours per practice per year = 32,604 hours in SWL = 16.7 nurse WTEs = £718,100	<ul style="list-style-type: none"> Based on cost of practice nurse at band 6 AfC at 37.5 hours per week = £43k incl. outer London HCAS and 28% on costs. True figure is likely to be higher as GPs often undertake this task. Additional time saving likely from practices in Wandsworth, Sutton and Merton where patient information is chased from providers outside current information sharing initiatives.
	TOTAL			£2,865,800	

FINANCIAL CASE

Costs have been estimated over a 3-year life for the solution (16/17 to 18/19). Supplier capital costs are split evenly over the first 2 years, reflecting the implementation duration. Project costs are split 40:60 to reflect the timeline for implementation. All costs are incremental to existing expenditure and fall outside items funded by the GP IT operating model.

Capital expenditure is shown inclusive of VAT; on-going revenue expenditure is shown exclusive of VAT, as these costs are fully VAT-reclaimable. (A detailed breakdown of estimated total cost is available in the SWLCC Cost Model).

	16/17	17/18	18/19	TOTAL
CAPITAL				
MIG Implementation	£20,129	£20,129		£40,258
GraphNet Implementation	£211,499	£211,499		£422,998
Cerner HIE Implementation	£267,020	£267,020		£534,041
Allowance for other third party costs - e.g. Rio integration, Adastra liaison, INPS liaison	£60,000	£60,000		£120,000
SWL Project costs	£277,920	£416,880		£694,800
MIG year 1 licences	£56,852			£56,852
GraphNet year 1 licences	£32,250			£32,250
Cerner HIE year 1 licences	£62,162			£62,162
Total (inc VAT)	£987,831	£975,528	£0	£1,963,359
REVENUE				
MIG licences		£189,507	£189,507	£379,014
GraphNet licences		£107,499	£107,499	£214,998
Cerner HIE licences		£207,205	£207,205	£414,410
Total (exc VAT)	£0	£504,211	£504,211	£1,008,422
Total Project Cost				£2,971,781

SWL project costs include project management, information governance, change management, GP liaison, technical and communications functions, along with legal advice.

Annual revenue cost breakdown

Row Labels	Sum of Annual Charges (exc VAT)
CHS	£101,064
Croydon CCG	£96,594
KHT	£101,064
Kingston CCG	£26,549
Merton CCG	£28,286
Richmond CCG	£34,022
SGH	£5,077
Sutton CCG	£36,140
Wandsworth CCG	£75,415
Grand Total	£504,211

The organisations detailed above across SW London will be responsible for recurring costs related to this bid, drawn from existing budgets and allocations. They are fixed based on the numbers of users, and not based on the volumes of transactions such as views of the clinical record. The costs are offset by the system-wide benefits arising from the solution as detailed previously.

The recurring costs are considered affordable in light of the benefits anticipated and the interdependency of the SWL Sustainability and Transformation Plan with the delivery of the SWL Local Digital Roadmap, of which this bid is a central element.

Approval of this business case by the constituent organisations is subject to their agreement to meeting the revenue costs set out above.

Where required, a legal agreement will be made with acute providers to allow the draw down of capital to fund assets held by the provider.

COMMERCIAL CASE

This project will leverage existing products and services, and make use of existing supplier relationships and, where compliant, contracts held by SWL organisations with the suppliers set out below. This has been determined as the most cost effective route to meet the Tactical Solution targets and realise benefits quickly. Where further procurement is required, an established framework will be utilised.

- Graphnet Health Ltd. - provides the Graphnet Portal technology and is the only supplier that can offer the integration of systems with the Graphnet repository. Current contracts with Sutton CCG and Kingston CCG.
- Healthcare Gateway Ltd – provides Healthcare gateway MIG interface and MIG Viewer and is the only supplier of these solutions. Current contracts with

	<p>Merton CCG and Wandsworth CCG.</p> <ul style="list-style-type: none"> • Cerner Ltd – provides Cerner Millennium EPR solutions and Cerner HIE Portal technology and is the only supplier of these solutions. Current contracts with Kingston Hospital, St. George’s Healthcare and Croydon Health Services. • Advanced Computer Software Group Ltd provides GPOOH and NHS 111 Adastra systems (existing contract to be extended for this project if further integration work is required) • Harris Health - A&E and Urgent Care Solutions (existing contract to be extended for this project if further integration work is required) • CSC iPM – secondary care solution (existing contract to be extended for this project if further integration work is required) • Servelec Healthcare – Community/Mental Health RiO solution (existing contract to be extended for this project if further integration work is required) <p>Leveraging existing supplier contracts across SWL would negate the requirement to source, market test and appoint suppliers. It is anticipated that the existing contracts Change Control Procedures will enable a number of Change Control Notices to be in flight immediately following funding approval. Estimated timescale for sign off is 6 weeks.</p> <p>All of the suppliers are already engaged with projects across the SWL footprint and if this scheme is approved the proposed timescales of the technology project implementation will be 12 months to deploy from commencement, which shall be 1 month after funding is confirmed to enable ramp up of the team.</p> <p>As the initial implementation phase is based on an incremental roll out over 12 months, inclusive with a further roll out in year two to any remaining GP practices and upgrades to MIG DCRv2 (if not already deployed in initial implementation). There will be economies of ‘time to live’ achieved once the SWL-wide information sharing agreement is established and fully agreed.</p>
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<p>MANAGEMENT CASE</p>	<p>Management and delivery</p> <p>The SWL LDR Delivery Board will oversee the implementation of the solution. It will report into the STP Executive Group which is part of the STP system-wide governance for SWL incorporating all CCGs, providers and local authorities in SWL.</p> <p>A part time CIO (SRO) and GP IT Lead for SWL have been appointed to lead the delivery of the LDR, including the tactical solution.</p>
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Ramp up of the project delivery team will be supported by the STP LDR workstream hosted in SW London Collaborative Commissioning. The Tactical Solution funding bid therefore includes the need to provide and procure project resources to support the project centrally. Not all are required for the duration of the project e.g. testing resources.

All participating organisations will contribute resources in terms of governance and local CCG IT leads or provider CIOs and their teams. Most importantly, SWL will draw on IG and clinical expertise from organisations where it exists, to ensure robust implementation. We will also take advice from the SWLCC communications and engagement team to inform stakeholder engagement requirements.

Key milestones following approval

- Early December: Kick-off meeting with organisational CIOs, covering:
 - Confirmation of scope
 - Implementation and timeline proposals
 - Role descriptors and sourcing staff
 - Integration into provider roadmaps

- Monthly: Ongoing reporting to LDR Delivery Board

Risks and mitigations

Risks	Controls
Conflicting priorities within organisations	Maintain an area wide roadmap of digital capability and capacity and regularly communicate potential area wide risks to leadership via local IM&T governance. Regular communication to members of benefits derived from similar programmes to maintain focus on aims and goals of interoperability. Consistent on-the-ground support for implementation and utilisation to realise benefits.
Public interpretation of information sharing objectives	Support the promotion of an area wide communications plan that aligns the interoperability objectives of the SWL organisations thus presenting a clear and informative message to patients and public. Maintain visibility and sharing information to members regarding other information sharing initiatives
Information Governance & patient consent not suitably robust	Agree suitable consent model with development of Information Sharing Agreements and Data Controller Agreements. Controls Identified controls to ensure that patient can restrict all or part of their record.
Complex engagement across traditional	Continue to strengthen local cross-organisation governance arrangements for delivery, underpinned with central programme

	boundaries	management support with strong engagement with CCGs' and providers' own project offices.
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LOCAL APPROVAL PROCESS	<p>The governance steps to be followed for approval are below:</p> <ul style="list-style-type: none"> ✓ Tactical solution design option approved at meeting with all SWL IMT representatives including Strategy Board on 16th June. ✓ SWL LDR with SWL Tactical Solution details sent to Governing bodies for review on 17th June ✓ LDR with SWL Tactical Solution details approved by all CCG governing bodies and provider boards between 20th – 28th June ✓ Bid for tactical solution reviewed and agreed by SWL CCG I.T. leads on 23rd June ✓ Bid approved by STP Executive Board on 29th June. ✓ SWL IMT Board reviewed NHSE feedback on bid 15th August ✓ Bids ranked and moderated by SWL CCGs and NHSE on 21st September. ✓ Solution detail ratified by all SWL organisations' IT leads – 13th December. • 13th January: SWL Finance and Activity Committee: joint CCG-provider review of business case; attendance from NHSE London sought to field questions. • Business case approved through organisations' finance committees: <ul style="list-style-type: none"> ○ Wandsworth CCG: 10th January ○ Croydon Hospital: 10th January ○ Richmond CCG: 17th January ○ Merton CCG 19th February
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- Kingston CCG: 23rd January
 - St. George's Hospital: 25th January (if executive sign-off required)
 - Sutton CCG: 26th January
 - Kingston Hospital: 1st February
 - Croydon CCG: 3rd February
- Approval by London Capital Committee – February 7th

BUSINESS CASE SUPPORTED BY

SPONSORING ORGANISATION DIRECTOR OF FINANCE / CHIEF FINANCIAL OFFICER	Organisation	SW London Collaborative Commissioning c/o Wandsworth CCG
	Name	Neil McDowell [tbc]
	Title	CFO, Wandsworth CCG
	Signature	
	Date	
LEAD COMMISSIONER (E.G. DIRECTOR OF COMMISSIONING, AREA TEAM, DIRECTOR OF COMMISSIONING, RELEVANT CLINICAL COMMISSIONING GROUP)	Organisation	SW London Collaborative Commissioning c/o Wandsworth CCG
	Name	Kath Cawley
	Title	Programme Director – STP
	Signature	
	Date	
NHS ENGLAND REGIONAL DIRECTOR OF FINANCE	Name	
	Region	
	Signature	
	Date	

LETTERS OF APPROVAL / SUPPORT

Organisation	Enclosed		Letter dated	Note
SPONSORING ORGANISATION	Y	N		
LEAD COMMISSIONER	Y	N		

VERSION 0.9

	16/17	17/18	18/19	TOTAL
CAPITAL				
MIG Implementation	£20,129	£20,129		£40,258
GraphNet Implementation	£211,499	£211,499		£422,998
Cerner HIE Implementation	£267,020	£267,020		£534,041
Allowance for other third party costs - e.g. Rio integration, Adastra liaison, INPS liaison	£60,000	£60,000		£120,000
SWL Project costs	£277,920	£416,880		£694,800
MIG year 1 licences	£56,852			£56,852
GraphNet year 1 licences	£32,250			£32,250
Cerner HIE year 1 licences	£62,162			£62,162
Total (inc VAT)	£987,831	£975,528	£0	£1,963,359
REVENUE				
MIG licences		£189,507	£189,507	£379,014
GraphNet licences		£107,499	£107,499	£214,998
Cerner HIE licences		£207,205	£207,205	£414,410
Total (exc VAT)	£0	£504,211	£504,211	£1,008,422
Total Project Cost				£2,971,781

Annual revenue breakdown by organisation

Row Labels	Sum of Annual Charges (exc VAT)
CHS	£101,064
Croydon CCG	£96,594
KHT	£101,064
Kingston CCG	£26,549
Merton CCG	£28,286
Richmond CCG	£34,022
SGH	£5,077
Sutton CCG	£36,140
Wandsworth CCG	£75,415
Grand Total	£504,211

Assumptions and change log from v.0.8:

Assume 50:50 split for supplier implementation costs 16/17 and 17/18
2019/20 and 2020/21 costs removed on basis solution and contracts will be for max. 2.5 years.
Cerner HIE costs doubled to reflect addition of Kingston HIE deployment.
MIG connection to Kingston HIE added.
Assume 25% revenue costs in Year 1, then full thereafter (previously 50%).
Project costs rationalised.
Year 1 revenue costs capitalised.
Richmond Graphnet connection costs removed as captured in Sutton ICDR bid.
Cerner HIE revenue costs error adjusted (x 12)
SWLSTG to Graphnet link removed as covered in Sutton IDCR bid.
Graphnet project costs capitalised
ESTH to Graphnet link removed as already in place.
Project costs split 40:60 16/17 and 17/18

Product description	Notes	One Off Charges (exc VAT)	Annual Charges (exc VAT)	NOTES	Responsible organisation
Merton	NHS Merton CCG 221,695	£0	£21,953		Merton CCG
Richmond	NHS Richmond CCG 211,353	£0	£21,022		Richmond CCG
Sutton	NHS Sutton CCG 190,448	£0	£19,140		Sutton CCG
Wandsworth	NHS Wandsworth CCG 386,602	£0	£35,062		Wandsworth CCG
Croydon	NHS Croydon CCG 401,627	£0	£36,114		Croydon CCG
Kingston	NHS Kingston CCG 202,403	£0	£20,216		Kingston CCG
Merton		£750	£0		SGH
Richmond		£750	£0		SGH
Sutton		£750	£0		SGH
Wandsworth	already a MIG connection from Wandsworth.	£0	£0		SGH
Croydon		£750	£0		SGH
Kingston		£750	£0		SGH
Croydon access to GP records in Cerner HIE via miq (A&E and UCC)		£2,600	£0		CHS
Kingston access to GP records in Cerner HIE via miq (A&E and UCC)		£2,600	£0		KHT
Hounslow and Richmond community healthcare (HRCH) access to GP record in MIG Viewer (UCC)	MIG Viewer licence - £6000 per 100 users. Smallest order is 100 licences. If 100 licences for the shared record viewer (Mig viewer) are not needed in each area, you can spread them around, it is £2,600 per every organisation created in the shared record viewer e.g NHS 111 Care UK	£2,600	£6,000		Richmond CCG
Care UK access to GP record in MIG Viewer (Wandsworth, Merton and Kingston OOH provider)	MIG Viewer licence - £6000 per 100 users. Smallest order is 100 licences. If 100 licences for the shared record viewer (Mig viewer) are not needed in each area, you can spread them around, it is £2,600 per every organisation created in the shared record viewer e.g NHS 111 Care UK	£866	£2,000		Wandsworth CCG
Care UK access to GP record in MIG Viewer (Wandsworth, Merton and Kingston OOH provider)	MIG Viewer licence - £6000 per 100 users. Smallest order is 100 licences. If 100 licences for the shared record viewer (Mig viewer) are not needed in each area, you can spread them around, it is £2,600 per every organisation created in the shared record viewer e.g NHS 111 Care UK	£866	£2,000		Merton CCG
Care UK access to GP record in MIG Viewer (Wandsworth, Merton and Kingston OOH provider)	MIG Viewer licence - £6000 per 100 users. Smallest order is 100 licences. If 100 licences for the shared record viewer (Mig viewer) are not needed in each area, you can spread them around, it is £2,600 per every organisation created in the shared record viewer e.g NHS 111 Care UK	£866	£2,000		Kingston CCG
Seldoc access to GP record in MIG Viewer (Sutton OOH provider)	MIG Viewer licence - £6000 per 100 users. Smallest order is 100 licences. If 100 licences for the shared record viewer (Mig viewer) are not needed in each area, you can spread them around, it is £2,600 per every organisation created in the shared record viewer e.g NHS 111 Care UK	£2,600	£6,000		Sutton CCG
Virgin Healthcare access to GP record in MIG Viewer (Croydon OOH provider)	MIG Viewer licence - £6000 per 100 users. Smallest order is 100 licences. If 100 licences for the shared record viewer (Mig viewer) are not needed in each area, you can spread them around, it is £2,600 per every organisation created in the shared record viewer e.g NHS 111 Care UK	£2,600	£6,000		Croydon CCG
East Berks PCOOH access to GP record in MIG Viewer (Richmond OOH provider)	MIG Viewer licence - £6000 per 100 users. Smallest order is 100 licences. If 100 licences for the shared record viewer (Mig viewer) are not needed in each area, you can spread them around, it is £2,600 per every organisation created in the shared record viewer e.g NHS 111 Care UK	£2,600	£6,000		Richmond CCG
NHS 111 (Care UK) all access to GP record in MIG Viewer	MIG Viewer licence - £6000 per 100 users. Smallest order is 100 licences. If 100 licences for the shared record viewer (Mig viewer) are not needed in each area, you can spread them around, it is £2,600 per every organisation created in the shared record viewer e.g NHS 111 Care UK	£433	£1,000		Wandsworth CCG
NHS 111 (Care UK) all access to GP record in MIG Viewer	MIG Viewer licence - £6000 per 100 users. Smallest order is 100 licences. If 100 licences for the shared record viewer (Mig viewer) are not needed in each area, you can spread them around, it is £2,600 per every organisation created in the shared record viewer e.g NHS 111 Care UK	£433	£1,000		Merton CCG
NHS 111 (Care UK) all access to GP record in MIG Viewer	MIG Viewer licence - £6000 per 100 users. Smallest order is 100 licences. If 100 licences for the shared record viewer (Mig viewer) are not needed in each area, you can spread them around, it is £2,600 per every organisation created in the shared record viewer e.g NHS 111 Care UK	£433	£1,000		Croydon CCG
NHS 111 (Care UK) all access to GP record in MIG Viewer	MIG Viewer licence - £6000 per 100 users. Smallest order is 100 licences. If 100 licences for the shared record viewer (Mig viewer) are not needed in each area, you can spread them around, it is £2,600 per every organisation created in the shared record viewer e.g NHS 111 Care UK	£433	£1,000		Sutton CCG
NHS 111 (Care UK) all access to GP record in MIG Viewer	MIG Viewer licence - £6000 per 100 users. Smallest order is 100 licences. If 100 licences for the shared record viewer (Mig viewer) are not needed in each area, you can spread them around, it is £2,600 per every organisation created in the shared record viewer e.g NHS 111 Care UK	£433	£1,000		Kingston CCG
NHS 111 (Care UK) all access to GP record in MIG Viewer	MIG Viewer licence - £6000 per 100 users. Smallest order is 100 licences. If 100 licences for the shared record viewer (Mig viewer) are not needed in each area, you can spread them around, it is £2,600 per every organisation created in the shared record viewer e.g NHS 111 Care UK	£433	£1,000		Richmond CCG
optional uplift to MIG_V2	£750.00 per configuration	£1,500	£0		Wandsworth CCG
optional uplift to MIG_V2		£1,500	£0		Merton CCG
optional uplift to MIG_V2		£1,500	£0		Croydon CCG
optional uplift to MIG_V2		£1,500	£0		Sutton CCG
optional uplift to MIG_V2		£1,500	£0		Kingston CCG
optional uplift to MIG_V2		£1,500	£0		Richmond CCG
Merton	Merton GPs already ordered to feed inot M&S Instance	£0	£0		Merton CCG
Richmond	30 - EMIS = 7 InPS = 23	£0	£0	Covered in separate joint S/R/K ETTF bid for extending Graphnet functionality, which included connecting Richmond GPs directly to Graphnet	Richmond CCG
Sutton	already a Graphnet connection from Sutton	£0	£0		Sutton CCG
Wandsworth	42 - All EMIS	£21,420	£13,020		Wandsworth CCG
Croydon	58 - 44 GP on EMIS and 14 on INPS	£29,580	£17,980		Croydon CCG
Kingston	already a Graphnet connection from Kingston	£0	£0		Kingston CCG
Kingston A&E access to view GP records in Graphnet.	0 licences Acute will not feed Sutton Graphnet record view, Kingston A&E user will have access to view user section of Graphnet.	£0	£0		KHT
Epsom A&E & St Heller A&E and UCC access to view GP records in Graphnet.	0 licences Acute will not feed Kingston Graphnet record view, Kingston A&E user will have access to view user section of Graphnet.	£0	£0		ESTH
Merton	Merton GPs already ordered to feed inot M&S Instance	£0	£0		Merton CCG
Richmond	EMIS = 7	£0	£0	Covered in separate joint S/R/K ETTF bid for extending Graphnet functionality, which included connecting Richmond GPs directly to Graphnet	Richmond CCG
Sutton	already a Graphnet connection from Sutton	£0	£0		Sutton CCG
Wandsworth	EMIS=42	£10,500	£10,500		Wandsworth CCG
Croydon	EMIS = 44	£11,000	£11,000		Croydon CCG
Kingston	already a Graphnet connection from Kingston	£0	£0		Kingston CCG
Note - this is to embed Graphnet (single sign on/in patient context) in Cerner Millennium. Enable Kingston A&E to view GP records in Graphnet. If the embedded approach is not included then these charges will drop off.	Kingston Acute - Cerner Millennium	£0	£0	Replaced by HIE.	KHT
Note - this is to embed Graphnet (single sign on/in patient context) in Harris Healthcare. Enable Epsom A&E, St Heller A&E, West Middlesex and UCC to view GP records in Graphnet. If the embedded approach is not included then these charges will drop off.	Epsom & St Heller - Harris Healthcare	£0	£0	Already in place.	ESTH
Note - this is to embed Graphnet (single sign on/in patient context) in Servec R/O. Will need to get price/feasibility from Servec. If the embedded approach is not included then these charges will drop off.	Mental Health - South West London & St George's NHS Mental Health Trust	£0	£0	Covered in separate joint S/R/K ETTF bid for extending Graphnet functionality, which included connecting Richmond GPs directly to Graphnet	SWLSTG
Merton	Merton GPs already ordered to feed inot M&S Instance	£0	£0		Merton CCG
Richmond	30 - EMIS = 7 InPS = 23	£0	£0	Covered in separate joint S/R/K ETTF bid for extending Graphnet functionality, which included connecting Richmond GPs directly to Graphnet	Richmond CCG
Sutton	already a Graphnet connection from Sutton	£0	£0		Sutton CCG
Wandsworth	42 - All EMIS	£10,500	£10,500		Wandsworth CCG
Croydon	58 - 44 GP on EMIS and 14 on INPS	£14,500	£14,500		Croydon CCG
Kingston	already a Graphnet connection from Kingston	£0	£0		Kingston CCG
Kingston Acute - Cerner Millennium		£0	£0	Replaced by HIE.	KHT
Epsom & St Heller - Harris Healthcare (A&E)		£0	£0	Already in place.	ESTH
Mental Health - South West London & St George's NHS Mental Health Trust		£0	£0	Covered in separate joint S/R/K ETTF bid for extending Graphnet functionality, which included connecting Richmond GPs directly to Graphnet	SWLSTG
*Care UK (Wandsworth, Merton and Kingston OOH provider) Seldoc (Sutton OOH provider) Virgin Healthcare (Croydon OOH provider)	Out of Hours x 3	£6,666	£3,333		Kingston CCG
		£6,666	£3,333		Merton CCG
		£6,666	£3,333		Wandsworth CCG
		£20,000	£10,000		Sutton CCG
		£20,000	£10,000		Croydon CCG
Graphnet Programme charges		£130,000	£0		Project
		£65,000	£0	Capitalised 2 years of programme charges	Project
	To add the patient population of 5 additional SW London CCGs (estimated at 1,156,800) to St George's HIE	£0	£5,077		SGH
	To set-up a HIE instance for Kingston to cater for the 1,520,900 patient population of the SW London territory.	£222,517	£101,064		KHT
	To set-up a HIE instance for Croydon to cater for the 1,520,900 patient population of the SW London territory.	£222,517	£101,064		CHS
Allowance for other third party costs - e.g. Rio integration, Adastra liaison, INPS liaison		£100,000	£0	Assumed that any ongoing costs will be covered by owning organisations	Project
Project Manager - full time for 12 months (external)		£121,000	£0		Project
IG specialist - to lead on development of ISA, liaison with GPs	3 months in total	£30,000	£0		Project
Legal advice on ISA		£10,000	£0		Project
CCG liaison	0.5 FTE per CCG post establishment - 6 months	£180,000	£0		Project
Technical lead	1 FTE to establish the solution, then 0.5 FTE thereafter	£90,000	£0		Project
Comms lead	1 FTE throughout	£88,000	£0		Project
Comms material		£60,000	£0		Project