

Extract from Shropshire Community NHS Trust Board Papers 30th July 2015 (Part 2)

Minute No 2015.4.35 EPR Business Case

Mr Ferguson noted that the procurement of the new electronic patient record had gone through a well structured process; there had been engagement with staff, visits to sites where systems were in use and a process to identify benefits and allocate scores. Three systems had reached the final stage of evaluation. All could deliver technically but there were subtleties about their relative benefits. Emis and Rio were stronger and very close on scoring and costs. Clinician preference in the Trust was divided.

Rio emerged as marginally the preferred option taking all the analysis into account. However, GPs across the county almost universally use Emis and may therefore perceive the Trust choosing Rio as unhelpful to joint working. However, in reality, the Emis systems for GPs and for community are different, and the two would still need to be integrated.

Mr Gregory stressed that the new system would improve quality by giving better, faster access to patient information, removing waste and duplication. Some staff will struggle with new technology but generally staff recognise the need and the training will be provided.

Mrs Lloyd clarified financial details in the report. Purchase and implementation of the new system is estimated to cost the Trust £3.1m over five years. The capital investment is estimated at £1.4m, and we will fund this from our existing cash balance. Revenue costs will be funded through increasing the value of the cost improvement programme and next year's value is estimated to be £4.2m, although this is subject to change. The cost of implementing the Rio option is £180,000 less than the 'do nothing' option, since the latter would incur additional costs to keep the old system in use. Further detail was included in the full business case which had been considered by the Resources and Performance Committee.

In reply to questions from Dr Ganesh, Mr Ferguson confirmed that e-prescribing was included in the specification. In reply to questions from other members he explained that all the systems were technically capable of communicating with GP systems; the challenge was generally gaining consent from GPs for that to happen. There were national specifications for the transfer of data between systems and the three options met that requirement. Training was included in the package and two clinicians would be seconded to support training roll-out. Due diligence had been carried out via the procurement process.

Mr Philips noted the presentations from the companies which the Resources Committee had received; he and Mr Ridley asked for clarification of project leadership in view of Mr Ferguson leaving in October, and whether there was time for necessary Trust preparation. Ms Ditheridge said that responsibility would sit with Mr Gregory and new Director of Finance Ms Franke, with the Senior Responsible Officer probably being Ms Franke. Mr Ferguson noted that the implementation will be managed service by service to ensure delivery.

It was confirmed all systems include the capability to provide access to data via hand held devices, and that there was some compatibility with telehealth but the important factor for the latter was internet connection.

Mr Ridley confirmed that if the Board now agreed the business case with Servelec as provider, it would go to the TDA for approval; the Trust would then announce the decision at the next meeting after a stand still period.

Ms Ditheridge asked the Board if they were sufficiently assured about the possibility of GP concerns if Emis was not selected; the Board acknowledged the issue and agreed the Trust needed to be prepared to handle this risk. All members indicated they were in favour of proceeding with the recommendation.

Mr Phillips PROPOSED the Board approves the Full Business Case, and the preferred provider. This proposal was SECONDED by Mr Jones.