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TEMPLATE

Business Case for a Patient Online Service

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Intended Audience

This document is intended for any management, clinical or technical staff at UK NHS Trusts that are considering using My Medical Record to remotely support and manage their patients. This document is targeted specifically at groups wishing to lease the service from UHSFT.

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1 Introduction and background

1.1 Overview of a My Medical Record

My Medical Record uses a shared record approach which enables the patient to create a single online identity for the whole of the NHS, with their record effectively following them around as they are referred to different providers.

The primary purpose of the solution is to empower patients with information in order to facilitate the self-management of their care. The result is a highly personalised and customisable tool for patient communication, interaction and information sharing.

This innovative approach to collecting and managing patient information also provides the opportunity for greater sharing of data across organisations (with the patient's consent)

The solution supports Trusts in providing a care management solution that enables virtual care provision which can be used alongside or instead of face to face care provision.

My Medical Record has the potential to transform the delivery of clinical services and provide benefits for the Trust, its patients and its staff.

Implementation of the solution across a number of hospitals has demonstrated that supported self-management underpinned by My Medical Record can reduce the number of face to face outpatient appointments undertaken thus releasing capacity and resources.

1.2 How does it work?

The solution includes a registration process to sign up the patient so the record is secure and can only be accessed by them and/or their carers. There is a robust consent process to ensure information is only shared as appropriate and as desired by the patient.

My Medical Record provides an additional supplement of information to that which is received through traditional care e.g. outpatient attendances

Key features include:

- Access to the most up to date disease related information
- Creation of shared journals with key questions to monitor areas such as disease symptoms
- Key telephone contact numbers for their support team are listed
- Ability to send messages to get information and support around areas like holiday travel, medication, general concerns, mild symptoms.
- Ability to ask questions that they might not want to or remember to ask in an outpatient clinic setting.
- 24/7 access enabling information provision, support and communication outside of the constraints of clinic hours

- access their diagnostic results and see these much more quickly than through traditional methods of providing results
- enrol themselves into research projects (*if applicable to your Trust*)
- Patients can undertake surveys and participate in audits
- See hospital appointments - past and future
- Medication information can be shared. Patients can make notes on the impact of their medication over a period of time which helps them and the clinicians decide if changes are needed.
- Weight information can be input and shared on a regular basis. For patients with chronic diseases this can be a key indicator in their health status and trends are often not picked up early enough in traditional follow up care visits.

Trusts that have implemented the solution have used **My Medical Record** alongside a clinically lead supported self- management project to transition cohorts of patients from traditional outpatient follow up services to virtual outpatient care.

1.3 Why is My Medical Record different from a standard patient portal?

The IM&T team at UHSFT have designed and implemented a solution that is vendor independent. Unlike most other NHS patient portals, My Medical Record is independent of the Trust's Electronic patient record so it not tied into a single system.

- It is based on a secure Microsoft HealthVault database that holds the patient's record.
- It is hosted service.
- The technical design is open
- The service is untethered and sit over any database and connect to multiple applications.
- It does not tie users or the Trust into any technology, supplier or system. This means once the patient is registered they can still use the system when they are receiving care at other Trusts if that Trust is using the system.
- It can be implemented in a short timescale with minimal investment
- It is very scalable
- The solution also enables collaboration across health care settings with primary care and other care providers both locally and **nationally**.

The result is a highly personalised and customisable tool for patient communication that can be quickly deployed.

1.4 Background to My Medical Record

The solution was developed by University Hospitals Southampton Foundation Trust (UHSFT). It was first piloted in 2013.

Patients were involved in trialling and adapting the solution. The pilot was originally undertaken with the Inflammatory Bowel Disease service. UHSFT obtained positive feedback from the patients and the staff.

"The ability to remotely monitor and manage patient wellbeing is of great use in supporting the patient and promoting patient safety. I was recently able to use the system to support the

admission of an unwell patient as I was able to identify a worrying trend in their weight loss and poor diet – information I do not normally have access to” - IBD dietician

“I can be quickly seen by a doctor if my condition worsens thanks to the flareline, I have better communication with my GP and consultant, I am more likely to adhere to my care plans and relevant research projects flagged up to me - Self-management is empowering, liberating and informative” IBD Patient

“I was invited to use My Medical Record and asked to weigh myself using the digital scales once a week. It was good to know that there were people keeping an eye on how I was doing. If my weight went down too low then I would automatically get contacted by a clinical team. I also used the messaging function in the system. It is comforting to have a simple way of telling people you are not feeling well” IBD patient

“Inflammatory Bowel Disease is a group of chronic conditions with an unpredictable course of disease activity, commonly affecting a younger ‘internet age’ patient population. MyMR is a unique and innovative tool which the IBD Team can use to adapt management plans and be proactive in real time to patient disease activity. MyMR also encourages patients to take greater control of their own treatment, with the aim of improved outcomes”. Gastroenterology Registrar

A number of specialties at UHSFT have now used and tested the concept including Lymphoma, Congenital Cardiology and paediatric patients transitioning to adult services. The key area of development is cancer services and in particular prostate cancer.

1.5 Prostate Cancer

Through a national initiative funded by Prostate Cancer UK called the TrueNTH Programme – My Medical Record patient online service became the IT solution of choice to support this programme. Prostate cancer UK are funding several different modules aiming to improve the lives of men with Prostate Cancer

- Supported Self-Management, run by University of Southampton
- Post-Surgery, run by University College London
- Continence Management, run by University of Southampton
- Understanding Consequences, run by University of Southampton
- Late Effects of Pelvic Radiation, run by Velindre Cancer Centre & University Hospital of Wales
- Exercise and Diet, run by University of Surrey
- Each module has (or will have) hospitals attached and using their module and there are currently over 20 hospital in the True North network.

The web-based portal can be accessed by the individual man, from a desktop, tablet or mobile device. The individual is introduced to this pathway in the clinic setting by the healthcare support worker (HCSW) and assisted to create an individual account.

A degree of understanding of computers is beneficial to the individual; however family members, the HCSW & IT support team can provide assistance. Men without computer equipment are not excluded from participating in this pathway as the loan of a tablet, with a 3G tariff supplied is available.

Feedback from patients involved:

"I also was one of the early patients on the Patient Initiated follow up scheme for Prostate Cancer (Brilliant scheme and I hope it continues). The two nurses who ran that were also excellent. When my PSA started going up a few months later, I spoke with them, and they discussed my problems with the consultants, and got back to me the very same day. When the problem continued, they arranged an appointment for me to see my consultant within two weeks."

"I hate this issue of being in the dark all the time, as I said, we live from result to result, and that period in between, we are left in the dark. I'm not any longer, I'm there, I'm with them, I'm up there with them. Any query, any issue, it's like going to the board meeting isn't it where decisions are being made and I can be part of those decisions being made. I really feel I am now part of the team, if you like, and not waiting for the answers, I'm up there with them now, and that's what team work is all about, isn't it"

1.6 Current situation

Over 1500 patients have registered and are benefitting from the use of My Medical Record.

The following table explains the number of patients per organisation as at 1st June 2016

Organisation	Number of patients registered
UHS	372
Cornwall (Truro)	457
RUH Bath	317
Dartford & Gravesham	123
St Helens and Knowsley	121

2 Strategic Case

2.1 Introduction

The purpose of the strategic case is to present the arguments for the implementation of this project explaining how it supports and delivers on:

- National Cancer Strategy
- National IM&T Strategy
- **NAME OF YOUR TRUST** Strategy
- Local Cancer Strategy
- Local IM&T Strategy

2.2 National Cancer Strategy

2.2.1 NHS England - Implementing the cancer taskforce recommendations: Commissioning person centred care for people affected by cancer – April 2016

Key points	How My Medical record helps deliver on this requirement
Holistic needs assessment service specification	My Medical Record can provide a portal for delivering holistic needs assessments
Health and wellbeing event service specification	My Medical Record can facilitate events with patients and can provide applications for self-monitoring of health and wellbeing
Stratified follow-up pathways information	My Medical Record can provide electronic structured follow up pathways of care and information

2.2.2 NHS England - Achieving World-Class Cancer Outcomes: Taking the strategy forward – May 2016

Key points	How My Medical record helps deliver on this requirement
Patient experience - In 2017/18, we will carry out a review of the digital needs of people with cancer and the gaps in the current digital solutions available to them.	My Medical Record provides a personalised digital solution for patients with cancer to empower them in self-management and their ongoing care.
Patient experience - Evidence shows that access to a Cancer Nurse Specialist or other key worker supports a positive patient experience. Over the next year, we will work with partners in the NHS and beyond to agree the best way to deliver this.	My Medical Record provides patients with easier access to a cancer nurse specialist enabling electronic messages to be exchanged. Furthermore it saves time for a cancer nurse specialist allowing him/her to oversee more patients or spend time with sicker patients.
Living with and beyond cancer - By March 2017, NHS England, through Cancer Alliances, will drive the spread of risk-stratified follow	My Medical record is a proven tool for supporting patients in self-management.

Key points	How My Medical record helps deliver on this requirement
up pathways, including supported self-management, for breast cancer, including assessing the role of commissioning incentives to encourage implementation. In subsequent years we will focus energy on rolling out this approach to other cancer types	
High Quality and Modern services - By March 2017, we will develop proposals to improve the transition of patients between children's and adult services. By September 2016, we will develop a proposal to ensure that all children, teenagers and young adults diagnosed with cancer are asked at diagnosis for consent for their data and a tissue sample to be collected for use in future research studies.	My Medical Record has already been deployed at UHS as part of a Ready steady go initiative to transition children into adult services. The solution could easily support these requirements for cancer services.
High Quality and Modern services - The procurement for a new genomic laboratory infrastructure for the NHS in England will begin shortly, inclusive of acquired cancers. The mainstreaming of genomics into the NHS will be a central pillar of a Personalised Medicine Strategy which will be considered by the NHS England Board in summer 2016.	<p>My Medical Record provides a highly personalised and customisable tool for patient communication. The system provides a personalised Health record which is independent of any Trust EPR. UHSFT is using MyMR for patient consent as part of their genomics project and is one of the national providers of genomics services.</p> <p>University Hospital Southampton NHS Foundation Trust has been named one of 11 centres involved in a national genome project that is set to transform diagnosis and treatment for patients with cancer and rare diseases. The Wessex NHS Genomic Medicine Centre, led by UHS with hospital partners across the region and the University of Southampton, will help to deliver the Department of Health and NHS England's 100,000 Genomes Project.</p>
High Quality and Modern services - We will build capacity in the clinical and scientific workforce, including to realise the impact of advancements in genomics on cancer prevention and treatment.	It has been proven that through the use of My Medical Record then capacity of clinical workforce can be increased as it enables staff to be more productive – for example an experienced Cancer Nurse specialist can review 20+ patients via the IT in an hour whilst a traditional Outpatient clinic would see on average about 6 patients per hour

2.2.3 MacMillan Strategy

In December 2015 Macmillan published the report Cancer Cash Crisis: Counting the cost of care beyond treatment. The report highlights the cost of cancer care and how the Cancer Strategy can relieve the increasing strain on the NHS. The Cancer Strategy highlights six strategic priorities as being particularly important. My Medical Record can contribute to two of these priorities:

No	MacMillan strategic priorities	How My Medical record helps deliver on this requirement
1	Ensuring that the experiences of care that people with cancer have are seen as being as important as their safety and the results of their treatment. This will include online access to all tests results and someone who can coordinate their care.	My Medical Record provides an electronic solution for patients to meet these requirement.
2	Transformation in support for people living with and beyond cancer, so that by 2020 every person with cancer should have access to the Recovery Package and follow-up care that responds to their needs. Care providers will also become more accountable for improving quality of life, through the development of a new metric to measure this.	My Medical Record can be used to provide an electronic solution for recovery packages and follow up care that is focused around the needs of the patient.

2.3 National IM&T Strategy

In May 2012, the Department of Health (DoH), released [the power of information](#), requiring all patients to have online access to their records and providing them with the care information they need. This provided the initial driver in the development of **My Medical Record**.

Since then further updates from the DOH include “By 2020 all patient and care records will be digital, real-time and interoperable “ – this is the revised target for ‘paperless’ working set out in the ‘Personalised Health and Care 2020.

The Personalised Health and Care 2020 document aligns NHS IT with NHS policy. It picks up on the themes of public health, quality of care, and efficiency – and argues that IT has a role to play in all three.

2.3.1 [Personalised Health and Care 2020](#)

- “To ensure sustainability, health and care needs to move from a model of late disease management to early health [promotion],”
- “Information technology plays an essential and rapidly expanding role in empowering people to take charge of their own health, by providing information, support and control.”

- “The introduction of new models of care that deliver better health and wellbeing outcomes for people, and a better experience when they access services, [requires] interoperable and flexible systems and locally championed innovation.
- “By effectively harnessing technology to help reshape care delivery... we will drive down variations in quality and cost-effectiveness, while improving efficiency.”

A set of targets are introduced that will be used to measure progress:

- By 2018 individuals will be enabled to view their care records and record their own comments and preferences. Patients will have a single point of access for digital services, and there will be a kite-marking system for apps.
- The document talks of “giving care professionals the data they need”. It also says that “all patient and care records will be digital, real-time and interoperable by 2020”. There is an interim step in 2018 by which time all communications about patient care will be digital. In future this will be linked to a licence to operate, but the definition and measures are not yet clear.
- The framework also says that NHS England and Monitor will “develop data standards to support new costing, pricing and payment systems”

My Medical Record supports and underpins this strategy by providing an electronic solution to patient care that will be digital, real time and interoperable enabling on line communication between care providers and their patients that is personal to them and their requirements.

2.4 **NAME OF YOUR TRUST** Strategy

This section contains themes from Trust strategies and how we believe My Medical Record supports these requirements. You can edit, delete and add to as appropriate for your Trust.

No	Themes from Trust strategy	How My Medical Record supports this theme
1	Putting Patients First	<ul style="list-style-type: none"> • Enhances the patient experience – delivers care more customised to their needs. • Providing a highly personalised and customisable tool for patient communication. • The system is designed to work around the patient’s availability and is accessible 24/7. It enables communication to take place outside of the constraints of clinic hours • Facilitates greater levels of self- care • The solution also gives the patients access to information to support their care in one place supporting the concept of a personalised digital patient care record. • Enables staff to promote and live the values of the Trust and provide better patient care

No	Themes from Trust strategy	How My Medical Record supports this theme
		<ul style="list-style-type: none"> Allows the Trust to be more open with patients and care providers with their colleague. A digital record can be seen at the same time by multiple stakeholders. The system allows contribution and collaboration. There is nothing hidden from the patient leading to better relationships.
2	Enabling Staff to work together	<ul style="list-style-type: none"> My Medical Record allows health care staff across organisations to collaborate on care provision and improves the ability of staff to work together for the good of the patient. Having the electronic patient record as a place where interactions can be viewed and commented on. The solution also promotes staff collaboration and could eventually lead to “collaborative co production”. Collaborative co-production requires users to be experts in their own circumstances and capable of making decisions while professionals must move from being fixers to facilitators. To be truly transformative, co-production requires a relocation of power toward service users. This necessitates new relationships with front-line professionals who need training to be empowered to take on these new roles. My Medical Record provides a tool to help Name of your trust achieve this transformational change in working style.
3	Always improving	<ul style="list-style-type: none"> My Medical Record will enable transformational change in care delivery addressing the very real issues that are impacting on healthcare today where we have insufficient resources and capacity to meet an ever increasing demand. The high degree of flexibility in My Medical Record enables continuous improvement as it can more easily adapt to system and service changes. For example where additional data items need to be collected for audit purposes to improve care this can easily be addressed. Also if a service wanted to change standard advice or quickly communicate to a cohort of patient – this is much more easily undertaken than traditional communication methods.
4	Safety and Risk Reduction	<ul style="list-style-type: none"> It improves safety by ensuring patient care and their pathway is more visible to multiple parties – patients are less likely to be missed. Provides a facility for messaging so that discussions are documented. Telephone calls and discussions can also be documented so there is a written record of advice

No	Themes from Trust strategy	How My Medical Record supports this theme
		<p>given.</p> <ul style="list-style-type: none"> Providing care through a Patient online service helps to ensure that patients do not get missed. Providing safer systems for patient management.
5	Always open/ – always ready	<ul style="list-style-type: none"> My Medical Record – available 24/7 – 365 days a week. Helps to give patients greater access to services that have traditionally been only provided through limited clinic encounters.
6	A lifetime of care	<ul style="list-style-type: none"> As the younger generation are enrolled with the solution as part of their early encounters with NAME OF YOUR TRUST it means the record will be there for any future episodes. If the Trust chooses to expand the use of My Medical Record to other areas then a cohort of patients will already be registered. Allows the trust to facilitate care provision on an ongoing basis for patients with long term conditions.
7	A single location for multiple specialties	<ul style="list-style-type: none"> My Medical Record will allow better management of complex patients who are being seen by multiple specialties – their interactions with individual services can be seen by other care providers and interactions considered.
8	Capacity	<ul style="list-style-type: none"> The solution allows increase of capacity by enabling staff to do more in same amount of time. This is achieved by transforming service delivery and outdated care models. In particular the need for a physical visit to the Trust for an outpatient appointment is highlighted the area where capacity can be transformed. Clinical staff want to become more efficient. They are interested in delivering high quality care and working in organisations where the supporting systems and processes are modern and effective. My Medical Record has the potential to differentiate NAME OF YOUR TRUST as an employer of choice as it provides substantial benefit to clinical users. Enables staff to be more productive – for example an experienced Cancer Nurse specialist can review 20+ patients via the IT in an hour whilst a traditional Outpatient clinic would see on average about 6 patients per hour
9	Finance	<ul style="list-style-type: none"> My Medical Record contributes to financial efficiency in several ways. It makes better use of services and specialist staff. It improves how care is provided. It provides an opportunity for cash savings and income generation

No	Themes from Trust strategy	How My Medical Record supports this theme
10	Staffing	<ul style="list-style-type: none">The full implementation of My Medical Record at NAME OF YOUR TRUST will make better use of the highly specialised staff employed by the Trust allowing them to work more efficiently and effectively with their patients. Specialised NAME OF YOUR TRUST staff will be released to spend more time in more appropriate ways without reducing the quality of the service provided to patients.

2.5 Local cancer strategy

Here are some notes about cancer in Southampton area. You can check out your local public health services to see what is relevant for your area.

Southampton City Council Public Health Report 2014 identifies Health inequalities as one of seven key themes for its health improvement programme.

Cancer mortality rates in Southampton are higher than the rest of the south east of England peer group and England. In 2013, 28.8% of major causes of death in Southampton was attributed to cancer.

Southampton public health Joint Strategic needs assessment identifies nine themes – theme five is living with Long Terms conditions and maximising the quality of life.

“There is a need to extend person centred care to better support people with Long terms conditions and proactively manage diseases including cancer to improve health, wellbeing and quality of life”

Themes from Southampton Public Health Outcomes framework

Theme 4 – Taking responsibility for health	<p>The solution promotes patient and staff collaboration and facilitates “collaborative co production”.</p> <p>Collaborative co-production requires users to be experts in their own circumstances and capable of making decisions while professionals must move from being fixers to facilitators. To be truly transformative, co-production requires a relocation of power toward service users. This necessitates new relationships with front-line professionals who need training to be empowered to take on these new roles. MyMR provides a tool to help UHS achieve this transformational change in working style.</p>
Theme 5 – Living with Long Terms conditions and maximising the quality of life	<p>MyMR allows patients to take more responsibility for their own care. It empowers them by giving them access to relevant information but also allowing them to monitor and record key indicators of their own health.</p> <p>The solution can connect with all range of personal health monitor devices to allow the patient to develop a rich picture of their personal healthcare over time.</p>

2.6 Local IM&T Strategy

In this section you can put some key themes from your local IM&T Strategy and how this solution supports and links in with it.

3 Economic Case

3.1 Introduction

The economic case looks at the options for the requirement and evaluates them in detail in order to make a recommendation. This section then goes on to describe in detail the expected benefits from the recommended option.

3.2 Option 1 - Do nothing

This option is to “do nothing” and not implement a patient online portal

3.2.1 Pros of option 1

- No investment required
- No additional work required within the Trust to make any changes

3.2.2 Cons of Option 1

- Benefits identified from this case cannot be delivered
- Limited progress on key requirements for the national IM&T strategy as highlighted in the strategic case
- Limited progress on national cancer strategy and not in the key areas highlighted in the strategic case
- Some of the Trust’s strategic aims not supported
- Limited ability to deliver improvements for cancer patients at NAME OF YOUR TRUST

3.3 Option 2 – Implement My Medical Record

This option is to undertake a planned development of *My Medical Record*.

3.3.1 Pros of Option 2

- Solution is already available
- Solution proven in other Trusts
- Transformational opportunity for the trust
- Potential benefits as outlined in this case
- Can be piloted in x area
- Minimal investment for the Trust in a strategic IM&T solution
- Minimal workload for IM&T in implementation
- Relatively rapid implementation and deployment possible
- Does not tie the trust into the solution long term as largely revenue based model

3.3.2 Cons of Option 2

- Requires commitment from the organisation to customise the solution for NAME OF YOUR TRUST
- Requires governance including a steering group with a clinical chair to oversee the implementation
- Investment required

3.4 Option 3 – Implement a patient portal solution tethered to the Trust EPR solution

This option is to undertake a procurement of an alternative patient portal solution or develop Trust EPR solution to deliver the required functionality.

3.4.1 Pros of Option 3

- Transformational opportunity for the trust
- Clear managed plan of development with measurable outcomes
- Potential benefits as outlined in this case

3.4.2 Cons of Option 3

- Requires the team to identify a specification of requirements and a procurement process which will take time
- Time taken to implement and configure the solution
- More commitment required due to investment and resources required
- Lack of future flexibility as tied into the solution for other applications
- May limit future clinical developments as tied into Trust not a national solution
- Restricts the patient to using the solution for Trust services only
- Likely to be more expensive than option 2

3.5 Economic appraisal of the three options

The economic appraisal covers the critical success factors (CSFs) that have been identified for this project:

1. Strategic fit – the ability of the solution to contribute to the strategic aim of the organisation
2. Timescales for delivery – the ability of the solution to be deployed in a reasonable timescales
3. Functionality – the ability to deliver the outlined benefits and the usability of the solution
4. Information sharing – the ability of the solution to support information sharing across multiple providers and enable better care
5. Ongoing development and support - the potential for future development
6. Security – ensuring that patient data is secure
7. Affordability – the level of investment required, the VFM and the ability of the solution to provide a ROI

The scoring applied is

Green=1 (meets the CSF)

Amber=0.5 (partially meets the CSF)

Red = 0 (does not meet the CSF)

Critical Success Factor No	CSF Description	Option 1 – do nothing	Option 2 – implement My Medical Record	Option 3 – assumptions made based on procurement of an alternative patient portal solution
CSF1	Strategic fit	0	1	1
CSF2	Timescales for delivery	N/A	1	0.5 (have assumed a longer timeframe for this option)
CSF3	Functionality	0	1	1
CSF4	Information sharing	0	1	0.5 (as the solution is often tethered to the Trust EPR or not an open design - less flexibility in information sharing is assumed)
CSF5	Potential for future development	0	1	0.5 (limited to local Trust development and reliant on supplier)
CSF6	Security	N/A	1	1
CSF7	Affordable	0	1	0.5 (likely to be more expensive)
	Total	0	7	5

3.6 Recommendation

The recommended option is Option 2 which is to implement **My Medical Record**.

3.7 Benefit Analysis

3.7.1 Cash releasing benefits

All of these benefits will depend on your trust

The following table shows a summary of the cash releasing benefits that have been identified as achievable from the expansion of the **My Medical Record** solution:

No	Benefit detail	£ - total - over five years
1	IT systems – systems that can be decommissioned through the use of My Medical Record. The savings on their maintenance costs have been estimated.	insert estimate from the financial analysis spreadsheet
2	<p>Clinical services – readmission fines. There is evidence to show that early intervention preventing admissions and re-admissions. Summarised as “Access to expert help keeps patients out of A&E”. This has been demonstrated through a review of A&E admission rates of patients when specialist nurses were monitoring patients and responding to enquires against when specialist nurses are on leave when A&E rates and re-admissions increased.</p> <p>Using My Medical Record it is easier for Nurses to provide support to a wider number of patients. It is presented that there is potential to reduce re-admissions if once the patient was discharged they were put on My Medical Record with supporting information for themselves and their community health and social care support.</p> <p>It is proposed by better use of My Medical Record then patients could be discharged with better care packages and could be more closely monitored by specialist nurses which potentially would reduce the number of emergency re-admissions.</p>	insert estimate from the financial analysis spreadsheet
3	Reduction in paper and postage costs – The solution enables more electronic communications with patients and the opportunity to make savings on paper based letters and the associated postage costs. Assumes the patient uses My Medical Record to sign up to paper free communications. Calculations based on an estimate of two letters per appointment.	insert estimate from the financial analysis spreadsheet

3.7.2 Non-cash releasing benefits

3.7.2.1 Income generation from clinical trials

Enrolling patients in clinical trials can provide an additional income source for the Trust. Enrolment has often been challenging but **My Medical Record** provides an electronic and timelier and automated process for enrolment which means the Trust is likely to be able to engage with a much larger cohort of patients. This potential income is listed as a non-cash releasing benefit as budget line will not be saved (and we cannot guarantee the income will be received)

No	Benefit detail	£ - total - over five years
1	Income from clinical trials - this is calculated based on number of patients registered	insert estimate from the financial analysis spreadsheet
2	Clinical staff recording phone calls for services provided and not currently paid for - estimate would need to be based on presumed tariff for this. (Example rate - £18 for nurse and £49 for doctor)	insert estimate from the financial analysis spreadsheet

3.7.2.2 Non cash releasing benefits

Non-cash releasing benefits have been quantified using a financial metric to identify their potential magnitude. The trust is not likely to make budget line reductions from these benefits:

No	Type of non-cash releasing benefit	Detailed Non cash savings	£ - total - over five years
1	Saving nursing time - cancer services	Saving in nursing time from phone calls v online messaging. Cancer specialist nurses spend a considerable time responding to telephone calls from patients. This saving is based on time that will be spent using the messaging facility in MY Medical Record instead of telephone calls.	insert estimate from the financial analysis spreadsheet
2	Increase capacity within services by providing virtual follow up for cancer	An experienced Cancer Nurse specialist can review 20+ patients via the IT in an hour whilst a traditional Outpatient clinic would see on average about 6 patients per hour. We have assumed follow up reviews can be done through MMR with a band 7 nurse. Assume physical follow ups are reduced and time is saved (to be re-used in providing care in other ways)	insert estimate from the financial analysis spreadsheet
3	Increased capacity through Physical appointments not taking place - replaced by Virtual services	Reducing the internal cost for the Trust of a physical outpatient appointment - Estimated cost is made up of admin to book appointment, car parking maintenance, space in clinic, support services time, clinical support i.e. reception and nurses, consultants time. Estimated saving is based on % number of appointments not held physically based on number of users of MyMR (so we have not assumed that all patients will not have a physical outpatient appointment)	insert estimate from the financial analysis spreadsheet
4	Reduction in need for administration support	As utilisation of the MMR grows the requirement for admin and support in the patient booking services will reduce. These staff will move into the expansion of the MMR Service	insert estimate from the financial analysis spreadsheet

No	Type of non-cash releasing benefit	Detailed Non cash savings	£ - total - over five years
5	Bed days saved	Estimated saving in bed days where non elective bed day is < 1 day. If we can prevent a small % of these admissions through use of MyMR to better manage and support patients with LTC then savings could be made. The calculation of savings is based on estimated number of admissions that could be prevented.	insert estimate from the financial analysis spreadsheet

3.7.3 Quality benefits

This section outlines the quality benefits related to this case. We have not quantified these in numerical terms.

No	Quality Benefit
1	Possible prevention of un-necessary follow-up appointments as greater patient collaboration could mean discharge agreed earlier with surveillance via MyMR. At this stage this is anecdotal based on user experience. We do not expect to see any evidence of this for at least another 2-3 years for long term care since it takes some time for new to follow up ratios to change.
2	Provision of condition-specific patient information leaflets/links/videos ensuring that advice is regularly updated.
3	Share information between patient and clinician may result in reduction in complaints – better understanding of information and ability to clarify. Increasing patient empowerment.
4	The ability to share data across multiple providers (GP, other hospitals, social services etc.)
5	The potential to reduce re-admissions if once the patient was discharged they were put on MY MEDICAL RECORD with supporting information for themselves and their community health and social care support.
6	Reduction in risk of patients being missed.
7	Increases the perceived availability of the trusts clinical services to the patient. Enables communications to take place outside the constraint of clinic hours.
8	Actively promotes self-care by the patient which will over time impact on the capacity of the Trust staff and allow them to spend more time with patients who have greater need of their care.
9	Potential to deliver virtual pre-operative assessments and other types of appointments – reducing patient physical visits to Trust and better quality service for targeted groups of patients as more customer focused around their needs e.g. working full time
10	Potential to provide a different kind of service for patients with long term conditions promoting a greater degree of self-care and collaboration between the Trust and other healthcare providers.

4 Financial Case

This section explains the financial investment that is required and identifies the costs for the solution. This section also summarises the financial benefits of the recommended option and shows these in an overall financial summary which identifies the return on investment.

4.1 Estimate on activity and utilisation of the system

This section explains the figures that have been used to estimate the utilisation of the solution. These estimates impact on the cost because the licencing is per user (patient) and the savings because the greater the utilisation of the solution the higher the potential savings.

4.1.1 Baseline data used

This table shows the baseline data we have used for this case. This is a summary of the Trust's outpatient activity for **xxxxx to xxxxx (years)**

Insert a copy of the activity workshop from the spreadsheet – here is an example

Cancer Care	First	Follow up
	5000	35000
All non-cancer services	First	FU
Women and Newborn	20000	20000
Trauma and Orthopaedics	10000	20000
Child Health	10000	25000
Emergency and Specialist Medicine	25000	10000
Surgery	15000	30000
TOTAL	80000	105000

4.1.2 Predicted number of users

This table shows how we have predicted the number of patients that will use the system

The costs for the solution are based on number of users / utilisation so these predictions impact on the ROI

Insert a copy of the “number of users predicted” worksheet from the spreadsheet

4.2 Estimated costs

This section explains the costs associated with the implementation and ongoing support of the system:

4.2.1 Capital costs

This table explains the capital costs required for this case:

Insert a copy of the capital cost workshop from the spreadsheet

4.2.2 Implementation costs

This table explains the one off implementation costs for this case:

Insert a copy of the implementation costs from the spreadsheet

4.2.3 Revenue costs

This table explains the ongoing revenue costs associated with the solution:

Insert a copy of the revenue costs worksheet from the spreadsheet

4.3 Financial evaluation summary

This table explains the overall financial evaluation of the solution.

Insert a copy of the financial evaluation workshop from the spreadsheet

5 Commercial Case

The Commercial Case considers the approach to procurement.

UHSFT provide a service level agreement with the solution.

You need to describe here how you will purchase the solution in accordance with your Trusts purchasing arrangements. If you need any further information from UHSFT to support your purchasing approach please contact Kevin.hamer@uhs.nhs.uk

6 Management Case

The Management Case describes how the project will be delivered by the Trust.

6.1 Project Governance

This is the proposed project governance for delivering the project. You may have a standard IM&T governance approach which should go in here. This is our suggested governance approach.

6.1.1 Steering group

In order to ensure that this case is delivered there is a need for a MY MEDICAL RECORD steering group to bring all the key stakeholders together to ensure that all aspects of the case are delivered. This is essential if the benefits outlined in the case are to be achieved.

The MY MEDICAL RECORD Steering Group should include membership from the following areas:

- Clinical stakeholders and champions
- Transformation and change management support
- Contracting / Commissioning
- Patient representative(s)
- External stakeholders e.g. CCG
- IM&T
- UHS Programme Manager for My Medical Record

6.2 Project management

The project will be managed using PRINCE project management principles.

The project manager will be the name of your local project manager

USHFT provide support and programme management and their programme manager Kevin Hamer will work with you.

6.3 Implementation plan

The implementation plan will be developed by name of the person in your organisation who would do this

The implementation plan will need to include the following key tasks and responsibilities

6.3.1 UHS responsibilities

In providing the MyMR solution – UHS commit to undertake the following tasks as part of the start-up fee:

Item	Resource	Effort	Notes
Overall management of implementation, dealing with various contacts at remote hospital	Programme/project mgmt.	4-6 days	4 days per hospital, 6 days if multiple tumour sites
Integrating remote hospital TIE and processing lab results	Integration analyst	3-4 days	3 days per site, 4 if multiple tumour sites. This is dependent on the configuration of your TIE
Configuring patient and clinical UI as required	Product specialist	3 days	
Training clinical teams	Programme/project mgmt. & clinical resource	1-2 days	Dependent on how many tumour groups and staff numbers
Early life support and ongoing operational support	Product specialist	As needed	

6.3.2 NAME OF YOUR TRUST responsibilities

These estimates are based on quite a few assumptions and would need to be edited for your circumstances at your trust.

If you have outsourced or shared services for your IT then in our experience – the system can take a bit longer to configure due to the number of contacts that need to be involved and potentially contract changes.

Item	Resource	Effort	Notes
Overall lead of project including business case approval	Programme/project mgmt.	Est 10 days	Clinical background ideal but needs to be someone other than lead consultant. Overall effort dependent on how big the implementation is.
Clinical sign off of implementation and protocols	Lead consultant(s)	2-4 days	
Agreement of IG details, SLA and data sharing	Information Governance	5 days	This can take longer
Provide content for patient UI and agree config	project mgmt. / clinical staff	2-4 days	
Integrating remote hospital TIE and processing lab results	Integration analyst	5-10 days	Could be third party - depends on integration on setup at remote hospital
IT training	CNS & support workers	1-2 days	

From experience UHS recommend you include a clinical support worker within your implementation team to provide direct support to the patient using MyMR. Ideally someone with a nursing back ground (e.g. HCSW).

6.4 The two key challenges in embedding this technology

Key challenges have been identified that need to be addressed to embed this technology and realise its full potential:

6.4.1 Clinical service engagement

The first challenge is around service engagement and transformation of their practices. It is fairly easy to engage clinical staff in this type of technology. They can all see the benefit for their services, their own resources and their patients. What is more difficult is getting the staff to provide the information to set up their sites and helping them to change their working practices to use this type of technology. This needs some targeted resources from **which team you are going to use to do this – we used service improvement / transformation** to be the clinical change facilitators.

It is expected this will be provided from within existing resources and therefore no additional costs have been identified in the financial model.

6.4.2 Patient engagement

The second challenge is engagement with patients. The Trust will only really realise the potential benefit of this technology if some economies of scale are realised. Once there is a large number of patients registered on the system and it starts to become part of the standard way that cancer services are provided.

This is a bit of a “chicken and egg” scenario as without the patients the services cannot be offered but once the patients are signed up we raise their expectations that all clinical services will have a Patient online service offering.

This situation needs careful and proactive management. A campaign to increase patient sign up is proposed perhaps with a number of engagement events. Targeting cancer sub specialties with focused patient workshops is recommended.

The lead for this area will be **name of the person in your organisation who will lead on this area**.

6.5 Risk Management

This section outlines the risks associated with this project and the proposed mitigation and management plan for addressing them.

No	Risk	Impact	Probability	Mitigation / Management plan
1	Lack of engagement from clinical services	H	H	<p>This is a possible risk since we have already seen that the clinical services lack the impetus to create the content required for the web site.</p> <p>The proposed mitigation action is to have a dedicated transformation lead for 1 year to work with the clinical</p>

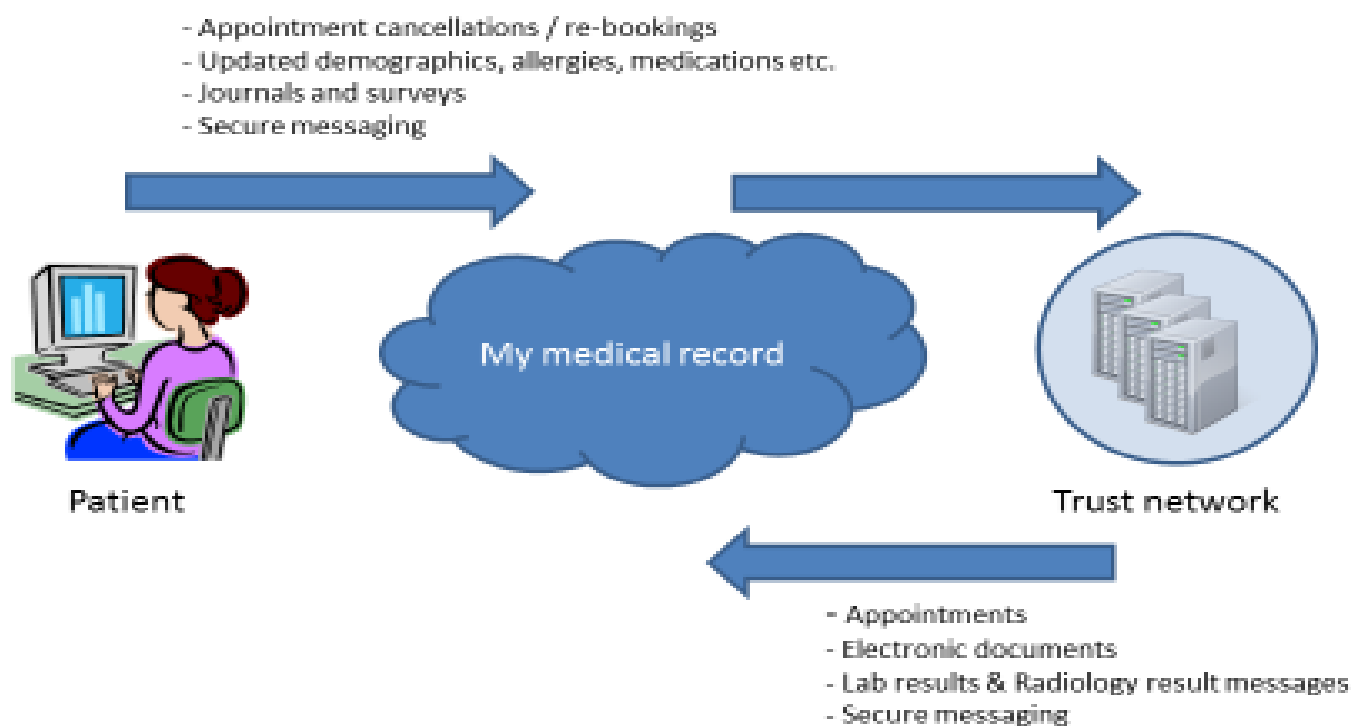
No	Risk	Impact	Probability	Mitigation / Management plan
				services and address this risk
2	Lack of engagement from patients	H	H	The proposed mitigation for this risk is a lead for patient engagement for year 1 with a targeted programme of work coupled with more resources for the IM&T team to help with registration and patient support.
3	Patients unable to cope with the registration process	M	L	By implementing the patient engagement approach outlined in section 6.3 this risk should be reduced. This risk will need to be monitored through the governance arrangements proposed.
4	Failure to realise benefits	H	M	Benefits from new technology are difficult to achieve in healthcare. The proposed governance arrangements should address this and receive regular updates on benefits. Where there are issues in benefit realisation this group should be tasked with taking additional action to address.

7 Appendix A – Data flows for My Medical Record



University Hospital Southampton **NHS**
NHS Foundation Trust

The transactional record



UHSFT My medical record

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8 Appendix B – Technical Infrastructure



My medical record

University Hospital Southampton **NHS**
NHS Foundation Trust

Integrating other sites

