Electronic Advance and Future Care Plans Steering Group

9th March 2022

NHS Wales

Agenda

The agenda for this session is:

- Project update – 5 mins
  - Validation of the as-is
  - Key Points from engagement
- OBC overview – 20 mins
- Strategic Case (attached document) – 10 mins
- Economic Case (options and evaluation) – 30 mins
- Commercial, Financial and Management cases key points – 20 mins
- Next Steps – 5 mins

Desired outcomes from this session

- Validate the OBC narrative
- Review options
- Agree evaluation criteria and weightings
- Agree process for option scoring

Next Steps for this Group

- Feedback on draft strategic case by 18th March
- Scoring of options against evaluation criteria
- Benefits review
- Governance arrangements
- Funding model
- Next meeting date 23rd March

Channel 3
CONSULTING

AFCP programme update

Headlines

- Week 9 of 12
- Interviews and workshops with a wide range of stakeholders (circa 40 individuals including EOLB and AFCP group) now largely complete
- OBC narrative and options have been informed by these sessions as well as dedicated architectural review
- Draft Strategic Case prepared

Channel 3®
CONSULTING

What we've heard

As-Is

- Convergence around national forms and structure
- Different approaches for different health boards – lots of reusable best practice with small-scale pilots
- Mixed environment of paper and digital solutions
- Duplication of care plans for an individual across multiple organisations
- Welsh Clinical Portal (WCP) can be used to flag if an individual has a care plan but is not currently universally adopted

Challenges

- Patient safety and quality
- Citizen centric design – clarifying medical terminology, avoiding a "tick-box" process, supporting conversation, disclaimers
- Supporting care professionals in having the discussions & educational wrap
- Digital exclusivity
- Interoperability and access controls

Channel 3
CONSULTING

What we've heard

To-Be

- All-Wales approach
- Strategic any-to-any interoperability layer to allow access by all organisations
- Patient ownership of record and patient-facing digital solution
- Support for health and care professionals in having ACP discussions with patients
- Population health approaches to encourage uptake
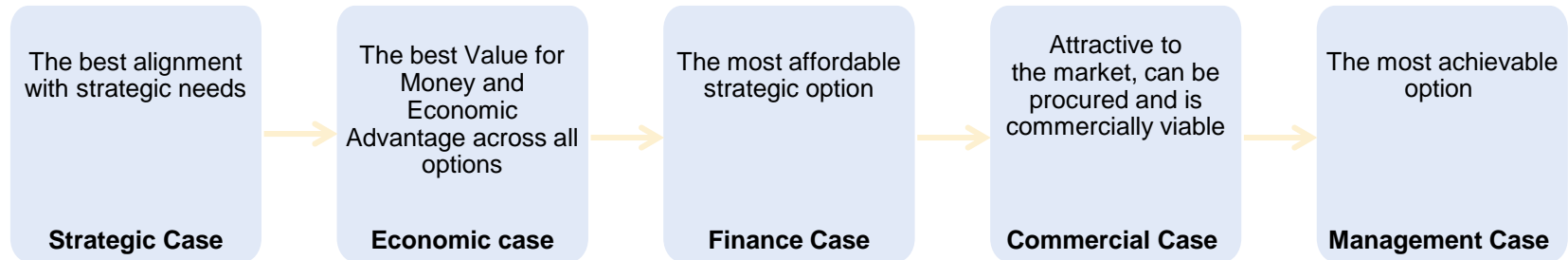
Principles

- Individual at the centre of care planning, individually owned and led
- Ability for care professionals to access data from a central location on demand
- Interoperable and open-standards basis
- Leveraging existing platforms (e.g. WCP, NDR, DSPP, Vision)
- Patient identifiers - NHS Number and PDS

OBC Outline

Scope of the OBC

The OBC will help secure the required formal approvals
and funding to progress with the sourcing and implementation
of a viable solution. It will be structured around five
cases, identifying a preferred option that demonstrates:

The best alignment with strategic needs	The best Value for Money and Economic Advantage across all options	The most affordable strategic option	Attractive to the market, can be procured and is commercially viable	The most achievable option
Strategic Case	**Economic case**	**Finance Case**	**Commercial Case**	**Management Case**

Channel 3®
CONSULTING

Summary narrative of the OBC

Strategic

A single integrated digital AFCP solution would address significant current challenges

- Improved access and alerting for care professionals & patients
- Reduces duplicate records – clinical risk & time saving
- Analytics to identify candidates and monitor outcomes

The AFCP solution needs to integrate with the existing NHS Wales Architecture, with the following major variables

- Patient Access
- Data storage
- Service Access (including ability to access cross-borders)

Economic

There are three main options for consideration

1. Build in-house
2. "Best of Breed" solution
3. Single vendor solution

Option selection will consider

- Strategic alignment
- Deliverability
- Accessibility
- Benefits and experience:
  - Care professional
  - Individual & family/ carers
  - care system
- Full Lifecycle costs
- Vendor market

Financial

Significant funding will be required from NHS Wales for

- Solution costs and integration with WCP and front end systems
- Staff engagement and process change to embed usage across health and care
- Public engagement
- Ongoing support costs

There are qualitative benefits:

- Encourages greater uptake
- Reduction in unwanted ambulance/ hospital trips
- Care professional time saving

But also significant qualitative benefits around patient experience and quality improvement

Commercial

There is a competitive market of suppliers able to provide the services as either

- Single supplier or
- Consortium bid

Not all potential vendors are on a single framework, therefore would need to consider open procurement

Management

Implementation will invovle extensive engagement and training and will need to consider the process redesign and service wrap as well as the technical integration.

Based on learning from other programmes it is recommended that implementation is incremental in line with Healthier Wales starting with a pilot regions

Channel 3®
CONSULTING

Strategic Case

Case for change

Citizens
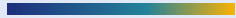
- ✓ Greater confidence their wishes known & followed
- ✓ Ability to review in their own time
- ✓ Ability to share with friends and family

Health & care staff

- ✓ Easier to identify if a patient has a AFCP and access details
- ✓ Time saving as record available via end-user systems
- ✓ Consistent process & support

Provider organisations

- ✓ Reduced clinical risk through version control
- ✓ Audit & outcome monitoring
- ✓ Integration across organisation

NHS Wales & Health Boards

- ✓ Standardised, all-Wales solution
- ✓ Audit & outcome monitoring
- ✓ Enables cross-border integration

GIG CYMRU NHS WALES

Economic Case
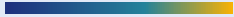
What good looks like

Strategic Alignment

- Healthier Wales policy aims
- EOL Care PW/ Policies
- Leveraging existing platforms
- Cross-border integration

Deliverability

- Speed to delivery
- Complexity of implementation
- Risk

Accessibility

- For Citizens at all life stages, and their care network
- For Care Professionals via their primary front end systems
- Resilience/ Backup/ Availability
- Role based access controls

Benefits and Experience

Individuals & their care network
- Person Centric Design (form design and language)
- Ability to share with friends/ family/ those involved in care

Care Professionals
- Summary information for different uses
- Support and education programme

Organisations & Health Boards
- Analytics support

Full Lifecycle costs

- Affordability of implementation and BAU costs
- Time to benefits
- Ownership of data and assets, vendor neutrality

Vendor Market

- Competitive market of suppliers able to provide services

Channel 3
CONSULTING

Solution Requirements

An individual who has or wants a care plan (citizen)

Optimisation and continuous improvement

An analyst (planning, evaluating or monitoring care)

DHCW Analytics and Population Health	National Data Resource (NDR)	Citizen access	DSPP Solutions

Solution(s) to be procured

Interoperability outside of Wales (TBC)

Audit and Safety
Information Governance
Security / cyber-security
Data Subject Rights

Welsh Clinical Portal (WCP)

Care Professional Access

Care Professionals not in Wales (involved in care of the individual)

alternative direct access

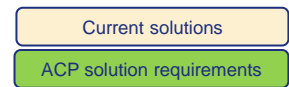Care Professionals (involved in care of the individual)

Scope of transformation

Governance

Communications & engagement

Preparation (co-design, acquire, configure)

Transformation & Benefits realisation

Assurance

Current solutions
ACP solution requirements

13

Options summary

To Be Discussed

Option A (**Single Supplier**): single supplier solution providing patient and care professional

Option B (**Multi Supplier**): multi-vendor solution integrated via Welsh Health and Care infrastructure

Option C (**In House**): In house development and maintenance of a solution by DHCW

Option D (**Transformation partner**): Combined transformation and technology partner model

Option E (**Welsh Care Planning**): wider scope solution addressing multiple care planning needs

Option F (**English Transplant**): a solution already implemented in England re-used by NHS Wales using the same infrastructure

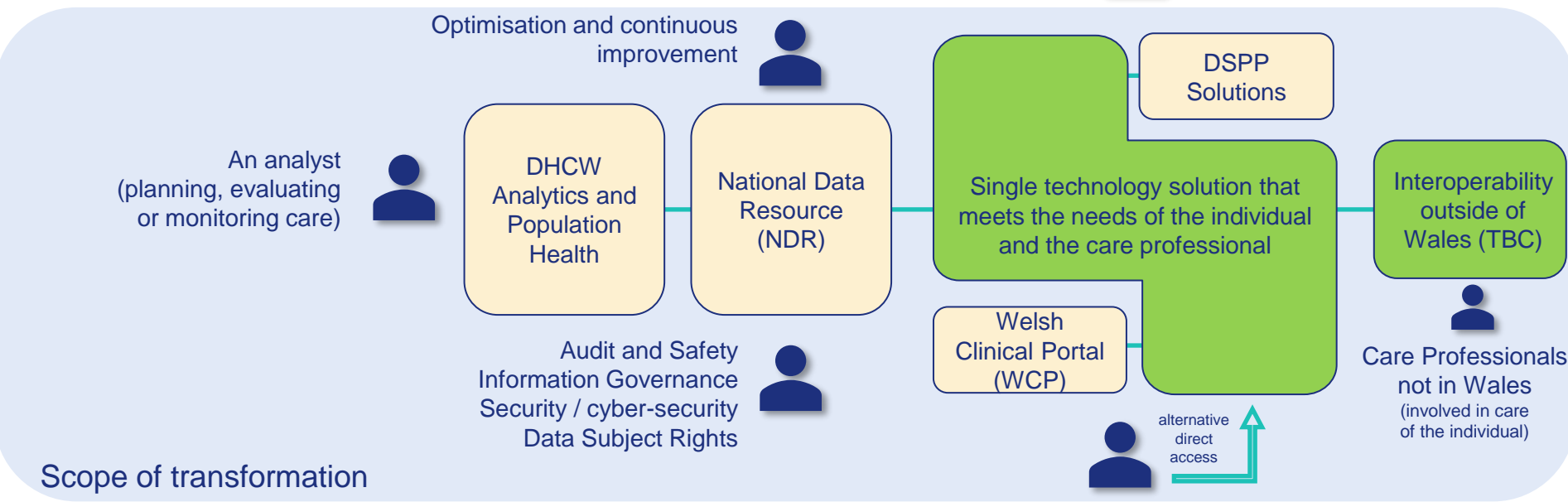Options E and F were discounted as there is:

- no pan-Wales programme being initiated that could accommodate AFCP (and other care plans) within its scope

- NHS England does not have a national solution for AFCPs already in place

There is no "Do Nothing" option that would provide the required services, in this case "Do Nothing" would be a continuation of current disparate paper-based solutions.

Note that Option A could include a single supplier who is sub-contracting aspects of their solution to other suppliers but the integration and operational risk between the component parts remains with the supplier.

Channel 3
CONSULTING

14

A: Single Supplier Model

An individual who has or wants a care plan (citizen)

Optimisation and continuous improvement

An analyst (planning, evaluating or monitoring care)

DHCW Analytics and Population Health

National Data Resource (NDR)

Single technology solution that meets the needs of the individual and the care professional

DSPP Solutions

Interoperability outside of Wales (TBC)

Audit and Safety
Information Governance
Security / cyber-security
Data Subject Rights

Welsh Clinical Portal (WCP)

alternative direct access

Care Professionals not in Wales (involved in care of the individual)
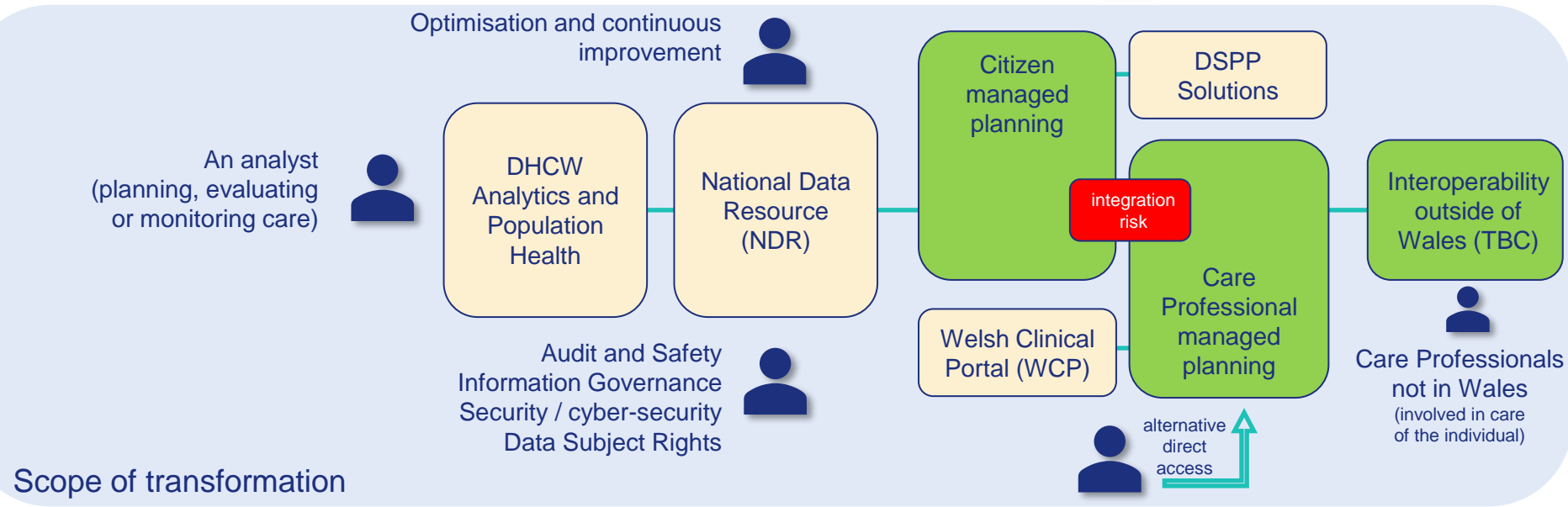
Care Professionals (involved in care of the individual)

Scope of transformation

Governance

Communications & engagement

Preparation (co-design, acquire, configure)

Transformation & Benefits realisation

Assurance

Channel 3 CONSULTING

15

B: Multi-supplier model

An individual who has or wants a care plan (citizen)

Optimisation and continuous improvement

An analyst (planning, evaluating or monitoring care)

DHCW Analytics and Population Health

National Data Resource (NDR)

Citizen managed planning

DSPP Solutions

integration risk

Interoperability outside of Wales (TBC)

Audit and Safety Information Governance Security / cyber-security Data Subject Rights

Welsh Clinical Portal (WCP)

Care Professional managed planning

Care Professionals not in Wales (involved in care of the individual)

alternative direct access

Scope of transformation

Care Professionals (involved in care of the individual)

Governance

Communications & engagement

Preparation (co-design, acquire, configure)

Transformation & Benefits realisation

Assurance

Channel 3 CONSULTING

16

C: In House Development

An individual who has or wants a care plan (citizen)

Optimisation and continuous improvement

An analyst (planning, evaluating or monitoring care)

DHCW Analytics and Population Health

National Data Resource (NDR)

DHCW in house development

DSPP Solutions

Welsh Clinical Portal (WCP)

Interoperability outside of Wales (TBC)

Care Professionals not in Wales (involved in care of the individual)

Audit and Safety
Information Governance
Security / cyber-security
Data Subject Rights

alternative direct access

Care Professionals (involved in care of the individual)

Scope of transformation

Governance

Communications & engagement

Preparation (co-design, acquire, configure)

Transformation & Benefits realisation

Assurance

Channel 3 CONSULTING

D: Combined transformation and technology partner model

An individual who has or wants a care plan (citizen)

Optimisation and continuous improvement

An analyst (planning, evaluating or monitoring care)

DHCW Analytics and Population Health

National Data Resource (NDR)

DSPP Solutions

Single technology solution that meets the needs of the individual and the care professional

Interoperability outside of Wales (TBC)

Audit and Safety
Information Governance
Security / cyber-security
Data Subject Rights

Welsh Clinical Portal (WCP)

Care Professionals not in Wales (involved in care of the individual)

alternative direct access

Care Professionals (involved in care of the individual)

Scope of transformation

Governance

Communications & engagement

Preparation (co-design, acquire, configure)

Transformation & Benefits realisation

Assurance

Channel 3 CONSULTING

Options Appraisal Process

We are seeking input from this group on the options appraisal process, including:

- Approval of the scoring criteria
- Agreement on the weighting of the criteria
- Who will be scoring the options and how this will be moderated:
  - Option 1: Core stakeholder group score and moderate
  - Option 2: Larger stakeholder group score, core group moderate
  - Option 3: Initial scoring by Channel 3, core group moderate

Criteria

Strategic Alignment	Deliverability	Accessibility	Benefits and Experience	Full Lifecycle costs	Vendor Market
Medium	Medium	Medium	Medium	Medium	Medium

Weighting

Commercial and Management Case
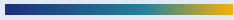
Outcomes from Market Engagement

Supplier Market Assessment

Option 1: Single Vendor

Contract scope: Full integrated solution including delivery support

Potential vendors: Yes, 2 identified

Option 2: Best of Breed

Contract scope: Patient facing solution & eForm

Potential vendors: Yes, 2 identified

Contract scope: Integration of AFCP data into NHS Wales systems

Potential vendors: Yes, multiple vendors capable

Contract scope: Delivery partner(s) if required for technical and/ or delivery support

Potential vendors: Yes, multiple vendors capable

Option 3: Build In-House

Contract scope: Delivery partner(s) if required for technical and/ or delivery support

Potential vendors: Yes, multiple vendors capable

Key Findings

- Single vendor market is reasonably small – main vendors are shared record providers, two vendors currently have partnership with specialist AFCP partner to provide delivery support & eForm template and design knowledge.

- For the Best of Breed option the Patient facing solutions the two vendors identified have differing levels of capability – one would be able to provide both the eForms and the delivery support, whereas the other is a software provider. Lotting of the services should be designed to ensure that there is the required capability across the full solution.

Channel 3
CONSULTING

Route to Market

<div style="background: #FCF0CB">To Be Discussed</div>

Route to market

- If multiple vendor option selected then will need to consider open procurement as some of the vendors providing online consumer products for end of life planning are not currently on NHS frameworks.

- If single vendor option selected then could procure via framework, would want to encourage both single supplier and consortium bids/

- If build in-house option selected will still need to consider if there is a requirement for delivery partner/ contracting resource to support internal teams

Timeframes

Will vary considerably depending on route to market selected, could be up to 12months if open procurement selected.

Channel 3 CONSULTING

Implementation Approach

Implementation Challenges

- Current processes and procedures vary by Health Board therefore the process change required will also need to be varied. Process design will need to consider the requirements of the particular area (e.g. remote vs urban will have different challenges).

- Different organisations have different levels of digital maturity e.g. care homes typically less used to sharing information through digital systems, therefore will have different need for engagement and training.

Recommended Approach

Build the technical solution as a central programme to ensure there is a single central repository that has a consistent integration approach with all front-end systems

Take a phased approach to implementation due to scale and complexity of the challenge.

Implement by region rather than by organisation type so that the benefits of data sharing are recognised earlier.

The exception to this is WAST as it operates across the whole of Wales. To maximise benefit WAST should be onboarded first, but will need to support dual running of the current processes until all regions have transitioned

Channel 3
CONSULTING

Governance Requirements

Central Programme

- Programme Governance
- Design Authority
- Delivery Oversight for:
  - Solution Build and Test
  - Supplier Management
  - Integration with NHS Wales systems (e.g. WCP)
  - Integration with third party systems (e.g. Adastra, Vision)
  - Cross border integration
  - Phasing of regional deployments
  - Data migration
- Central PMO and Benefits Management
- National communications strategy and public engagement
- Training strategy and materials

Health Board/ WAST

- Process redesign and change management
- Delivery Oversight for regional:
  - Implementation across provider organisations
  - Localised training plans
  - Data migration of current records to the new solution
- Local PMO and Benefits Management
- Local communications and patient engagement strategy
- Escalation point for Provider Organisations

Provider Organisation

- Process redesign and change management based on the organisations current practices
- Delivery Oversight for:
  - Cutover to new solution in that organisation
  - Staff uptake of training
- Reporting to the regional PMO and Programme team
- Discussions with individuals at the point their ACP is migrated to the Digital solution

Channel 3 CONSULTING

Next Steps

- Feedback on draft strategic case by 18th March

- Scoring of options against evaluation criteria by 18th March

Next Meeting 23rd March to cover:

- Benefits review

- Implementation cost review in next meeting

- Funding model

- Implementation approach and governance

Benefits Case - Qualitative

Benefit Area	Benefit Title	Details
Citizen experience	Increased probability that patients wishes will be followed	Reducing the risk of individuals undergoing unwanted medical interventions
		Improved experience as care preferences known to staff in all organisations
		Improved experience from allowing more people to die at home if they wish.
	Easier for patients to share ACP with the people they want informed of their care needs	Improved experience for individuals knowing that their wishes are available.
		Improved experience for friends/ family as they will have visibility of ACP and will be aware of updates made to it.
	Encourage more engagement/ frequent reviews of ACP	Patient ability to access/ edit outside of clinical setting may encourage more engagement of individuals with their ACPs
	Improved patient experience, and ability to engage more of the population through ability to support language requirements	Electronic solution could support translation of the ACP between Welsh and English allowing patients to enter information in their preferred language and have it understood by health and care staff
Quality of care	Clinical risk reduction	Version control should ensure that all organisations and people involved in care can access the same version of the care plan and it is kept up to date.
		Reduced clinical risk that a patient's wishes would not be followed.
		As a result there is also a reduced risk of litigation
	Support for clinical staff to have discussions with patients about ACPs	Increase in the number of patients who are offered AFCP discussions
Outcomes monitoring	Identification of which individuals would most benefit from being offered ACP discussions	More effective engagement and increase in the number of patients entering end of life who are offered AFCP discussions
	Data available for outcomes monitoring	Analytics outputs to provide insights for quality improvement

Benefits Case – Quantitative

Benefit Area	Benefit Title	Benefit Type	Details	Annual Benefit value conservative
Quality of care Health and care team experience	Sharing of care plans across organisations	Non Cashable	Reduction in printing, scanning fees	
	Easier and quicker for health and care teams to find and assess an individuals health and care plans	Non Cashable	Saving of clinical time spent identifying patients wishes when admitted	
			Saving of clinical/ care professional time associated with creating duplicate AFCPs for single patient	**Values to be reviewed**
Reduction in unwanted health interventions	Decrease in number of unwanted ambulance journeys for patients with wishes to remain at home	Non Cashable	Reduced cos of unwanted ambulance trips to A&E	
	Decrease in number of unwanted A&E visits for patients with wishes to remain at home.	Non Cashable	Reduced costs associated with unwanted A&E attendance	
	Clinical risk reduction	Non Cashable	Reduction in litigation fees	
Standard solution across Wales	Consolidation of the different programmes across Wales looking at ACP solutions	Cashable	Consolidated programme costs and sharing of learning across organisations	
		Non Cashable	Economies of scale in negotiations with suppliers	

Channel 3®
CONSULTING

Economic assessment of Options

	Single Supplier Solution	Best of Breed	In house development by DHCW
Estimate annual benefits value (moderate)			
Year benefits to be achieved from			
Estimated supplier cost (5 year)			
Estimated internal cost (5 year)		**Values need to be reviewed**	
Predicted NPV (5 year period)			

Channel 3 CONSULTING