

**WRITTEN QUESTION TO THE MINISTER FOR HEALTH AND SOCIAL SERVICES  
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QUESTION SUBMITTED ON MONDAY 4th NOVEMBER 2024  
ANSWER TO BE TABLED ON MONDAY 11th NOVEMBER 2024**

**Question**

“In relation to the Digital Care Strategy Major Project, will the Minister provide –

- (a) a list of the subordinate projects that constituted the Major Project as funded in 2023 and 2024, together with details of the project deliverables;
- (b) a breakdown of the expenditure by subordinate project and year; and
- (c) a breakdown of the proposed £2.3 million expenditure in 2025, including the expected project deliverables?”

**Answer**

(a) The table below shows the subordinate projects that constituted the Major Project as funded in 2023 and 2024, together with an explanation of the projects.

Component	Deliverable	Status
Core Record Platform (Electronic Patient Record System)	New Electronic Patient Record (EPR) – Hospital Acute EPR System Replacement of the legacy TrakCare EPR by the IMS Maxims EPR. The new EPR will increase dramatically the hospital Digital Maturity level. It also brings several clinical safety improvements and organisational efficiencies related to the below: <ul style="list-style-type: none"> <li>• A sustainable and continued improvement in the quality and safety of acute care within Jersey</li> <li>• Improvements in acute care patient outcomes</li> <li>• Reduction in unwarranted variation away from clinical pathways and protocols, with associated cost savings and improvements in care</li> </ul> This programme also aims to deliver new EPRs for Maternity, Intensive Care and Theatres, ambulance integration, a patient portal, and workflows that support clinical recording at the patient bedside.	Phase 1 & 2 Completed Phase 3 & 4 In progress Phase 5 to be commenced in 2025
Radiology Imaging and Reporting service (RIS & PACS)	Radiology Imaging and Reporting service (RIS & PACS) Replacement of legacy Radiology GE PACS system for a newer, fit-for purpose Philips PACS system that allows the Radiology department to continue operating.	Completed

GPOC – Pathology/Radiology	GP Order Comms – Pathology/Radiology General Practitioners (GPs) are now able to send electronic requests of pathology and radiology studies to the HCS laboratory and radiology department avoiding the reliance on post. GPs also have access to electronic results.	Completed
EPMA	Electronic Prescribing & Medications Administration (EPMA) Move from paper drug charts to electronic prescribing throughout all inpatient and outpatient departments. Relevant clinical safety improvements related to clinical decision support, medication interactions and allergies.	Completed
Scantrack (T-Doc)	Scantrack (T-Doc) Replacement of legacy solution Scantrack for T-Doc. This system allows for traceability of surgical instruments through the sterile supply workflow. It is part of the essential health & safety processes in the surgical department.	Completed
Retinal Screening	Retinal Screening Implementation of a solution that allows the management of screening of patients with diabetes. It ensures patients are being seen at the right intervals based on their personal medical history.	Completed
e-consent	eConsent Moving from paper consent forms to electronic consent, allowing for patients’ access to information relevant to their medical/surgical/nursing procedure promoting an informed decision.	2025
Vendor Neutral Archive (VNA)	VNA Creation of a Cloud imaging repository for Radiology studies to mitigate issues related to local storage of files. This marked the steppingstone for the creation of a central data repository that will allow for a single point of access for imageology studies.	Completed
ISCV - Cardiology Storage	ISCV storage Transfer of Cardiology studies from local storage to the VNA. This will minimize data storage issues and optimise access from clinicians to the required data.	2025
FIT Order Comms	FIT Order Comms Automate bowel screening workflow. It will bring department efficiencies by removing a lengthy manual process. Includes data quality validation and ensures that patients are being reviewed at appropriate intervals according to current evidence-based guidelines.	2025
Mental Health and Social Care Services	Electronic Care Record (ECR) The ECR will be a new Electronic Patient Record that will address current issues regarding the inoperability and inefficiencies of the current legacy Mental Health and Social Care Services ECR. The new ECR system will delivery numerous benefits, including:	Phase 1 – End 2025 Phase 2 - 2026

	<ul style="list-style-type: none"> <li>• Enhanced Patient and Client Safety</li> <li>• Reduced Administrative Burden</li> <li>• Improved Data Accuracy and Integration</li> <li>• Increased Service User Satisfaction</li> <li>• Improved Staff Satisfaction</li> </ul> <p>The objectives of this programme are:</p> <ul style="list-style-type: none"> <li>• Reduce the administrative burden on staff by streamlining processes to decrease time spent on non-patient/client related tasks by 20% at the end of Q4 2027</li> <li>• Enhance patient/client safety by implementing an integrated ECR system to achieve a 25% reduction in serious incidents, serious case reviews, and medicine incidents across Mental Health, Social Care, and Community Services by the end of Q1 2027</li> <li>• Enhance reportability, data accuracy, and integration by achieving 90% data accuracy and integration with key systems within 12 months of the new ECR system's operation</li> <li>• Improve patient engagement and satisfaction by utilising ECR functionalities that increase satisfaction scores by 25% by the end of Q1 2027</li> <li>• Improve staff satisfaction by 25% by providing effective tools and reducing workarounds by 40% by end of Q1 2027</li> </ul>	
Sexual Health EPR	<p>Sexual Health EPR</p> <p>The current system for managing patient appointments, laboratory test requesting and resulting, and general Sexual Health Clinic administration is based on a model established over 25 years ago and remains heavily paper based. It also makes the process of collating sexual health data (e.g. GUMCAD, SRHAD, HARS,) virtually impossible and as such has not been carried out for some years.</p> <p>The aim of the project is to deliver an Electronic Patient Record solution for the Sexual Health/GUM Clinic which will reduce errors, improve patient and staff experience, support the needs identified through the Digital Health &amp; Care strategy, specifically the capture of structured clinical data and the removal of the current paper-based processes.</p> <p>Sexual Health EPR will improve clinic staff access to patient data for speedy appointment booking and result look up, protect customer's confidential information, proactively supply accurate and up to date information, and enable staff to actively use technology to meet current and future customer needs, such SMS messaging and electronic Pathology test requesting. Such a system will also enable staff to collate appropriate sexual health data as required with greater ease.</p>	2025

Cervical Cancer Screening	<p>Cervical Cancer Screening</p> <p>Automate cervical screening workflow. It will bring a new screening system, and it will deliver on department efficiencies by removing a lengthy manual process. Includes data quality validation and ensures that patients are being reviewed at appropriate intervals according to current evidence-based guidelines.</p>	2025
Digital Health Wi-Fi	<p>WiFi refurbishment</p> <p>Critical improvement to the coverage of the current Health Care Services Wi-Fi Network Infrastructure, enabling the continued digitalisation of Jersey's healthcare landscape. As we look toward 2025, our strategic objectives are aligned with transforming healthcare delivery, enhancing patient outcomes, and ensuring the sustainability of our health system through advanced digital solutions.</p> <p>The WiFi refurbishment work will deliver on:</p> <ul style="list-style-type: none"> <li>• Enhanced Patient Care and Outcomes</li> <li>• Operational Efficiency</li> <li>• Integrations and Interoperability</li> <li>• Enabler of healthcare professionals' mobile workflow</li> </ul>	2025
Maternity	<p>Maternity EPR</p> <p>Specialised Maternity Electronic Patient Record that tailors for the specific needs of Maternity staff and users. It's an end-to-end Maternity Information System that is completely paperless, reducing the risk of human error and supporting your environmental targets. It provides maternity professionals with the key information they need to make more informed clinical decisions at the point of care. The main purpose is to improve standards of care for women and babies throughout pregnancy by providing maternity professionals with the information needed to make informed clinical decisions at the point of care and eliminating inefficient paper-based processes</p>	2025
Draeger Network	<p>Draeger Network</p> <p>Main requirement of the patient observations integration with the Jersey Neonatal Unit, Intensive Care Unit and Theatres EPR. This will allow for an automatic feed from different medical devices like the observation monitors, ventilators, anesthetic, dialysis and infusion pumps machines. Highly reduces transcribing errors and boosts healthcare staff efficiencies in the respective areas of practice.</p>	2025
Multitone – GPNet	<p>Multitone – GPNet</p> <p>This project is to ensure the hospital 999 Multitone paging services (Police CCTV and GP net) don't experience down time when the legacy JT fibre connect product is decommissioned. JT are moving services over to new solutions. This project is to ensure the solutions are fit for purpose and to ensure proper testing is undertaken before backend networks are changed over.</p>	On hold - JT
Pathology Analyser	<p>Pathology Analyser update</p>	2023

	Upgrade of the legacy server and supporting software to an up-to-date server and system. This upgrade mitigated the cybersecurity risk associated with the old infrastructure.	
EPR Staffing	Clinical and technical support team which is supporting the training, adoption, and use of the EPR system in clinical areas and has been invaluable in translating clinical needs into EPR processes to improve the user experience and patient outcomes.	
Project Delivery and Licence costs	Costs for implementing and managing the individual projects including costs for EPR software, IMS Maxims.	

b) Please see table below

Project	2023		2024 Oct YTD	
EPR	£	2,548,298	£	1,705,664
GP order comms	£	144,536	£	25,622
EPMA	£	80,895	£	39,807
Mental Health & Social Care Services	£	249,131	£	255,050
E prescribing		-	£	16,299
FIT Order Comm	£	202,439	£	25,400
Vendor Neutral Archive (VNA)	£	173,645	£	25,000
Sexual Health EPR		-	£	127,886
PACS Replacement	£	68,395	£	94,471
Cervical Cancer		-	£	4,186
Digital Health WIFI		-	£	78,850
E consent		-	£	42,287
Ophthalmology	£	102,625	£	72,541
Scantrack	£	131,003	-£	4,025
DH Staffing EPR Tracker		-	£	228,218
DH Maternity Project		-	£	5,286
ISCV - Cardiology Storage		-	£	58,689
Draeger Network Project		-	£	818
Multitone - Gpnet		-	£	3,076
Pathology Analyser	£	39,855		-
EPR Staffing		-	£	228,218
Project Delivery and Licence costs	£	991,990	£	104,128

c)

The question seems to include a typing error. The proposed expenditure for the Digital Care Strategy for 2025 is £2.003m (see below screenshot from the proposed Budget 2025-28).

## Information Technology

Information Technology							
Project		Spon	Supp	2025	2026	2027	2028
Total	£'000	Dept	Dept	Estimate	Estimate	Estimate	Estimate
10,261	Cyber Programme 2.0 (M)	TDS	TDS	2,514	3,608	3,403	-
13,000	IT Major Upgrade and Replacement	TDS	TDS	6,000	6,000	1,000	-
1,800	Digital Services Platform	TDS	TDS	600	600	-	-
18,308	Digital Care Strategy (M)	HCS	TDS	2,003	770	380	200
3,850	Digital Systems Improvements	HCS	TDS	800	730	1,520	800
1,200	General Hospital Wi-Fi	HCS	TDS	1,200	-	-	-
850	Next Passport Project	JHA	JHA	425	425	-	-
2,047	Combined Control Room	JHA	JHA	450	-	-	-
9,425	Revenue Transformation Programme (Phase 3) (M)	T&E	T&E	1,316	-	-	-
11,274	Revenue Transformation Programme (Phase 4) (M)	T&E	T&E	3,270	3,122	3,122	-
4,017	Court Digitisation	JG	JG	1,230	220	-	-
650	Replacement LC-MS System	OA	OA	-	650	-	-
763	Probation/Prison Offender Case Management System	PROB	PROB	425	110	110	-
974	Automatic Electoral Registration	SA	TDS	385	45	45	-
<b>78,419</b>	<b>Total Information Technology</b>			<b>20,618</b>	<b>16,280</b>	<b>9,580</b>	<b>1,000</b>

Table 29: Information Technology | (M) indicates a Major Project

The Programme has identified the following projects to be funded, however, on-going review and prioritisation is required based on clinical needs and the ageing digital health infrastructure. Current projects include:

**Patient Portal:** Online portal that patients and clinicians' access to view patient records & health care information with benefits to both, patients and clinicians.

**Pharmacy drug control:** electronic systems for improved controlled drugs management and buying-processes.

**Theatres Anaesthetic Record EPR:** management of the anaesthetic record and theatres medical devices integration.

**EPR v24 update:** upgrade to the latest version of Maxims EPR which includes more than 300 enhancements including Jersey clinicians change requests.

**E-Referrals:**

Continuation of the electronic referrals project to deliver on Phase 1 of the project (HCS – GP practices) and phase 2 (other healthcare providers).

**Implementations of specialist EPR modules for sexual health & other core systems**

Implementation of in-flight projects like the Sexual Health EPR and major system upgrades.

**ePrescribing Oncology**

Digitalisation of oncology paper drug charts removing significant clinical risk and manual procedures. Technology delivery to adhere to enhanced regulatory standards.