WRITTEN QUESTION TO THE MINISTER FOR HEALTH ANS SOCIAL SERVICES BY DEPUTY G.P. SOUTHERN OF ST. HELIER CENTRAL QUESTION SUBMITTED ON MONDAY 7th NOVEMBER 2022 ANSWER TO BE TABLED ON MONDAY 14th NOVEMBER 2022

Question

"Will the Minister outline what each of the following projects have achieved to date, and what they are intended to achieve within the proposed allocation to the Digital Care Strategy of £5.3 million in the Government Plan 2023-2026 —

- (a) Patient Administration Systems (PAS) and Acute Electronic Patient Record (EPR) Release 1,2;
- (b) Electronic Prescribing and Medicines Administration (EPMA);
- (c) Cancer screening faecal immunochemical test (FIT) programme;
- (d) GP Order Comms;
- (e) Tele-radiology;
- (f) VNA Phase 2;
- (g) Care partner replacement;
- (h) Opthalmology electronic patient record (EPR);
- (i) E-consent for surgery;
- (j) Cervical cancer screening; and
- (k) Scantrack replacement?"

Answer

Please see responses below.

Project	Achievements to date	Objectives as part of the £5.3 million bid in the Proposed Government Plan 2023-2026 and it's Annex
Patient Administration Systems (PAS) and Acute Electronic Patient Record (EPR) - Release 1,2;	 Delivery stage for release 1 Future state – To Be workflows complete UAT Test scripts 95% complete Infrastructure hosting environments set- up Integration system interfacing testing 95% complete Configuration build ready for UAT testing Data Migration of Trak data to IMS platform on schedule Team in place to support implementation of new EPR Solution 	 Replaced current EPR System TrakCare by Q2, 2023 Implemented new EPR IMS MAXIMS functionality release 1 to 5 by 2024 Achieved HIMSS level 6 digital maternity (paper lite) by 2024 Provide a single source of patient information available at point of care Managed the significant cultural & procedural change required in the transition from paper to computer based patient medical records.

Electronic Prescribing and Medicines Administration (EPMA);	 Implementation of Pharmacy & Stock Control system Roll-out of e-Prescribing & drug administration to all Inpatient wards in the JGH Rollout to Sandybrook & Orchard House Training for all users both face-to-face & online modules 	 Rollout to all Outpatients Clinic, across all sites Implementation of Critical Care modules Configuration & implementation of Chemotherapy functionality Implementation into ED & Theatres
Cancer screening faecal immunochemical test (FIT) programme;	 Reached planning and design stage. Phase 1 design specification drafted and shared with suppliers. 	 Phase 1 to automate creation of FIT screening orders in the pathology system and return of screening results to the call/recall system Q1 2023. Phase 2 to: integrate the above with the new EPR system. Improve sourcing of clients. Improve communication with clients by optional use of SMS messaging. by Q3 2023.
GP Order Comms;	 Implementation of Order Comms infrastructure Integration/translation from the Order Comms infrastructure via the Health Integration Layer (HIL) into the Radiology Information System (RIS) and Pathology Laboratory Information Management System (LIMS) Electronic ordering via EMIS Web (GP Patient Administration System (PAS)) for Radiology Requests enabled - Oct 20 along with electronic delivery of related Reports Development by EMIS of Pathology specific code to allow Pathology electronic ordering and reports Pathology Catalogue of 507 GP orderable tests developed Development of a bespoke GPOC Test environment that is the first of its kind in its functionality Pre UAT of Pathology catalogue Full UAT of all 507 GP orderable tests underway Pilot planned with 2 practices Go-Live strategy agreed 	- Complete the Pathology implementation – Pilot and Go-Live

Tele-radiology;	 80% of CAS alarms installed to date onto the new UMO platform. Aim to complete by end of Nov-2. Also working in parallel towards implementing Mitel integration, and decommissioning of Jontec 	 The current Community Alarm Service is outdated and in need of an overhaul to bring the service in line with the JCM and HCS24.
VNA Phase 2;	 Initial discovery exercise completed with Hospital departments Evaluating proposal from partner on how to proceed 	 Migration of all Dicom compatible imagery onto the Independent Clinical archive that can be accessed by health care professionals via an InContext link in the EPR
Care partner replacement;	 Business Justification Stage Resource being secured to move project into the procurement process 	- Replacement solution agreed by 2023 and replaced by 2024
Ophthalmology electronic patient record (EPR);	 Planning & Design Stage Resource being secured to move project through the procurement, planning and design states 	- Replacement solution in place by 2023
E-consent for surgery;	e-Consent is not an active project yet. It moved from pipeline phase and moved into business justification.	
Cervical cancer screening; and	- Planned for 2023 and in pipeline	 Increased screening rates and early detection of cancers Full end to end automating of cervical cancer screening Testing done locally Patients will be recalled at appropriate time scales Will follow on from the work done on FIT.
Scantrack replacement	- Reached business justification stage.	 Replace Scantrack with an alternate system providing the same functionality as Scantrack and capacity for expansion Q1 2023. Extend use of the replacement system to additional areas of HCS