

Appendix 3

## UNIVERSAL CAPABILITIES PLAN

**Footprint:**

Barnsley
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### Instructions for Completion

- Please indicate your Local Digital Roadmap Footprint above
- Complete questions A to E in the subsequent pages – the same structure is used for each of the 10 universal capabilities
- For further guidance, refer to:
  - Sections 6.24 to 6.30 of the Developing Local Digital Roadmaps Guidance
  - The Universal Capabilities Information and Resources document
- This template and the documents referenced above can be downloaded from the [LDR page](#) on the NHS England website

<b>Universal Capability:</b>	A. Professionals across care settings can access GP-held information on GP-prescribed medications, patient allergies and adverse reactions
<b>Capability Group:</b>	Records, assessments and plans
<b>Defined Aims:</b>	<ul style="list-style-type: none"> <li>• Information accessed for every patient presenting in an A&amp;E, ambulance or 111 setting where this information may inform clinical decisions (including for out-of-area patients)</li> <li>• Information accessed in community pharmacy and acute pharmacy where it could inform clinical decisions</li> </ul>

## A. Baseline

Please summarise the current baseline across your local health and care system. The data may encompass deployment penetration (e.g. deployed in 80% of practices), volumetrics (e.g. accessed 2500 times in Q3) and take-up (e.g. accessed for 95% of prescriptions).

The Summary Care Record is in use <10%  
The Medical Interoperability Gateway has been rolled out across 85% of General Practices and I HEART Barnsley to enable real time sharing of primary care information subject to current consent models

## B. Ambition

With reference to the defined aims set out above, please set out your ambition in the grid below. Remember that 'clear momentum' is expected in 16/17 and 'substantive delivery' in 17/18. Also note that you can go further than the defined aims – examples are provided in the Universal Capabilities Information and Resources document.

Year	Ambition
16/17	SCR >20% + MIG roll out across all primary care, secondary care and the Hospice
17/18	SCR >80% + MIG roll out across secondary care

## C. Activities

Please detail the activities you propose to undertake, by quarter, in the grid below. Separate activities should be separated out as separate bullet points. At the time of submission on 30 June 2016, any activities for 16/17 Q1 should be complete.

Quarter	Activities
16/17 Q1	<ul style="list-style-type: none"> <li>• Baseline</li> </ul>
16/17 Q2	<ul style="list-style-type: none"> <li>• Training Needs Analysis + Policy + SOPs</li> <li>• MIG roll out across Barnsley Hospice</li> <li>• Commence MIG roll out BHNFT</li> </ul>
16/17 Q3	<ul style="list-style-type: none"> <li>• Training Phase 1</li> <li>• Commence MIG roll out SWYPFT</li> <li>• Commence MIG roll out BHNFT</li> <li>• Commence MIG rollout YAS</li> </ul>
16/17 Q4	<ul style="list-style-type: none"> <li>• Training Phase 2</li> </ul>
17/18 Q1	<ul style="list-style-type: none"> <li>• Training Phase 3</li> </ul>
17/18 Q2	<ul style="list-style-type: none"> <li>• Evaluate</li> </ul>
17/18 Q3	<ul style="list-style-type: none"> <li>• Ongoing</li> </ul>
17/18 Q4	<ul style="list-style-type: none"> <li>• Ongoing</li> </ul>

## D. National Services / Infrastructure / Standards

In progressing the universal capabilities, if you are proposing to use alternative solutions to the national services, infrastructure and standards, please provide a rationale in the box below.

MIG – Additional information for Barnsley Patients not available on National Infrastructure.

## E. Evidencing Progress

Please set out your proposals below for evidencing progress towards the defined aims for the universal capability, as set above. Your response should be informed by any national metrics available, as described in the Universal Capabilities Information and Resources document.

SCR access reports % KPI to Exec Team.  
MIG deployment reports

<b>Universal Capability:</b>	B. Clinicians in U&EC settings can access key GP-held information for those patients previously identified by GPs as most likely to present (in U&EC)
<b>Capability Group:</b>	Records, assessments and plans
<b>Defined Aims:</b>	<ul style="list-style-type: none"> <li>• Information available for all patients identified by GPs as most likely to present, subject to patient consent, encompassing reason for medication, significant medical history, anticipatory care information and immunisations</li> <li>• Information accessed for every applicable patient presenting in an A&amp;E, ambulance or 111 setting (including for out-of-area patients)</li> </ul>

## A. Baseline

Please summarise the current baseline across your local health and care system. The data may encompass deployment penetration (e.g. deployed in 80% of practices), volumetrics (e.g. accessed 2500 times in Q3) and take-up (e.g. accessed for 95% of prescriptions).

The Summary Care Record is in use <10%  
The Medical Interoperability Gateway has been rolled out across 85% of General Practices and I HEART Barnsley to enable real time sharing of primary care information subject to current consent models

## B. Ambition

With reference to the defined aims set out above, please set out your ambition in the grid below. Remember that 'clear momentum' is expected in 16/17 and 'substantive delivery' in 17/18. Also note that you can go further than the defined aims – examples are provided in the Universal Capabilities Information and Resources document.

Year	Ambition
16/17	SCR >20% + MIG roll out across all primary care, secondary care and the Hospice
17/18	SCR >80% + MIG roll out across secondary care

### C. Activities

Please detail the activities you propose to undertake, by quarter, in the grid below. Separate activities should be separated out as separate bullet points. At the time of submission on 30 June 2016, any activities for 16/17 Q1 should be complete.

Quarter	Activities
16/17 Q1	<ul style="list-style-type: none"> <li>• Baseline</li> </ul>
16/17 Q2	<ul style="list-style-type: none"> <li>• Training Needs Analysis + Policy + SOPs</li> <li>• MIG roll out across Barnsley Hospice</li> <li>• Commence MIG roll out BHNFT</li> </ul>
16/17 Q3	<ul style="list-style-type: none"> <li>• Training Phase 1</li> <li>• Commence MIG roll out SWYPFT</li> </ul>
16/17 Q4	<ul style="list-style-type: none"> <li>• Training Phase 2</li> </ul>
17/18 Q1	<ul style="list-style-type: none"> <li>• Training Phase 3</li> </ul>
17/18 Q2	<ul style="list-style-type: none"> <li>• Evaluate</li> </ul>
17/18 Q3	<ul style="list-style-type: none"> <li>• Ongoing</li> </ul>
17/18 Q4	<ul style="list-style-type: none"> <li>• Ongoing</li> </ul>

### D. National Services / Infrastructure / Standards

In progressing the universal capabilities, if you are proposing to use alternative solutions to the national services, infrastructure and standards, please provide a rationale in the box below.

### E. Evidencing Progress

Please set out your proposals below for evidencing progress towards the defined aims for the universal capability, as set above. Your response should be informed by any national metrics available, as described in the Universal Capabilities Information and Resources document.

SCR access reports % KPI to Exec Team.  
MIG deployment reports to the Barnsley IT Strategy Group

<b>Universal Capability:</b>	C. Patients can access their GP record
<b>Capability Group:</b>	Records, assessments and plans
<b>Defined Aims:</b>	<ul style="list-style-type: none"> <li>• Access to detailed coded GP records actively offered to patients who would benefit the most and where it supports their active management of a long term or complex condition</li> <li>• Patients who request it are given access to their detailed coded GP record</li> </ul>

## A. Baseline

Please summarise the current baseline across your local health and care system. The data may encompass deployment penetration (e.g. deployed in 80% of practices), volumetrics (e.g. accessed 2500 times in Q3) and take-up (e.g. accessed for 95% of prescriptions).

Patient online is deployed in 100% of practices although utilisation is variable

## B. Ambition

With reference to the defined aims set out above, please set out your ambition in the grid below. Remember that 'clear momentum' is expected in 16/17 and 'substantive delivery' in 17/18. Also note that you can go further than the defined aims – examples are provided in the Universal Capabilities Information and Resources document.

Year	Ambition
16/17	Increase number of patients using patient online services
17/18	Increase number of patients having access to their detailed coded record

### C. Activities

Please detail the activities you propose to undertake, by quarter, in the grid below. Separate activities should be separated out as separate bullet points. At the time of submission on 30 June 2016, any activities for 16/17 Q1 should be complete.

Quarter	Activities
16/17 Q1	<ul style="list-style-type: none"> <li>• Preliminary discussions with NHS England re uptake, reporting and promotion</li> </ul>
16/17 Q2	<ul style="list-style-type: none"> <li>• Promote patient online with practices via system optimisation programme</li> </ul>
16/17 Q3	<ul style="list-style-type: none"> <li>• Set up local report to review patient online access against 2016/17 target</li> </ul>
16/17 Q4	<ul style="list-style-type: none"> <li>• Provide practices with report</li> </ul>
17/18 Q1	<ul style="list-style-type: none"> <li>• Report on monthly uptake</li> </ul>
17/18 Q2	<ul style="list-style-type: none"> <li>•</li> </ul>
17/18 Q3	<ul style="list-style-type: none"> <li>•</li> </ul>
17/18 Q4	<ul style="list-style-type: none"> <li>•</li> </ul>

### D. National Services / Infrastructure / Standards

In progressing the universal capabilities, if you are proposing to use alternative solutions to the national services, infrastructure and standards, please provide a rationale in the box below.

### E. Evidencing Progress

Please set out your proposals below for evidencing progress towards the defined aims for the universal capability, as set above. Your response should be informed by any national metrics available, as described in the Universal Capabilities Information and Resources document.

Provide patient online statistics per practice to the CCG IT Group and Practice Manager's Forum

<b>Universal Capability:</b>	D. GPs can refer electronically to secondary care
<b>Capability Group:</b>	Transfers of care
<b>Defined Aims:</b>	<ul style="list-style-type: none"> <li>• Every referral created and transferred electronically</li> <li>• Every patient presented with information to support their choice of provider</li> <li>• Every initial outpatient appointment booked for a date and time of the patient's choosing (subject to availability)</li> <li>• [By Sep 17 – 80% of elective referrals made electronically]</li> </ul>

## A. Baseline

Please summarise the current baseline across your local health and care system. The data may encompass deployment penetration (e.g. deployed in 80% of practices), volumetrics (e.g. accessed 2500 times in Q3) and take-up (e.g. accessed for 95% of prescriptions).

GPs already refer to BHNFT via Choose and Book for 90%+ appointments. No plans to change.

Due to mental health system supplier constraints this functionality is not currently available for SWYPFT

## B. Ambition

With reference to the defined aims set out above, please set out your ambition in the grid below. Remember that 'clear momentum' is expected in 16/17 and 'substantive delivery' in 17/18. Also note that you can go further than the defined aims – examples are provided in the Universal Capabilities Information and Resources document.

Year	Ambition
16/17	Test e-referrals from primary care to SWYPFT
17/18	Roll out e-referrals from primary care to SWYPFT



### C. Activities

Please detail the activities you propose to undertake, by quarter, in the grid below. Separate activities should be separated out as separate bullet points. At the time of submission on 30 June 2016, any activities for 16/17 Q1 should be complete.

Quarter	Activities
16/17 Q1	•
16/17 Q2	•
16/17 Q3	• Develop messaging solution in conjunction with Mental Health System Supplier
16/17 Q4	• Test & deploy to pilot group of GP's
17/18 Q1	• Training provision & roll out to all GP Practices once solution proven
17/18 Q2	• Ongoing Review & maintenance
17/18 Q3	•
17/18 Q4	•

### D. National Services / Infrastructure / Standards

In progressing the universal capabilities, if you are proposing to use alternative solutions to the national services, infrastructure and standards, please provide a rationale in the box below.

### E. Evidencing Progress

Please set out your proposals below for evidencing progress towards the defined aims for the universal capability, as set above. Your response should be informed by any national metrics available, as described in the Universal Capabilities Information and Resources document.

Project milestones and KPIs to be met and shared with SWYPFT Board and IT Strategy Group

<b>Universal Capability:</b>	E. GPs receive timely electronic discharge summaries from secondary care
<b>Capability Group:</b>	Transfers of care
<b>Defined Aims:</b>	<ul style="list-style-type: none"> <li>• All discharge summaries sent electronically from all acute providers to the GP within 24 hours</li> <li>• All discharge summaries shared in the form of structured electronic documents</li> <li>• All discharge documentation aligned with Academy of Medical Royal Colleges headings</li> </ul>

## A. Baseline

Please summarise the current baseline across your local health and care system. The data may encompass deployment penetration (e.g. deployed in 80% of practices), volumetrics (e.g. accessed 2500 times in Q3) and take-up (e.g. accessed for 95% of prescriptions).

77%% D1s in 5 days.  
 Not in AMRC heading defined locally in partnership with CCG based upon AMRC. – No current plans to change.  
 SWYPFT – Work commenced to implement this functionality Q1 2015/16 but due to supplier issues this functionality is not yet available

## B. Ambition

With reference to the defined aims set out above, please set out your ambition in the grid below. Remember that ‘clear momentum’ is expected in 16/17 and ‘substantive delivery’ in 17/18. Also note that you can go further than the defined aims – examples are provided in the Universal Capabilities Information and Resources document.

Year	Ambition
16/17	SWYPFT – e-discharge messaging from Mental Health System
17/18	

### C. Activities

Please detail the activities you propose to undertake, by quarter, in the grid below. Separate activities should be separated out as separate bullet points. At the time of submission on 30 June 2016, any activities for 16/17 Q1 should be complete.

Quarter	Activities
16/17 Q1	<ul style="list-style-type: none"> <li>• Resolve messaging issues with Mental Health System Supplier</li> </ul>
16/17 Q2	<ul style="list-style-type: none"> <li>• Test &amp; deploy to pilot group of GP's</li> </ul>
16/17 Q3	<ul style="list-style-type: none"> <li>• Training provision &amp; roll out to all GP Practices once solution proven</li> </ul>
16/17 Q4	<ul style="list-style-type: none"> <li>• Ongoing Review &amp; maintenance</li> </ul>
17/18 Q1	<ul style="list-style-type: none"> <li>•</li> </ul>
17/18 Q2	<ul style="list-style-type: none"> <li>•</li> </ul>
17/18 Q3	<ul style="list-style-type: none"> <li>•</li> </ul>
17/18 Q4	<ul style="list-style-type: none"> <li>•</li> </ul>

### D. National Services / Infrastructure / Standards

In progressing the universal capabilities, if you are proposing to use alternative solutions to the national services, infrastructure and standards, please provide a rationale in the box below.

### E. Evidencing Progress

Please set out your proposals below for evidencing progress towards the defined aims for the universal capability, as set above. Your response should be informed by any national metrics available, as described in the Universal Capabilities Information and Resources document.

Project milestones and KPIs to be met and shared with SWYPFT Board and IT Strategy Group

<b>Universal Capability:</b>	F. Social care receive timely electronic Assessment, Discharge and Withdrawal Notices from acute care
<b>Capability Group:</b>	Transfers of care
<b>Defined Aims:</b>	<ul style="list-style-type: none"> <li>• All Care Act 2014 compliant Assessment, Discharge and associated Withdrawal Notices sent electronically from the acute provider to local authority social care within the timescales specified in the Act</li> </ul>

### A. Baseline

Please summarise the current baseline across your local health and care system. The data may encompass deployment penetration (e.g. deployed in 80% of practices), volumetrics (e.g. accessed 2500 times in Q3) and take-up (e.g. accessed for 95% of prescriptions).

There is currently no e-Referrals system in place

### B. Ambition

With reference to the defined aims set out above, please set out your ambition in the grid below. Remember that 'clear momentum' is expected in 16/17 and 'substantive delivery' in 17/18. Also note that you can go further than the defined aims – examples are provided in the Universal Capabilities Information and Resources document.

Year	Ambition
16/17	Baseline Capability in association with Social Care Build Electronic Eforms. SWYPFT – investigate option with Trust integration software
17/18	Deliver capability.

## C. Activities

Please detail the activities you propose to undertake, by quarter, in the grid below. Separate activities should be separated out as separate bullet points. At the time of submission on 30 June 2016, any activities for 16/17 Q1 should be complete.

Quarter	Activities
16/17 Q1	<ul style="list-style-type: none"> <li>Investigate the potential of the use of eforms to provide E-referral capability (Replace fax)</li> </ul>
16/17 Q2	<ul style="list-style-type: none"> <li>SWYPFT – investigate potential to utilise Trust Integration software.</li> </ul>
16/17 Q3	<ul style="list-style-type: none"> <li>Build and pilot e-form from NHS to BMBC</li> </ul>
16/17 Q4	<ul style="list-style-type: none"> <li></li> </ul>
17/18 Q1	<ul style="list-style-type: none"> <li>Explore potential and pilot direct access to social care system for NHS Staff</li> </ul>
17/18 Q2	<ul style="list-style-type: none"> <li></li> </ul>
17/18 Q3	<ul style="list-style-type: none"> <li>Roll out preferred option</li> </ul>
17/18 Q4	<ul style="list-style-type: none"> <li>Evaluate</li> </ul>

## D. National Services / Infrastructure / Standards

In progressing the universal capabilities, if you are proposing to use alternative solutions to the national services, infrastructure and standards, please provide a rationale in the box below.

## E. Evidencing Progress

Please set out your proposals below for evidencing progress towards the defined aims for the universal capability, as set above. Your response should be informed by any national metrics available, as described in the Universal Capabilities Information and Resources document.

Project milestones and KPIs to be met and shared with SWYPFT and BMBC project teams and IT Strategy Group

<b>Universal Capability:</b>	G. Clinicians in unscheduled care settings can access child protection information with social care professionals notified accordingly
<b>Capability Group:</b>	Decision support
<b>Defined Aims:</b>	<ul style="list-style-type: none"> <li>• Child protection information checked for every child or pregnant mother presenting in an unscheduled care setting with a potential indicator of the child being at risk (including for out-of-area children)</li> <li>• Indication of child protection plan, looked after child or unborn child protection plan (where they exist) flagged to clinician, along with social care contact details</li> <li>• The social worker of a child on a child protection plan, looked after or on an unborn child protection plan receives a notification when that child presents at an unscheduled care setting and the clinician accesses the child protection alert in their record</li> </ul>

## A. Baseline

Please summarise the current baseline across your local health and care system. The data may encompass deployment penetration (e.g. deployed in 80% of practices), volumetrics (e.g. accessed 2500 times in Q3) and take-up (e.g. accessed for 95% of prescriptions).

Safeguarding alerts added to Lorenzo PAS solution. No access to CYPSPD info, waiting for availability on SCR in conjunction with SCR plans. – No additional plans.

## B. Ambition

With reference to the defined aims set out above, please set out your ambition in the grid below. Remember that 'clear momentum' is expected in 16/17 and 'substantive delivery' in 17/18. Also note that you can go further than the defined aims – examples are provided in the Universal Capabilities Information and Resources document.

Year	Ambition
16/17	NHS Numbers in Social Care Systems.
17/18	Enable clinical access to the social care system for both read and record access across a full range of appropriate disciplines

## C. Activities

Please detail the activities you propose to undertake, by quarter, in the grid below. Separate activities should be separated out as separate bullet points. At the time of submission on 30 June 2016, any activities for 16/17 Q1 should be complete.

Quarter	Activities
16/17 Q1	<ul style="list-style-type: none"> <li>Investigate the potential of submitting CYPSP data to SCR from Barnsley Social Care and Child Protection departments.</li> </ul>
16/17 Q2	<ul style="list-style-type: none"> <li>Develop an action plan</li> </ul>
16/17 Q3	<ul style="list-style-type: none"> <li>Implement action plan</li> </ul>
16/17 Q4	<ul style="list-style-type: none"> <li></li> </ul>
17/18 Q1	<ul style="list-style-type: none"> <li>Consider development of read/write access to social care systems by health clinicians</li> </ul>
17/18 Q2	<ul style="list-style-type: none"> <li>Test concept</li> </ul>
17/18 Q3	<ul style="list-style-type: none"> <li>Stakeholder and public engagement</li> </ul>
17/18 Q4	<ul style="list-style-type: none"> <li>Pilot</li> </ul>

**D. National Services / Infrastructure / Standards**

In progressing the universal capabilities, if you are proposing to use alternative solutions to the national services, infrastructure and standards, please provide a rationale in the box below.

**E. Evidencing Progress**

Please set out your proposals below for evidencing progress towards the defined aims for the universal capability, as set above. Your response should be informed by any national metrics available, as described in the Universal Capabilities Information and Resources document.

Progress reports sent to the Barnsley IT Strategy Group



<b>Universal Capability:</b>	H. Professionals across care settings made aware of end-of-life preference information
<b>Capability Group:</b>	Decision support
<b>Defined Aims:</b>	<ul style="list-style-type: none"> <li>• All patients at end-of-life able to express (and change) their preferences to their GP and know that this will be available to those involved in their care</li> <li>• All professionals from local providers involved in end-of-life care of patients (who are under the direct care of a GP) access recorded preference information where end-of-life status is flagged, known or suspected</li> </ul>

## A. Baseline

Please summarise the current baseline across your local health and care system. The data may encompass deployment penetration (e.g. deployed in 80% of practices), volumetrics (e.g. accessed 2500 times in Q3) and take-up (e.g. accessed for 95% of prescriptions).

Internal End of Life preferences gathered at hospital level.

End of Life preferences gathered internally at community level.

## B. Ambition

With reference to the defined aims set out above, please set out your ambition in the grid below. Remember that 'clear momentum' is expected in 16/17 and 'substantive delivery' in 17/18. Also note that you can go further than the defined aims – examples are provided in the Universal Capabilities Information and Resources document.

Year	Ambition
16/17	<p>Establish access via MIG.</p> <p>Possibility of sending preferences to GP electronically.</p> <p>EPACCS – Solutions..</p>
17/18	Look at using strategic solutions.

### C. Activities

Please detail the activities you propose to undertake, by quarter, in the grid below. Separate activities should be separated out as separate bullet points. At the time of submission on 30 June 2016, any activities for 16/17 Q1 should be complete.

Quarter	Activities
16/17 Q1	•
16/17 Q2	• Develop business case to consider options
16/17 Q3	• Bid for funding for preferred option
16/17 Q4	• Commence implementation if funding bid successful
17/18 Q1	•
17/18 Q2	•
17/18 Q3	•
17/18 Q4	•

### D. National Services / Infrastructure / Standards

In progressing the universal capabilities, if you are proposing to use alternative solutions to the national services, infrastructure and standards, please provide a rationale in the box below.

### E. Evidencing Progress

Please set out your proposals below for evidencing progress towards the defined aims for the universal capability, as set above. Your response should be informed by any national metrics available, as described in the Universal Capabilities Information and Resources document.

Project milestones and KPIs to be met and shared with Project Team and IT Strategy Group

<b>Universal Capability:</b>	I. GPs and community pharmacists can utilise electronic prescriptions
<b>Capability Group:</b>	Medicines management and optimisation
<b>Defined Aims:</b>	<ul style="list-style-type: none"> <li>• All permitted prescriptions electronic</li> <li>• All prescriptions electronic for patients with and without nominations - for the latter, the majority of tokens electronic</li> <li>• Repeat dispensing done electronically for all appropriate patients</li> <li>• [By end 16/17 – 80% of repeat prescriptions to be transmitted electronically]</li> </ul>

## A. Baseline

Please summarise the current baseline across your local health and care system. The data may encompass deployment penetration (e.g. deployed in 80% of practices), volumetrics (e.g. accessed 2500 times in Q3) and take-up (e.g. accessed for 95% of prescriptions).

ETP – What is the current baseline for Barnsley?  
 SWYFT – currently no Trust medicines management system in place – utilise pharmacy systems from other organisations.

## B. Ambition

With reference to the defined aims set out above, please set out your ambition in the grid below. Remember that ‘clear momentum’ is expected in 16/17 and ‘substantive delivery’ in 17/18. Also note that you can go further than the defined aims – examples are provided in the Universal Capabilities Information and Resources document.

Year	Ambition
16/17	SWYPFT – project initiated to investigate / review / procure a trust wide medicines management & prescribing systems.
17/18	SWYPFT – implement medicines management & prescribing system

### C. Activities

Please detail the activities you propose to undertake, by quarter, in the grid below. Separate activities should be separated out as separate bullet points. At the time of submission on 30 June 2016, any activities for 16/17 Q1 should be complete.

Quarter	Activities
16/17 Q1	<ul style="list-style-type: none"> <li>Establish Project Team and understand baseline position</li> </ul>
16/17 Q2	<ul style="list-style-type: none"> <li>Review systems &amp; develop Business case</li> </ul>
16/17 Q3	<ul style="list-style-type: none"> <li>Secure funding</li> </ul>
16/17 Q4	<ul style="list-style-type: none"> <li>Tender for system</li> </ul>
17/18 Q1	<ul style="list-style-type: none"> <li>Commence implementation activities</li> </ul>
17/18 Q2	<ul style="list-style-type: none"> <li></li> </ul>
17/18 Q3	<ul style="list-style-type: none"> <li></li> </ul>
17/18 Q4	<ul style="list-style-type: none"> <li></li> </ul>

### D. National Services / Infrastructure / Standards

In progressing the universal capabilities, if you are proposing to use alternative solutions to the national services, infrastructure and standards, please provide a rationale in the box below.

### E. Evidencing Progress

Please set out your proposals below for evidencing progress towards the defined aims for the universal capability, as set above. Your response should be informed by any national metrics available, as described in the Universal Capabilities Information and Resources document.

Project milestones and KPIs to be met and shared with SWYPFT Board and IT Strategy Group

<b>Universal Capability:</b>	J. Patients can book appointments and order repeat prescriptions from their GP practice
<b>Capability Group:</b>	Remote care
<b>Defined Aims:</b>	<ul style="list-style-type: none"> <li>• [By end 16/17 – 10% of patients registered for one or more online services (repeat prescriptions, appointment booking or access to record)]</li> <li>• All patients registered for these online services use them above alternative channels</li> </ul>

## A. Baseline

Please summarise the current baseline across your local health and care system. The data may encompass deployment penetration (e.g. deployed in 80% of practices), volumetrics (e.g. accessed 2500 times in Q3) and take-up (e.g. accessed for 95% of prescriptions).

All practices enabled to provide ordering of repeat prescriptions, appointment booking and access to patients record.

All practices are live with EPS Release 2 functionality

All pharmacies (except 1) are live with EPS Release 2 functionality

## B. Ambition

With reference to the defined aims set out above, please set out your ambition in the grid below. Remember that 'clear momentum' is expected in 16/17 and 'substantive delivery' in 17/18. Also note that you can go further than the defined aims – examples are provided in the Universal Capabilities Information and Resources document.

Year	Ambition
16/17	Provide all patients with the opportunity to access and book appointments, order repeat prescriptions and view their detailed care record
17/18	Optimise online appointments to increase number available

## C. Activities

Please detail the activities you propose to undertake, by quarter, in the grid below. Separate activities should be separated out as separate bullet points. At the time of submission on 30 June 2016, any activities for 16/17 Q1 should be complete.

Quarter	Activities
16/17 Q1	•
16/17 Q2	• Promote patient online via system optimisation programme. Access reporting information and act on it
16/17 Q3	• Promote patient online via system optimisation programme. Access reporting information and act on it
16/17 Q4	• Promote patient online via system optimisation programme. Access reporting information and act on it
17/18 Q1	• Promote patient online via system optimisation programme. Access reporting information and act on it
17/18 Q2	•
17/18 Q3	•
17/18 Q4	•

## D. National Services / Infrastructure / Standards

In progressing the universal capabilities, if you are proposing to use alternative solutions to the national services, infrastructure and standards, please provide a rationale in the box below.

## E. Evidencing Progress

Please set out your proposals below for evidencing progress towards the defined aims for the universal capability, as set above. Your response should be informed by any national metrics available, as described in the Universal Capabilities Information and Resources document.

Provide reports to IT Strategy Group on utilisation.