

## **Appendix 3**

### **Do Once and Share SAP Action Team – e-SAP solutions sub-group**

#### **Final report**

#### **1. Project Plan**

##### **Aims:**

To identify models for implementing electronic SAP and to understand status, plans, success factors, barriers and issues (addressing relevant Project Deliverables – see annex 3.1).

##### **Process:**

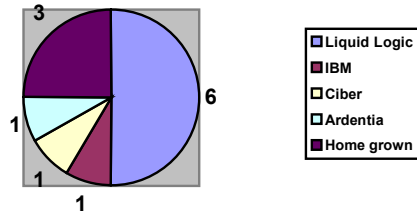
1. Establish sub-group.
2. Establish potential availability of outputs from (DH funded) PSSRU survey of SAP implementation.
3. Email Cluster leads (members of Do Once and Share SAP Action Team) with request to identify localities where electronic SAP is being implemented and some progress is being made (particularly across the NHS and social care). Also, put item on Centre for Policy on Ageing SAP web-site discussion forum to identify other sites.
4. Develop and email survey questionnaire to these sites.
5. Analyse responses and follow up with phone discussions or meetings with leading edge sites where more detail would be useful.
6. Present emerging findings at Do Once and Share SAP Action Team 3<sup>rd</sup> February 2006 conference (and elsewhere if opportunities arise) and seek feedback and views on next steps.
7. Identify evaluation reports of e-Sap implementation (from Do Once and Share SAP Action Team and Centre for Policy on Ageing SAP web-site), review and compare with emerging messages.
8. Write up report and share learning, models and practice via Centre for Policy on Ageing SAP website.

#### **2. Progress on project plan implementation**

- Sub-group established October 2005 (see annexe 3.2).
- Outputs from (DH funded) PSSRU survey of SAP implementation not available within timescale for DOAS project.
- 15 localities identified across all 5 CfH clusters.
- 2-page questionnaire developed and sent to 15 identified sites (see annex 3.3).
- 12 responses received across all 5 CfH clusters and analysed (see annex 3.4).
- No follow-up undertaken due to time constraints.
- Presentations made of the emerging findings by sub-group members at two conferences: a Capita conference on Single Assessment Process held 31<sup>st</sup> January 2006 and the Do Once and Share SAP Action Team conference held 3<sup>rd</sup> February 2006 (presentations from the later available on the Centre for Policy on Ageing SAP web-site)
- Emerging findings tested at Do Once and Share SAP Action Team 03.02.06 conference and participants views on next steps elicited (see annex 3.5).
- Evaluation reports of e-Sap implementation identified, reviewed and compared with key findings (annex 3.6).
- Final sub group report drafted and agreed.

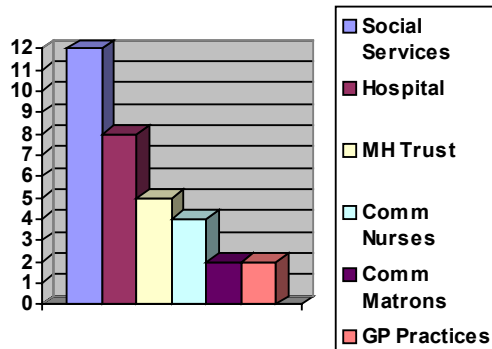
### 3. Survey findings

#### 3.1 Systems



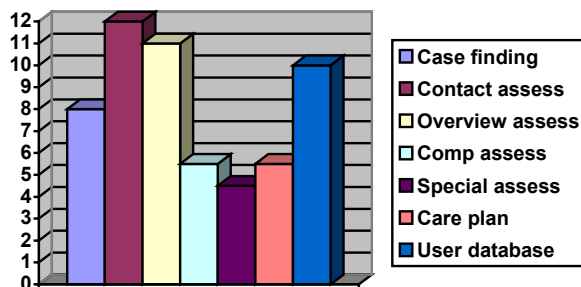
Six respondents were using the Liquid Logic system, three using home grown systems and three using other commercial systems. The predominance of Liquid Logic systems is attributable primarily to that system being available as an electronic SAP solution from the LSP in the North East & Eastern NHS Connecting for Health Clusters. The survey only covered a relatively small number of sites which cluster leads identified as having made substantial progress. The project team are aware of other sites and other suppliers with SAP solutions, so the findings cannot be taken to be indicative of the national picture.

#### 3.2 Users



Electronic SAP systems were in use in both Social Services and the NHS to some degree in all twelve localities. Eight systems were in use in hospitals and five in mental health trusts. The numbers for community nurses and community matrons were provided under an 'other' category. User numbers varied but the majority were counted in hundreds, with 3 places having over 500 users.

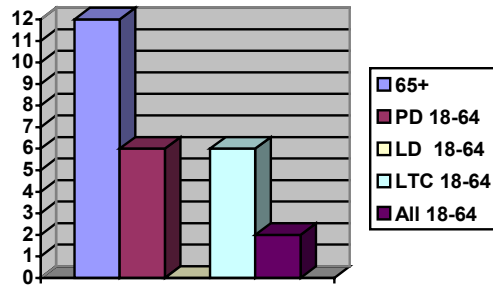
#### 3.3 Usage



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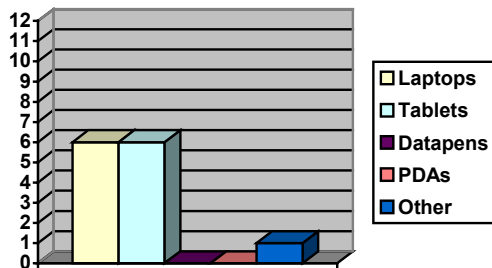
Contact assessment was the only functionality common to all twelve systems. Less than half were recording care plans on the system. A similar number were using the system for comprehensive and specialist assessments. One system was only used as a database of people who had been assessed. A variety of assessment tools were used – ten accredited and two locally developed (this reflects the systems used).

### 3.4 Client groups



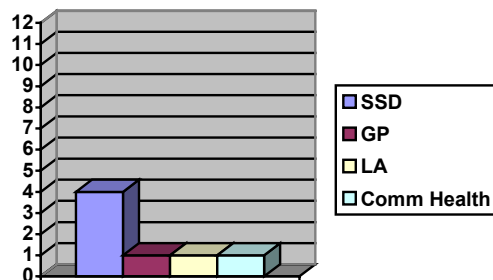
The two localities who identified that their system was used for all people 18-64 omitted to separately identify Learning Disability. We might speculate that use of single agency and in some cases paper systems would show higher use for people aged 18-64.

### 3.5 Mobile working



Nine localities were using mobile devices. User numbers varied but most were in single figures, with only one in the hundreds.

### 3.6 Interfaces



Five localities had SAP systems that interfaced to other operational systems and one was developing interfaces. No localities had interfaces in place to all operational systems, with a particular gap being GP practices. The systems to which interfaces had been developed were identified as:

Anite Swift and OLM Care First (social services), InPractice (GP), ePEX3 (community health). There appear to be different models in use although the survey did not specifically ask for information about interfacing models. For example some have a separate SAP system used by all the agencies with interfaces to transfer information to their main operational systems. With others, users are using their main operational systems to record assessments and then sharing them electronically. Most sites that had implemented interfaces mentioned the use of system to system interfaces using APIs. Only two localities were using the Current Summary Record to transfer information and three were transferring all SAP information. The North East & East Cluster sites plan to transfer demographics and management information (RAP returns) from the SAP system to social services systems.

### **3.7 Problems and Barriers**

Respondents identified a range of problems and barriers to progressing implementation and these have been grouped below into six common themes.

#### Lack of clarity about LSP strategic solutions

A significant constraint is the lack of clarity about LSP strategic solutions. Planning is inevitably limited by the absence of answers to questions about future support for different assessment tools, how strategic solutions will interface with social care systems and timescales for implementation of strategic solutions.

#### Costs

Costs of hardware (one locality suggested hardware represented some 60% of costs) and of connections to social care systems. The disparity in funding between the NHS and social services was also identified as a barrier to progress.

#### Engagement/commitment

A lack of understanding and commitment at Executive level and limited involvement of GPs and hospitals were mentioned. This has already been identified as a general problem with SAP.

#### Practice

Change for staff (particularly in the NHS) moving from paper-based to electronic recording, compounded by a lack of basic computer skills. Improved assessment practice - i.e. assessment being more holistic than previously - leading to increased level of recording for practitioners undertaking overview and comprehensive assessments, even with improved information sharing.

#### Lack of interfaces/Double entry

The limited integration of electronic SAP solutions with variously SAP systems separate from agency systems or core electronic SAP solutions implemented but professions still using separate, usually paper, systems to record their specialist activity leads to double entry which is not sustainable in the medium to longer term.

#### Benefits not obvious

There is a perception amongst some staff that IT is an end in itself – and that solutions are not based on clear clinical benefits.

### 3.8 Success factors

#### Process mapping

Seen as key underpinning to develop shared understanding of local patient journeys and integrated working.

#### Executive level buy in

Whilst this was a barrier for some, others identified Executive level buy in as a key success factor. Mention was made by some sites of the importance of having champions and change leads in each organisation.

#### Training

Training on a multidisciplinary basis, staff having opportunities to practice use of new systems prior to them going live and on-site support - 'handholding' – in the early stages of implementation.

#### SAP core process for specialist practitioners

Whilst some had identified separate recording by specialist practitioners as a barrier others had succeeded in convincing specialist practitioners to utilise SAP as their core process rather than an 'add on'.

#### Long Term Conditions use of SAP

The use of SAP for case management for people with complex long -term conditions was seen a more recent driver for progressing implementation.

### 3.9 Benefits and dis-benefits

Information on benefits which was provided was high level, rather than quantified benefits being identified at this stage.

#### Benefits

- Improved information sharing in terms of access to existing information that reduces duplication.
- E-SAP solutions can be a driver for improving practice:
  - Better quality assessments;
  - Improved care co-ordination;
  - Standardised referral processes

#### Dis-benefits

- In the shorter term it can take time for staff to adjust to new systems (in some cases their first use of IT for recording purposes or at all).
- Better quality assessments may take longer for the practitioners who undertake them (although other subsequently benefit from the sharing of the information this point may constrain assumed efficiency savings).

### 3.10 Future Plans

- Localities had plans to extend implementation of electronic SAP solutions variously to: GPs, Hospitals, SSDs, LTC, Housing, Voluntary sector and/or to more users in these various settings.
- Localities had had some discussions with LSPs about migration or integration of interim solutions with NHS CRS but there were no clear migration plans.

#### 4. Further findings

- 4.1 Workshop participants at the Do Once and Share SAP Action Team 03.02.06 conference considered that the survey findings broadly reflected their own experience (a minority of participants had themselves responded to the survey). Participants' views on next steps elicited a clear set of 'enabling' actions which are reflected in the recommendations (section 6 below). A summary of views expressed at the workshop is provided in annex 3.5.
- 4.2 A review undertaken by the Centre for Policy on Ageing of four evaluation reports from implementations of electronic SAP solutions (see annexe 3.6) confirms many of the themes from the survey and the conference workshop, in particular the importance of basic IT competence. Two additional recurring themes were:
- Having a dedicated (i.e. with no other jobs) project manager, who can form a point of contact and a conduit for all problems and queries, is essential
  - A need to avoid any danger that e-SAP may detract from 'good practice' in terms of relationship with older person.

#### 5. Conclusions

- 5.1 The work of the sub-group, although limited in scale and time, has provided opportunities for identifying learning and beginning to share that learning, initially through the conference workshop and subsequently through the Centre for Policy on Ageing SAP web-site - **[Project Deliverable 2]**. The work also indicates appropriate further action in relation key issues (and in that process influence other stakeholders and related work streams) - **[Project Deliverable 11]**.
- 5.2 Most of the barriers and problems identified through the survey and the conference workshop have been identified previously - notably in the North West Electronic Government IM&T Baseline Review of Single Assessment (July 2003) and the CRDB SAP Action Team Output (March 2005). and it appears that most still apply to varying degrees. What is apparent is that, just as information sharing was constrained previously by paper systems, so information sharing is still limited with interim electronic solutions essentially because they are not fully integrated - **[Project Deliverables 5 & 9]**. This is obviously compounded by the lack of clarity about timescales, social care interfaces, support for assessment tools and migration plans with LSP strategic solutions - **[Project Deliverables 7 & 9]**. The Current Summary Record appears to have limited usefulness - **[Project Deliverable 8]**.
- 5.3 Some localities have overcome issues that others are still describing as barriers, such as with Executive level buy in and specialist practitioners using SAP as their core process. There would clearly be benefit in learning more about how some localities have managed to overcome these barriers. Effective training was a common success factor - **[Project Deliverable 10]** – as were process mapping and requirements for Long Term Conditions being a driver.
- 5.4 The work of the sub-group has only scratched the surface of the learning that could be identified from implementations of electronic SAP solutions.

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For example, a comprehensive identification of implemented interim solutions would be beneficial and feasible. Also, finding out more detail about change management processes involved in successful implementations would have benefits for change management, related future development and implementation of strategic solutions - **[Project Deliverable 11]**.

### 6. Recommendations

The action outlined below in relation to each recommendation is intended to ensure links are made with other relevant work streams, thereby avoiding duplication.

	<b>Recommendation</b>	<b>Action taken/suggested</b>
6.1	The comprehensive identification of implemented interim solutions is undertaken within the CfH electronic SAP project on models for interfacing.	Jan Hoogewerf (Project Director to CfH electronic SAP Project) will pursue.
6.2	Find out more detail about change management processes involved in successful implementation through on-site visits/interviews and cluster level focus groups and feed into future development and implementation of strategic solutions.	Proposed follow on DOAS SAP project.
6.3	The outputs of relevant cluster level Expert Reference Groups, or their equivalent to be identified by the Centre for Policy on Ageing and shared through the SAP web-site.	Gillian Crosby agreed in principle (funding required from April 2006).
6.4	SAP, and the emerging Common Assessment Framework, should be viewed as core integrated functionality (for referral, assessment, care planning, review etc), within strategic health and social care systems rather than being a separate SAP or Common Assessment Framework set of functionality.	CfH Technical Office to communicate as high level message to LSPs. SAP Action Team to raise with ESCR Board and CRDB.
6.5	Clear unambiguous guidance from the centre on the implementation of informed consent (including recording), whether in relation to electronic or paper records, at earliest opportunity.	Liz Lawler (DH lead on Social Care Information) will pursue.
6.6	Key messages from sub group to be fed into draft strategy paper on development of Common Assessment Framework building on SAP.	Jan Hoogewerf to pursue.
6.7	LSPs be required to provide clarity about: timescales for implementation of functionality which will support SAP/Common Assessment Framework; about support for assessment tools; their approach to interfacing with social services systems; plans for migration from interim solutions.	CfH electronic SAP Project (which will develop a plan and business case for implementing electronic SAP within CfH).

## **ANNEXES**

### **Annex 3.1 Project Deliverables covered by the Sub-Group**

2. Provide examples of good current implementation of SAP assessment processes and share across the network
5. Identify current information flows between organisations
7. Identify likely information flows between organisations and identify gaps in the current OBS
8. Review current use of datasets for SAP, such as the Current Summary Record and consider its usefulness in field.
9. Consider tactical interim solutions and an integrated approach across Health and Social Care for determining the future IT requirements
10. Identification of training needs - building on the competencies framework
11. Consider areas currently out of scope for further work streams

### **Annex 3.2 Sub-Group Membership**

Gillian Crosby	Director, Centre for Policy on Ageing
Jan Hoogewerf	Advisor to DH on SAP information and IT issues; member of National SAP Action Team.
David McNally	Service Modernisation Manager (Older People) Trafford PCTs]; Chair North West/West Midlands CfH cluster Older People Expert Reference Group.

### **Annex 3.3 Survey questionnaire**

The survey questionnaire instrument below developed by the sub-group to send to localities identified as having implemented an electronic SAP solution where some progress is being made (particularly across the NHS and social care). The questionnaire was used to identify models for implementing electronic SAP and to understand status, plans, success factors, barriers and issues. A number of limitations with the instrument are clear in retrospect including, a more detailed breakdown of users (to capture more fully for example use by community nurses and community matrons) and more detail of models for interfacing.

## NHS Connecting for Health Do Once & Share SAP Project Questionnaire on Use of IT To Support SAP

### Introduction

The DOAS SAP Project includes a survey of the use of IT to support SAP with the aims being to identify models for implementing electronic SAP and to understand status, plans, success factors, barriers and issues. The findings of this survey will inform the workshop on 3<sup>rd</sup> February and feed into the DOAS SAP project report.

Locality	
Name	
Job title	
Employing agency	
Contact telephone number	

### SAP Information System

1. What information system are you using for SAP?

<u>Supplier Name</u>	
<b>System Name</b>	

2. Who is using the SAP information system currently?

<b>Types of Users</b>	<b>No. of users</b>
Social Services	
Hospitals	
General Practices	
Mental Health Trust	
Patients/Service users	
Others	

3. What is the system used for?

<b>Use</b>	<b>Yes/No</b>
Case finding	Yes/No
Assessment - contact	Yes/No
Assessment – overview	Yes/No
Assessment – comprehensive	Yes/No
Assessment – specialist	Yes/No
Care planning	Yes/No
SAP service-user database	Yes/No

4. What client groups is the system used with?

<b>Client Group</b>	<b>Used with</b>
Over 65s	Yes/No
People with physical disabilities (18-64)	Yes/No
People with learning disabilities (18-64)	Yes/No
People with long-term conditions (18-64)	Yes/No
All adults (18-64)	Yes/No

5. What assessment tools are you using on the system?

<b>Tool</b>	<b>In use</b>
Easycare	Yes/No
FACE	Yes/No
CAT	Yes/No

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MDS RAI	Yes/No
STEP	Yes/No
Locally developed tool	Yes/No
Combination tool	Yes/No

6. Are mobile devices being used and how many users are there?

<u>Device Type</u>	<u>No. users</u>
Laptops	
Tablets	
Data pens	
PDAs	
Other (specify)	

Interfaces to other Systems

7. Does the SAP system interface to other operational systems in use?  
**YES/NO** (if no, go to question 15)

8. If Yes, which systems does the SAP system interface with?

<b>Supplier Name(s)</b>	<b>System Name(s)</b>

9. What is the technical model for interfacing (e.g. messaging, data warehouse, email, robotics, data download, etc.)?

10. Who is the interfacing system supplier?

11. What have been the interfacing costs (one-off and revenue if possible)?

12. What information or data set(s) are transferred between the SAP system and other systems? Is the current Summary Record used for this purpose?

13. Are NHS and social services networks linked?  
**Yes/No** (if no, go to question 15)

14. If Yes, how has this been achieved and what does it cost (one-off and revenue costs if possible)?

Issues & Lessons

15. What are the main problems or barriers that are delaying progress with your project/implementation?

16. What are your top tips or what do you feel are the factors that have contributed most to the success of your project?

17. Have you carried out any evaluations or benefits realisation exercises that could be shared with others?

18. If not covered above, how successful has stakeholder engagement and workforce development been to date?

19. What are the main benefits (and dis-benefits) that you have identified to date?

**Future Plans**

20. What plans do you have for future developments/implementation?

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21. If the system is a local one, have you had discussions with the LSP about migration or integration with the NCRS and what migration/integration plans have been identified/agreed?

Please return the completed questionnaire by close of play on **Thursday 19th January** by email to [David.McNally@trafford.nhs.uk](mailto:David.McNally@trafford.nhs.uk). If you would prefer for us to complete the questionnaire over the phone with you please telephone: David McNally on 0161 973 9572, or; Jan Hoogerwerf on 07768 877306, or; Gillian Crosby on 020 7553 6500.

Thanks for your time

### **Annex 3.4 Localities that responded to the survey questionnaire**

Our thanks to the localities that responded:

- London - Tower Hamlets, Islington
- Southern – South Gloucester, Swindon, Woking
- North West/West Midlands - Cheshire, Solihull, Lancashire,
- North East - Sunderland, North Lincolnshire, North Yorkshire
- East - Bedfordshire

### **Annex 3.5 DOAS SAP 03.02.06 Conference – workshop views**

- Workshop participants considered that the survey findings broadly reflected their own experience (a minority of participants had responded to the survey). Many of the emerging messages reflected previous findings in work by the North West E-Government Group in 2003 and the National SAP Action Team in 2005.
- Identification of interim solutions more comprehensively was considered desirable and feasible.
- Change management was the aspect of learning from current implementations that was felt to be worth further investment but through on-site visits/interviews and cluster level focus groups rather than more detailed survey questionnaires.
- The outputs of relevant cluster level Expert Reference Groups, or their equivalent, should be identified and shared.
- Information sharing was still being constrained by views at local level about limits to the sharing of patient information. Clear unambiguous guidance from the centre on the implementation of informed consent (including recording), whether in relation to electronic or paper records, would be a significant 'quick win'.
- There was a clear view that as SAP develops into a Common Assessment Framework (as described in the White Paper), development within strategic health and social care systems should be viewed as core integrated functionality (for referral, assessment, care planning, review etc), rather than being a separate SAP or Common Assessment Framework set of functionality.

### **Annex 3.6 Review of e-SAP evaluation reports**

Evaluations of the implementation of electronic versions of SAP from Hertfordshire, North Somerset, North Yorkshire and South Tyneside were reviewed (undertaken by Nat Lievesley, Centre for Policy on Ageing).

The key points that emerged were as follows, with recurring themes in bold.

#### **1) Training**

- a. **Basic IT competence cannot be assumed. Absence of basic IT competence holds back implementation**
- b. Good working knowledge of the assessment tool is a prerequisite which cannot be assumed

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- c. 'Hand holding' training necessary for successful implementation.
- d. Full training necessary for all. Cascading not effective.
- e. The availability of a fully functional demonstration system is essential for training.
- f. Simple guidance notes and overall process maps should be made available.
- g. IT system trainers need to be fully cognisant of the context and environment in which the end-user will operate.

### 2) Technical

- a. The e-SAP system should allow access for technical and connectivity testing without access to data.
- b. Problems caused by late delivery of prerequisite infrastructure e.g. N3.

### 3) Management

- a. Clear leadership and support from managers essential for successful implementation
- b. A dedicated (i.e. with no other jobs) project manager, who can form a point of contact and a conduit for all problems and queries, is essential**

### 4) General

- a. Electronic information sharing needs to be supplemented by other modes of communication and joint working between Health and Social Care staff
- b. Need to avoid any danger that e-SAP may detract from 'good practice' in terms of relationship with older person.**
- c. There are worries still over confidentiality. Clear guidance from DH requested.
- d. Problems of incompatibility of IT systems, calls for universality of IT system i.e. standardised across country to facilitate information sharing and staff movement.