About us

• The NHS Commissioning Board (NHS CB):
  • was established as a special health authority on 31 October 2011 and as an executive non-departmental public body on 1 October 2012;
  • plays a key role in the Government’s vision to modernise the NHS and secure the best possible outcomes for patients.
• Renamed to NHS England – 1st April 2013
Our role

Patient-focused, clinically-led organisation that has the culture, style and leadership to truly improve outcomes for patients

• To *allocate resources* to clinical commissioning groups (CCGs)

• To *support CCGs to commission services* on behalf of their patients (according to evidence-based quality standards)

• To have *direct responsibility for commissioning* services:
  • primary care;
  • military and prison health services;
  • high secure psychiatric services; and
  • specialised services.
The role of the NHS CB

- To uphold the principles and values of the NHS Constitution

“The NHS belongs to the people. It is there to improve our health and wellbeing, supporting us to keep mentally and physically well, to get better when we are ill and, when we cannot fully recover, to stay as well as we can to the end of our lives. It works at the limits of science – bringing the highest levels of human knowledge and skill to save lives and improve health. It touches our lives at times of basic human need, when care and compassion are what matter most.”
NHS CB structure

- **27 Area teams** – commissioning high quality primary care services, supporting and developing CCGs, assessing and assuring performance, direct and specialised commissioning, managing and cultivating local partnerships and stakeholder relationships, including representation on health and wellbeing boards

- **Four regions** - providing clinical and professional leadership, co-ordinating planning, operational management and emergency preparedness and undertaking direct commissioning functions and processes within a single operating model

- **National support centre** in Leeds and a presence in London
Clinical Informatics Team

- Professor Jonathan Kay – Chief Informatics Officer
- Multidisciplinary clinical leads
  - Anne Cooper - Nurse
  - David Davis – Paramedic / AHP lead
  - David Law – Consultant Paediatrician
  - Masood Nazir – GP / CCG lead
- Network support team - Head of Informatics, Network support manager, project support
- Recognition that clinical input and networks are essential to deliver our goals
Domain 1
- Preventing people from dying prematurely

Mike Richards
Domain 2
- Enhancing the quality of life for people with long term conditions

Martin McShane
Domain 2
- Enhancing the quality of life for people with long term conditions

Martin McShane
Domain 3
- Helping people to recover from episodes of ill health or following injury

Keith Willett
Domain 4
- Ensuring that people have a positive experience of care

Neil Churchill
Domain 5
- Treating and caring for people in a safe environment and protecting them from avoidable harm

Mike Durkin
Domain 5
- Treating and caring for people in a safe environment and protecting them from avoidable harm

Mike Durkin
Medicines are at the very heart of modern medicine

• The medications we use have increased in number and complexity. This demands more knowledge and understanding from clinical staff

• This also leads to greater concern over the risk of errors and the harm they cause

• Medication errors are indeed identified as a major preventable source of harm in healthcare
Medicines safety is a key concern

- Errors do occur, UK studies show that:
  - Prescribing errors occur in 1.5-9.2% of medication orders written for hospital inpatients
  - Dispensing errors are identified in 0.02% of dispensed items
  - Medication administration errors occur in 3.0-8.0% of non-intravenous doses and about 50% of all intravenous doses

- The use of ePrescribing can help reduce such errors

Source: Vincent C, Barber N, Franklin BD, Burnett S. The contribution of pharmacy to making Britain a safer place to take medicines.

**Defining ePrescribing**

**ePrescribing**: the utilisation of electronic systems to facilitate and enhance the communication of a prescription or medicine order, aiding the choice, administration and supply of a medicine through knowledge and decision support and providing a robust audit trail for the entire medicines use process.

(NHS Connecting for Health, 2007)

http://www.connectingforhealth.nhs.uk/systemsandservices/eprescribing/baselinefunctspec.pdf
ePrescribing is easy conceptually.
ePrescribing is complex, actually, surprisingly
ePrescribing can do great things

- ePrescribing systems help reduce the risk of medication errors to:
  - Produce more legible prescriptions
  - Alert for contra-indications, allergies and drug interactions
  - Guide inexperienced prescribers
  - Support timely and complete administration
### Core Summary
- Demographic details
- Agencies involved (contact)
- Carer / NOK details
- Medication history
- Allergies
- Alerts
- Medication problems and reasons for change
- A&E / IP / OP attendances
- End of Life care plan
- Medical discharge

### Community Health summary
- Medical tests and results
- Alerts - domestic violence
- Medication problems and reasons for change
- Soc serv / Com Health care plans
- Referral details

### Acute provider summary
- Medical tests and results
- Medication problems and reasons for change
- A&E / IP / OP attendances
- Alerts - domestic violence / child protection
- Referral details
- MH / Social services / Community Healthcare care plans
- Ambulance activity
- Social Services care plan
- Child protection alerts

### GP summary
- Medical tests and results
- Medication problems and reasons for change
- MH / Social services / Community Healthcare care plans
- Ambulance activity
- Social Services care plan
- Child protection alerts

### Ambulance trust
- Ambulance activity
- MH/Soc serv/Com Health care plan
- GP visits

### Mental Health
- Medical tests and results
- MH/Soc serv/Com Health care plan
- Medication problems and reasons for change
- Alerts – domestic violence / child protection / high volume user
- GP visits
- Referral details

### Adult Social Services (ASS)
- MH/Soc serv/Com Health care plan
- GP visits
- Referral details
- Alerts – dom viol / adult protection
- Best interest decisions

### Children’s Social Services
- GP visits
- Family social care history

### ASS (hospital based)
- MH / Soc serv/Com Health care plan
Clinician benefits

“There are many occasions where patients have gone into A&E for an urgent problem, didn't know what their medication was and they've ended up staying a few days, just for the hospital to find out what medication they were on before they could make the changes”

• Improved appropriateness of clinical care
• Faster recognition of critical clinical need
• An end to "flying blind" with access to medication history for confused or non-verbalising patients
Hospital Pharmacists

• NICE patient safety guidance 1 (Dec 07): ‘The aim of medicines reconciliation on hospital admission is to ensure that medicines prescribed on admission correspond to those that the patient was taking before admission.’

• SCR can play a key role in medicines management for patients

• SCR potential frees up time for both hospital pharmacists and GP surgeries
<table>
<thead>
<tr>
<th>PHARM.</th>
<th>Dose</th>
<th>APPLNAME OF MEDICINE</th>
<th>DATE</th>
<th>TIMES OF ADMINISTRATION</th>
<th>OTHER</th>
<th>ROUTE</th>
<th>OTHER INSTRUCTIONS</th>
<th>DOCTOR'S SIGNATURE</th>
<th>DISCONTINUED</th>
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<td>07/01</td>
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<td>2mg</td>
<td>17/01/2023</td>
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<td>18/01/2023</td>
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<td>OF-118</td>
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<tr>
<td></td>
<td></td>
<td>SENNA</td>
<td>2mg</td>
<td>22/01/2023</td>
<td></td>
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</table>
Hospital ePrescribing Architecture

1 : many relationship
### Emergency Care Record

**Medication issued by GP within last 12 Months**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Dose</th>
<th>Qty</th>
<th>Date</th>
<th>Author</th>
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<tbody>
<tr>
<td>PROCYCLIDINE tabs 5mg</td>
<td>ONE THREE TIMES A DAY</td>
<td>21</td>
<td>14 May 2012</td>
<td>GP</td>
</tr>
<tr>
<td>PRASATIN tabs 40mg</td>
<td>TAKE ONE AT NIGHT</td>
<td>7</td>
<td>14 May 2012</td>
<td>GP</td>
</tr>
<tr>
<td>PAROXETINE tabs 20mg</td>
<td>TAKE TWO DAILY</td>
<td>14</td>
<td>14 May 2012</td>
<td>GP</td>
</tr>
<tr>
<td>METFORMIN tabs 500mg</td>
<td>TAKE ONE THREE TIMES DAILY</td>
<td>21</td>
<td>14 May 2012</td>
<td>GP</td>
</tr>
<tr>
<td>ISOSORBIDE MONONITRATE tabs 20mg</td>
<td>TAKE ONE IN THE MORNING, ONE AT 20M</td>
<td>14</td>
<td>14 May 2012</td>
<td>GP</td>
</tr>
<tr>
<td>FERROUS FUMARATE tabs 210mg</td>
<td>TAKE ONE THREE TIMES DAILY</td>
<td>21</td>
<td>14 May 2012</td>
<td>GP</td>
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<tr>
<td>ASPIRIN disp tab 75mg</td>
<td>ONE EACH MORNING, DISOLVED IN WATER, TAKEN WITH FOOD</td>
<td>7</td>
<td>14 May 2012</td>
<td>GP</td>
</tr>
<tr>
<td>AMLODIPINE tabs 10mg</td>
<td>TAKE ONE DAILY</td>
<td>7</td>
<td>14 May 2012</td>
<td>GP</td>
</tr>
<tr>
<td>AMITRIPTYLINE tabs 400mg</td>
<td>ONE TWICE A DAY</td>
<td>14</td>
<td>14 May 2012</td>
<td>GP</td>
</tr>
<tr>
<td>GLYCERYL TRINITRATE ecf free pump spray</td>
<td>ONE PUFF AS NEEDED</td>
<td>100</td>
<td>04 May 2012</td>
<td>GP</td>
</tr>
<tr>
<td>METRONIDAZOLE tabs 400mg</td>
<td>TAKE ONE THREE TIMES DAILY</td>
<td>21</td>
<td>22 Mar 2012</td>
<td>GP</td>
</tr>
<tr>
<td>HYDROCORTISONE + MICONAZOLE NITRATE CRM 1% + 2%</td>
<td>APPLY TWICE DAILY</td>
<td>15</td>
<td>16 Mar 2012</td>
<td>GP</td>
</tr>
<tr>
<td>FLUCLOXACILLIN caps 250mg</td>
<td>TAKE ONE FOUR TIMES DAILY</td>
<td>20</td>
<td>16 Mar 2012</td>
<td>GP</td>
</tr>
<tr>
<td>TRIMOVATE CRM</td>
<td>APPLY TWICE DAILY</td>
<td>60</td>
<td>30 Jan 2012</td>
<td>GP</td>
</tr>
<tr>
<td>TARMOL 500 10cc</td>
<td>WHEN REQUIRED</td>
<td>500</td>
<td>20 Jan 2012</td>
<td>GP</td>
</tr>
<tr>
<td>CO-AMOXICLAV (amoxicillin &amp; clavulanic acid) tab 250mg+125mg</td>
<td>TAKE ONE THREE TIMES DAILY</td>
<td>21</td>
<td>20 Jan 2012</td>
<td>GP</td>
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<tr>
<td>SUDOCREM ANTESTIC HEALING CRM</td>
<td>APPLY FOUR TIMES A DAY</td>
<td>60</td>
<td>12 Dec 2011</td>
<td>GP</td>
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<tr>
<td>PNEUMOCOCCAL 23-VALENT POLYSACCHARIDE</td>
<td>AS DIRECTED</td>
<td>1</td>
<td>04 Oct 2011</td>
<td>GP</td>
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</table>
Heart of Birmingham: Clinical Portal

This clinical portal has enabled the capture of a central electronic patient record.

The introduction of this system has supported care pathways and clinicians now have access to up-to-date clinical information in all care settings, regardless of discipline or location.

Patients with long term conditions are particularly benefiting from the new clinical portal.
NHS England > Green light for £260 million technology fund to make the NHS safer

Green light for £260 million technology fund to make the NHS safer

22 May, 2013

Doctors and nurses are to get better information about patients so people get safer care thanks to a new £260 million NHS technology fund, announced by NHS England today.

The fund will be available to NHS providers to support the move from paper-based systems for patient notes and prescriptions to integrated electronic care records and the development of e-prescribing and e-referral systems.

This will help stop the situation where patients find themselves having to repeat their medical history over and over again – sometimes in the same hospital – because the hospital does not have access to their records.

Studies show electronic prescribing can cut prescription errors – which can be present in as many as 8% of hospital prescriptions – by up to 50%.

Professor Sir Bruce Keogh, Medical Director of NHS England said:

“This new fund will help patients get better and safer care by giving doctors access to the right information when they need it most.
The “Safer Wards, Safer Hospitals” Technology Fund

- [Link](http://www.england.nhs.uk/ourwork/tsd/sst/tech-fund/)

Q6. What sort of proposals is the Technology Fund intended to support?

A. As outlined in the Secretary of State’s speech announcing the Technology Fund (Friday 17th May 2013), the primary purpose of the fund is to support NHS organisations to increase the scale and scope of their use of digital information technology in three key areas:

- the introduction of integrated digital care records
- the introduction of electronic prescribing in secondary care
- the introduction of advanced scheduling
<table>
<thead>
<tr>
<th>Date</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>17th May 2013</td>
<td>Secretary of State announced £260m capital fund</td>
</tr>
<tr>
<td>20th May 2013</td>
<td>Briefings with Foundation Trust Network, TDA and Industry (Intellect)</td>
</tr>
<tr>
<td></td>
<td>Initial landing page re Technology Fund created on NHS England website, <a href="mailto:england.nhstechfund@nhs.net">england.nhstechfund@nhs.net</a> opened, FAQs uploaded</td>
</tr>
<tr>
<td>1st July 2013</td>
<td>“Achieving an Integrated Digital Care Record” guidance document including the Technology Fund prospectus and “Expression of Interest” application published. Community of Practice launched</td>
</tr>
<tr>
<td>31st July 2013</td>
<td>All NHS and Foundation Trusts – Acute, Community, Mental Health and Ambulance Trusts – return “Expression of Interest” application</td>
</tr>
<tr>
<td>1st Aug – mid Sept 2013</td>
<td>Due diligence process undertaken with a panel of 32 experts – clinical, technical, commercial, financial – IGC principles</td>
</tr>
<tr>
<td>22nd Oct 2013</td>
<td>ISCG sub-group signs off successful awards</td>
</tr>
<tr>
<td>31st Oct 2013</td>
<td>Successful applicants confirmed and funds committed</td>
</tr>
<tr>
<td></td>
<td>Organisations publish “Commitment to proceed” statements on Web</td>
</tr>
<tr>
<td>To Mar 2015</td>
<td>Benefits tracked and reported - All resources invested</td>
</tr>
</tbody>
</table>
The challenge

- Implementing ePrescribing is a challenge, a major project and a substantial change in the way care is delivered
- But it is achievable, and others have achieved it and gained many benefits
- Once it is in use most health care professionals would not want to go back to paper
Give me a kick when it’s all sorted

Masood Nazir: masood.nazir@nhs.net