

# King's Health Partners – first steps in great expectations

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# Who are KHP? - Key Facts

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- **One of top 25 universities in the world**
- **3 of UK's leading NHS Foundation Trusts**
- **7 hospitals**
- **Over 150 community based services**
- **2 million patients each year**
- **25,000 employees**
- **20,000 students**
- **£2 billion annual turnover**

# The KHP Vision – a radical shift in healthcare

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- **King's Health Partners is pioneering better health & wellbeing, locally & globally, through integrating excellence in research, in education and training, and in patient care**

# KHP Mission – to be the best AHSC in the UK


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- **Drive integration of research, education & clinical care**
- **Consider all aspects of the health needs of patients**
- **Improve the health & wellbeing locally**
- **Develop an AHSC which draws upon all academic expertise**
- **Identify at risk groups**
- **Work innovatively with partners to redesign patient pathways**


# Population – focus on local health needs and reducing inequalities

Health Indicator	Lambeth	Southwark	Lewisham	Greenwich	Croydon	Bromley	Bexley
Binge drinking adults	Worse than London average	Worse than London average	In line with London average	In line with London average	Better than London average	Better than London average	Better than London average
Deaths from smoking	Worse than London average	Worse than London average	Worse than London average	Worse than London average	Better than London average	Better than London average	Better than London average
Drug Misuse	Worse than London average	Worse than London average	Worse than London average	In line with London average	Better than London average	Better than London average	Better than London average
Early deaths: Cancer	Worse than London average	Worse than London average	Worse than London average	Worse than London average	Better than London average	Better than London average	In line with London average
Early deaths: Heart disease & stroke	Worse than London average	Worse than London average	Worse than London average	Worse than London average	In line with London average	Better than London average	Better than London average
Healthy eating adults	Better than London average	In line with London average	Worse than London average	Worse than London average	In line with London average	Better than London average	Worse than London average
Hospital stays due to alcohol	Worse than London average	Worse than London average	Worse than London average	In line with London average	In line with London average	Better than London average	Better than London average
Infant Mortality	Worse than London average	Worse than London average	In line with London average	In line with London average	Worse than London average	Better than London average	In line with London average
Life expectancy	Worse than London average	Worse than London average	Worse than London average	Worse than London average	In line with London average	Better than London average	Better than London average
Mental Illness	Worse than London average	Worse than London average	Worse than London average	Worse than London average	In line with London average	Better than London average	Better than London average
Obese Adults	In line with London average	Worse than London average	Worse than London average	Worse than London average	Worse than London average	Better than London average	Worse than London average
Obese Children	Worse than London average	Worse than London average	In line with London average	Better than London average	In line with London average	Better than London average	Better than London average
Physically active adults	Better than London average	In line with London average	In line with London average	Worse than London average	Worse than London average	Worse than London average	Worse than London average
Teenage Pregnancy	Worse than London average	Worse than London average	Worse than London average	Worse than London average	Worse than London average	Better than London average	Better than London average
Tuberculosis	Worse than London average	Worse than London average	Better than London average	In line with London average	Better than London average	Better than London average	Better than London average
Violent Crime	Worse than London average	Worse than London average	Worse than London average	Worse than London average	Better than London average	Better than London average	Better than London average

## Key

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 In line with London average

 Better than London average

Source : Department of Health Community Health Profiles 2009

# Benefits for patients

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## Now

Four independent organisations with different visions and investment priorities

Lack of integration of clinical, research and education due to organisational barriers

Long translational cycle time with low levels of patient participation in research

Slow adoption of innovation and best practice locally, nationally, internationally

Focus of clinical and academic resources on treating ill-health in a hospital setting

General poor health of our local population with wide inequalities in health and access

## Future

Partnership with integrated leadership, shared purpose and investment priorities

CAGs responsible for developing and delivering the tri-partite mission

Shorter translational pathways delivered through our new research infrastructure

Faster and wider dissemination of knowledge through the Education Academy

Increased resources invested in prevention and on delivering care in the community

Reduced inequalities, better health through most up-to-date treatments to patients

# Partnership Strategic Developments

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- **Partnership Board** (joint venture with one or more limited companies underneath it)) with independent Chair
- **KHP Executive Group**
- **KHP Advisory Group**
- **Strategy Co-ordination Group** – development of KHP Strategic Framework 2010-2014 (public consultation Jul-Sep '09)
- **Nov. '09 – to be presented for approval & adoption by FTs' Board of Directors & the College Council**

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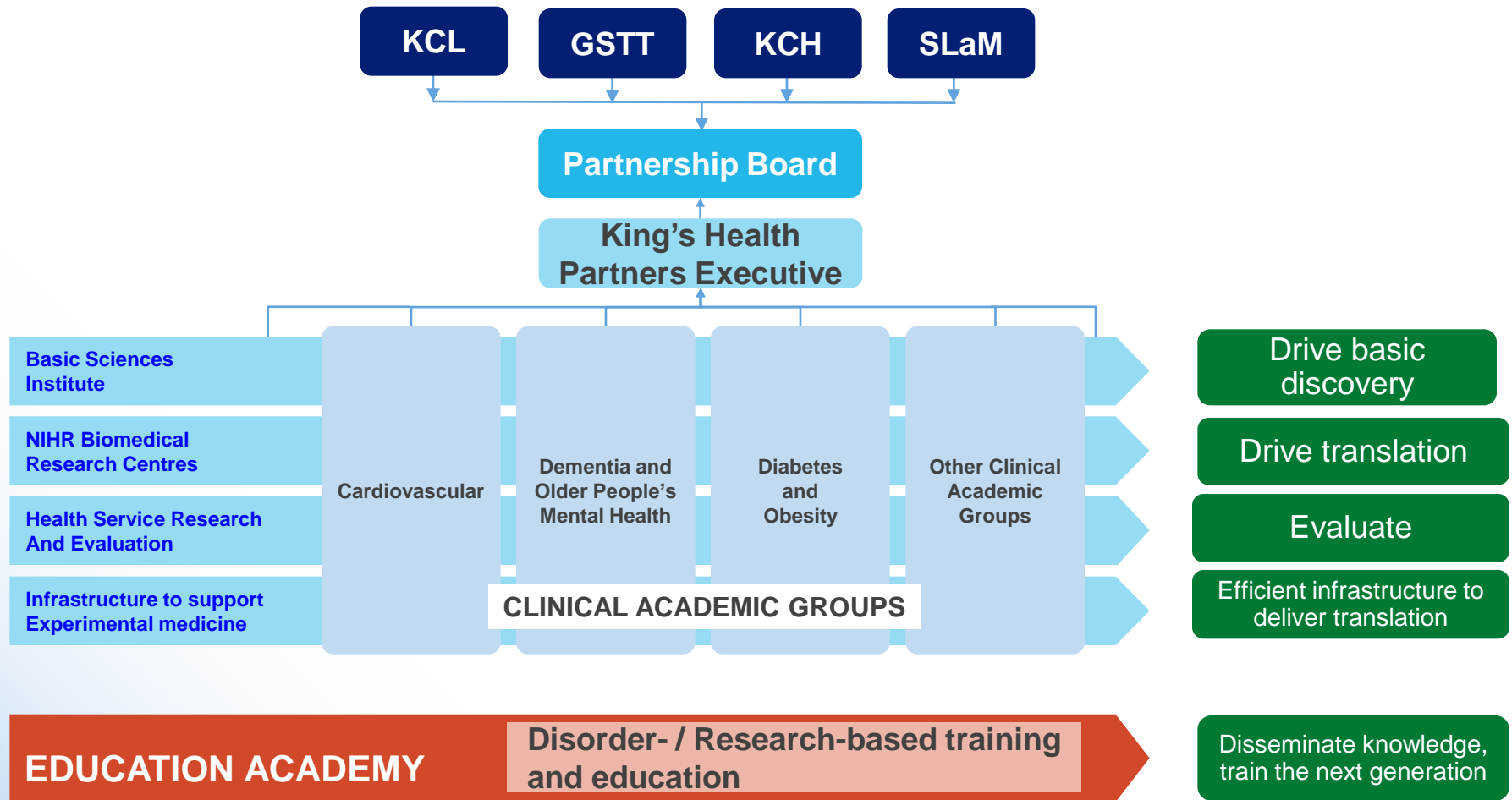
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# Clinical Academic Groups: key to accelerating translation



# CAG and Research Group Structure

## Basic Science Institute

1. Liver, Renal, Urology, Transplant & Gastro/GI Surgery

2. Orthopaedics, Trauma, ENT & plastics

3. Cardio-Vascular

4. Clinical Neurosciences

5. Cancer, Haematology, Palliative Care & Therapies

6. Dental

7. Medicine

8. Diabetes, Nutrition, Endocrine Obesity & Ophthalmology

9. Genetics, Rheumatology Infection, Dermatology

10. Imaging

11. Women's

12. Child Health

13. Pharmaceutical Sciences

14. Allergy, Respiratory, Critical care & Anaesthetics

15. Mental Health of Older Adults & Dementia

16. Child & Adolescent Mental Health

17. Addictions

18. Psychosis

19. Behavioural & Developmental Psychiatry

20. Mood, Anxiety & Personality Disorder

21. Psychological Medical

## Health Services, Policy & Evaluation Institute

- **IM/IT Strategy Group**
- Vision, values and principles draft KHP Strategic Framework
- KHP accreditation documents
- Underlying draft strategies tripartite elements
- Strategies and plans for the BRC Centres (comprehensive, specialist in mental health, patient safety and service quality)
- Integrated Cancer Centre Research IT strategy
- Consultation Transition Executive & key stakeholders in first wave CAGs
- **KHP Executive Lead:** Professor Frank Walsh

# ICT/IM Strategic Development Plan - Constraints

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- **KHP Strategy is still being developed**
- Must support strategic aims of KHP plus respond to core requirements of the tri-partite mission
- 4 organisations not starting from scratch & have different systems with different levels of complexity & functionality
- Even where same software solution, differences in versions, configuration & functionality utilised
- **Proposed series of projects for 12 month period**
- **Funding major issue**
  - None attached to AHSC accreditation
  - Small contributions from partners' IT recurrent budgets
  - Additional funding secured from Translational BRC, GSTT & CfH to support research platform & clinical system projects
  - HIEC (Health Innovation & Education Cluster) bid

## 7 Programme Themes

1. Clinical Systems Development
2. Health Research Platform
3. Education & Training
4. Infrastructure
5. Digital Strategy
6. CAG Performance Indicators
7. Information Governance

# 1. Clinical Systems Development

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- 2 acute Trusts developing strategy for provision of **core patient administration & EPR systems**
- Both use same basic technology from iSOFT but additional local functionality
- Recently appraised two CfH solutions (Cerner & Lorenzo) but concerns about meeting requirements
- **Focus for 2009/10 on** renegotiating existing contracts
- Consultation with key clinical groups to define requirements to meet new ways of working
- Develop a strategy for sharing information across two acute Trusts, e.g. make core systems (EPR, PACS) visible & available to clinicians

## Clinical Systems Development - 2

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- Develop a strategy to meet specialty requirements of CAGs consistent with sharing core systems within KHP as well as local Trust strategies
- **Benefit** – stepped approach will maintain stability of existing solutions whilst enabling clinicians to work more seamlessly across Trusts
- **Links** with Info Governance, research platform & infrastructure projects
- ***Dental Clinical Systems development*** – funding allocated by CfH to GSTT & KCH for procurement of dental clinical info system – existing EPR issue
- **Benefit** – common dental EPR across DI
- **Links** with other Clinical Systems development

## 2. Health Research Platform

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- Currently 3 projects on-going to support the development of a health research IT platform:
- **CRIS (Case Register Interactive Search) Project** for the Specialist BRC in Mental Health
- **ORIS (Oncology Research Information System)** for the Integrated Cancer Centre
- **TRIAD (Translational Research Integrated Academic Database)** for the Comprehensive BRC
- Three projects have high levels of commonality in technology approaches & requirements
- All will require significant investment
- November '09 external assessment of relationships
- **Benefits** – minimise duplication & invest time & resources wisely for benefit of all projects



### 3. Education & Training

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- **Creation of KHP-wide flexible learning platform** - to support education & workforce development. Aim is to build on existing learning systems & content
- **Benefit** – will provide a single point of access to all KHP online education & training resources that can be accessed by authorised staff & students independent of location
- Project is important element in KHP's bid to lead one of the planned HIECs (Health Innovation & Education Clusters) proposed by DoH
- **Initial priority is review of all e-learning courses available across 4 partners to identify a potential e-portfolio – access early 2010**
- **Delivery of KHP-wide VLE** planned for Sep. 2011

## Education & Training - 2

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- ***Electronic information resources*** – KCL extensive range to support education and research vs. more limited resources licensed through NLH for staff in Trusts
- **Longstanding sector-wide issue** - negotiations at national level have failed to resolve or progress
- Initial discussions with individual publishers planned to develop costed proposals to extend access to Trust staff to key collections licensed to College (bargaining position remains weak until partnership agreement signed) – costs high!
- **Interested in dual AHSC approach as well –**
  - contacted London AHSCs already suggesting exploratory meeting
  - NHS-HE Forum Content Group

## Education & Training - 3

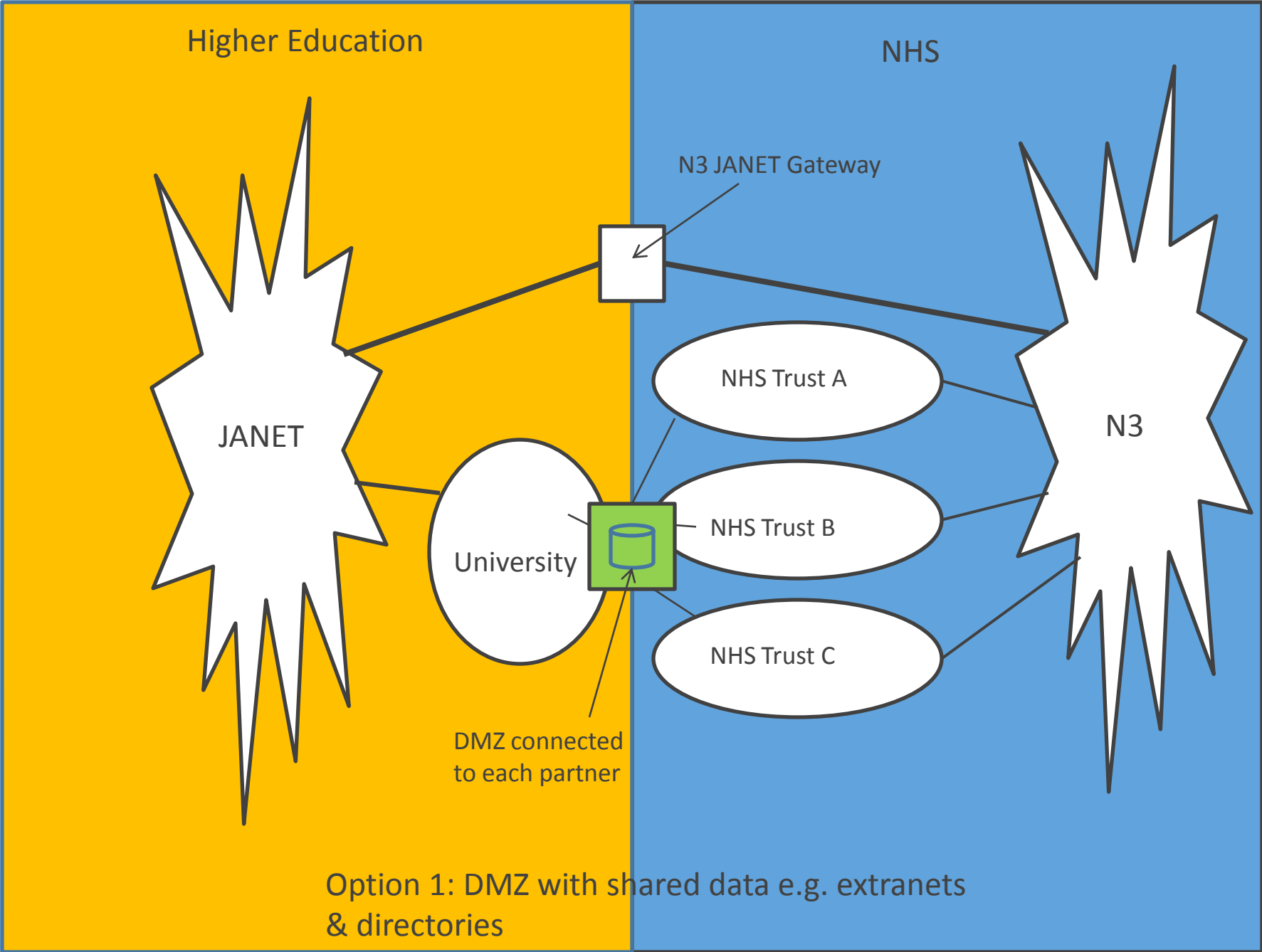
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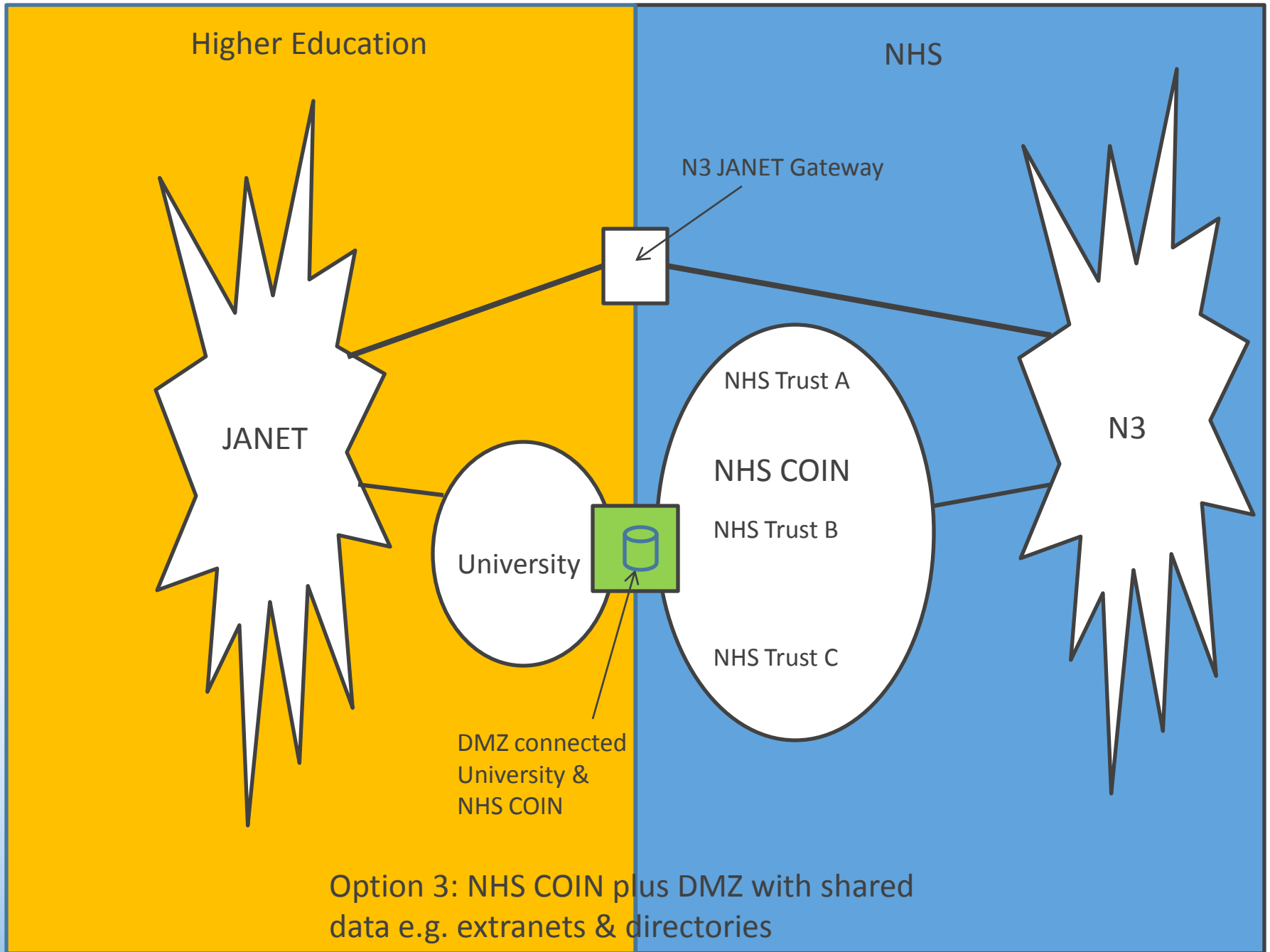
- **Last, but not least:**
  - research output
  - citations
  - bibliometrics & REF
  - league tables
- **KCL Citation Policy** – KHP added component in revised document
- Discussions concerning **KHP utilising research outputs & bibliometrics functionality** in KCL's VRE (Virtual Research Environment)

## 4. Infrastructure

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- **Inability to access systems & applications regardless of location**, even though authorised to use them - frustration of many staff & students across 4 organisations
- Historically, network connections between individual partners have been developed to meet individual requirements
- But connections have not been developed in a standard way nor use common technologies
- **Liaison with NHS-HE Forum** – N3/JANET Gateway
- **Project will evaluate:**
  - options for network connectivity & federated IAM & will develop proposal for technical design
  - will include potential for leveraging N3/JANET Gateway & for using Shibboleth technology within KHP
- **Discussions with Malcolm Teague** – AHSC connectivity





Higher Education

NHS

N3 JANET Gateway

JANET

University

NHS Trust A

NHS COIN

NHS Trust B

NHS Trust C

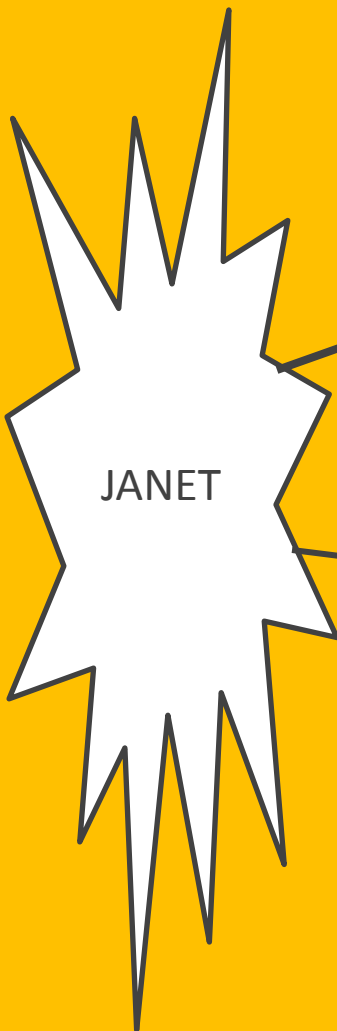
N3

DMZ connected  
University &  
NHS COIN

Option 3: NHS COIN plus DMZ with shared  
data e.g. extranets & directories

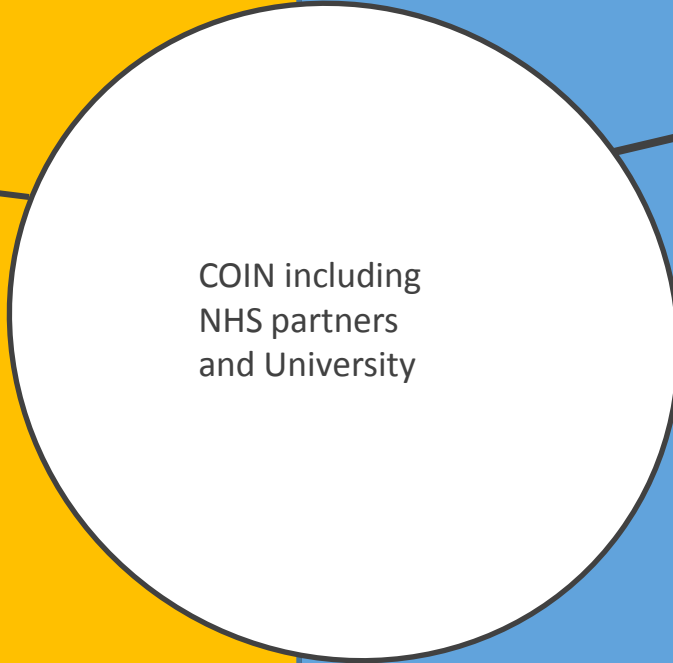
Higher Education

NHS

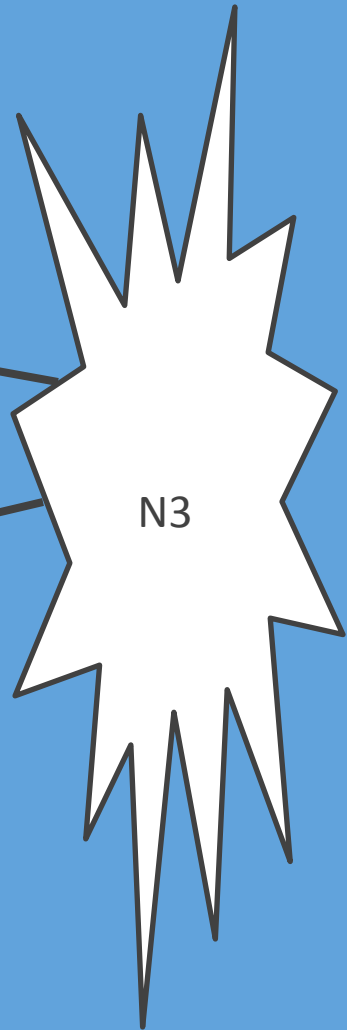


JANET

N3 JANET Gateway



COIN including  
NHS partners  
and University



N3

Option 5: AHSC Shared Network Infrastructure  
for NHS and University.

## Infrastructure - 2

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- **Links** – core underpinning element of other projects that require cross-organisational access to systems or data sharing; the info governance framework, especially the info security framework
- ***E-mail address books*** – project focuses on scoping a long-term sustainable solution for sharing address books
- **Interim solution** already implemented for sharing of e-mail address books of 3 Trusts but needs refining
- KCL has been implementing a local e-mail upgrade program and needs to segment its address book so that only the relevant data is shared
- **Benefit** – cross-organisational communications will be easier for individuals – will help foster engagement



## 5. Digital Strategy

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- **Development of digital strategy for KHP** -communications workstream commissioned external consultants
- No of recommendations overlapped with initiatives already on-going within the Partnership e.g. VRE at KCL (delivering staff profiles, bibliometrics, grant info & research opportunities in support of REF)
- Proposed to extend functionality of VRE to Trusts in second phase of development
- **Project has established working group to:**
  - agree requirements around content & functionality;
  - develop shared understanding of existing projects & how they might be exploited;
  - deliver initial intranet site with priority on staff profiles
- **Benefit** – website with high usability, quality content & relevant tools to build KHP brand – ext. comms

## 6. CAG Performance indicators

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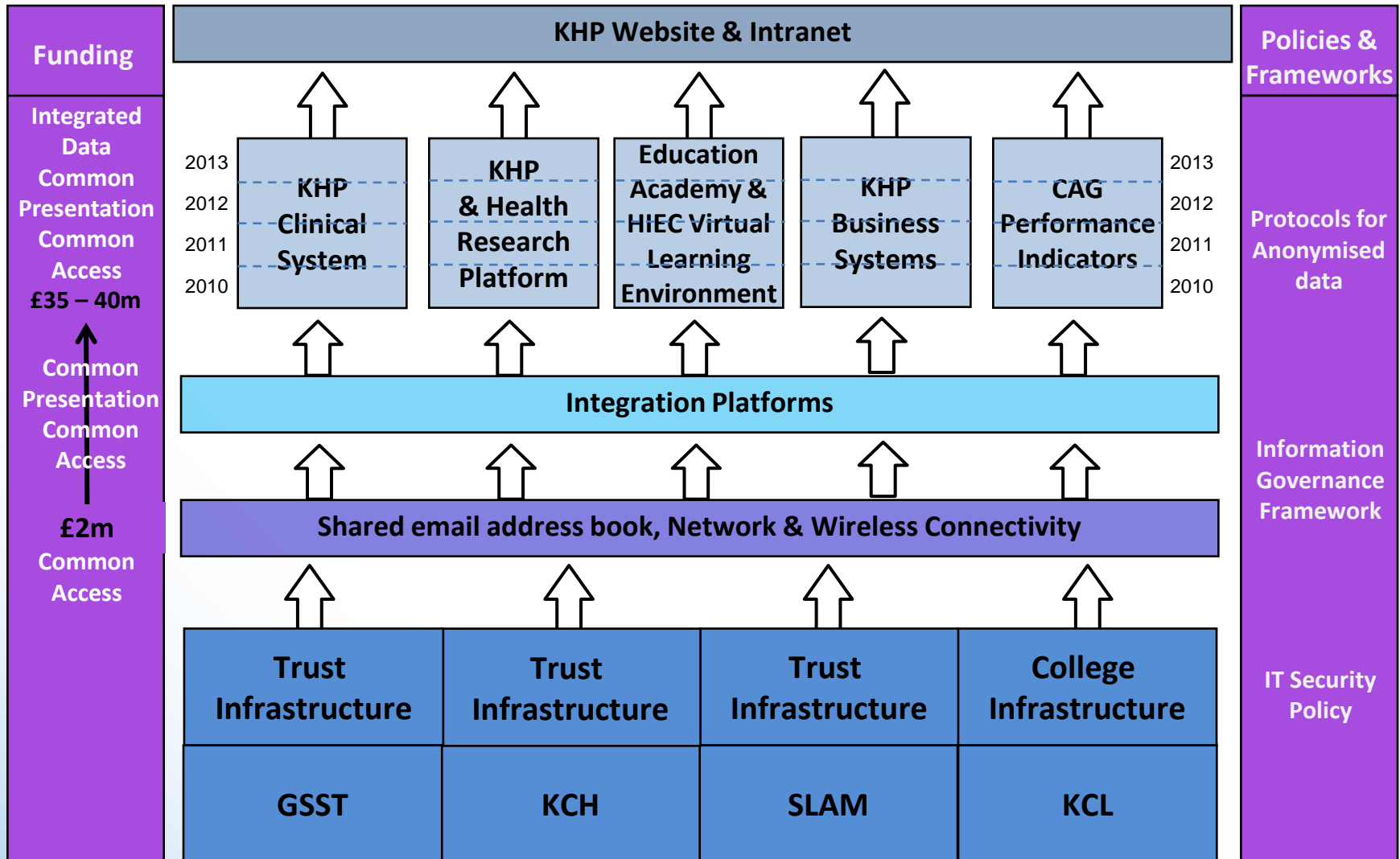
- **Performance management criteria** currently being developed for CAGs
- Project builds on experience of KCH in developing scorecards for each care group which comprises a series of Trust-wide indicators plus specific indicators relevant to the specialty
- **Project will scope** the potential for developing a dashboard approach for KHP executives to access performance indicators
- **Links** with clinical systems development & potentially the digital strategy.

## 7. Information Governance

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- **Information governance framework** is essential to enable secure & appropriate sharing of data across organisations
- Framework will consist of **an information security framework & an information sharing policy**
- Caldicott Guardian Group are the main “business owners” of this element of the plan
- Trusts already operate to similar standards so main effort to align KCL policies with those in Trusts
- **Project will:** agree info sharing policy; finalise info security framework; assess KCL’s IG structures in context of NHS Info Governance Toolkit; & develop an e-learning tool about confidentiality & data protection
- **Link** projects – network, IAM, research, VLE

# Building the KHP ICT Architecture



# The Certain Future

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- Lots more to be done!
- Continue to expand our partnerships at local, national & international level
- Continue to participate in national initiatives (NIMR's Health Research Support Service Pilot Programme – part of Research Capability Programme)
- Continue to align cultures of 4 large & successful organisations
- Create the management capacity amidst numerous competing pressures
- Generate funds for investment whilst preparing for substantial financial cutbacks
- Renewal of accreditation as AHSC in 2014!
- The metrics of success will be tough