Cinapsis
SmartReferrals

NHS England and Improvement Midlands Region

EeRS – Midlands Deployment

2023

delivery@cinapsis.org   www.cinapsis.org

Objectives

- Cinapsis – Brief overview to Cinapsis

- What is EeRS

- Example patient flow

- Expected benefits

- Proposed delivery approach

Brief Introduction to Cinapsis

Relevant Senior Contacts

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CEO

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CTO

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Head of Delivery

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Training and Support Lead

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Product Manager

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UX Design Lead

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Head of Engineering

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Information Governance Lead

Georgia Kingston
Head of Marketing

Carl Woodroffe
Business Development Manager

Recent Project Delivery Success Examples

Bath, Swindon & Wiltshire ICS - Multiple Services

- 120 Services (planned & urgent care)
- Handling urgent & planned care from Ambulatory Care, MoD, GP's, Community Providers
- 2422 Users

Called out as Exemplar deployment by ICS

Live within 3 months from commencement, replacing incumbent provider with no operational disruption

Ongoing transformation programme

Positive user feedback

Cambridgeshire & Peterborough ICS - EeRS

Deployed successfully on time as one of the first EeRS providers to market

Demonstrable continued improvement to tailor and develop the solution in response to customer feedback

Cinapsis were a member of the Alpha team, working in partnership with NHSE and a small working group to define the PMS API specification

Positive feedback from SP's & Optoms

Cheshire & Merseyside ICS - Teledermatology

Fully live in Liverpool, with active roll outs in Cheshire and Merseyside

Supporting a reduction in avoidable demand by up to 50%

Demonstrable evidence of continued improvement

Positive user feedback in Acute and Primary Care

Building Better HealthCare Award Finalist 2022

Interfacing

| EPS/PAS (FHiR/HL7) | PDS | NHS App | eRS | NHSE EeRS API | EMIS | Systmone | Systmone Community | NHS DLP | MESH | … |

What is an Electronic Eyecare Referral System (EeRS)?

Put simply:

- EeRS systems help bring Ophthalmology into the digital age, removing paper based or unsecure processes from the patient journey and empowering experts in eyecare to better manage patient care

- Cinapsis' EeRS system can support both referrals and advice and guidance, helping clinicians better communicate, learn and to deliver the best patient outcomes.
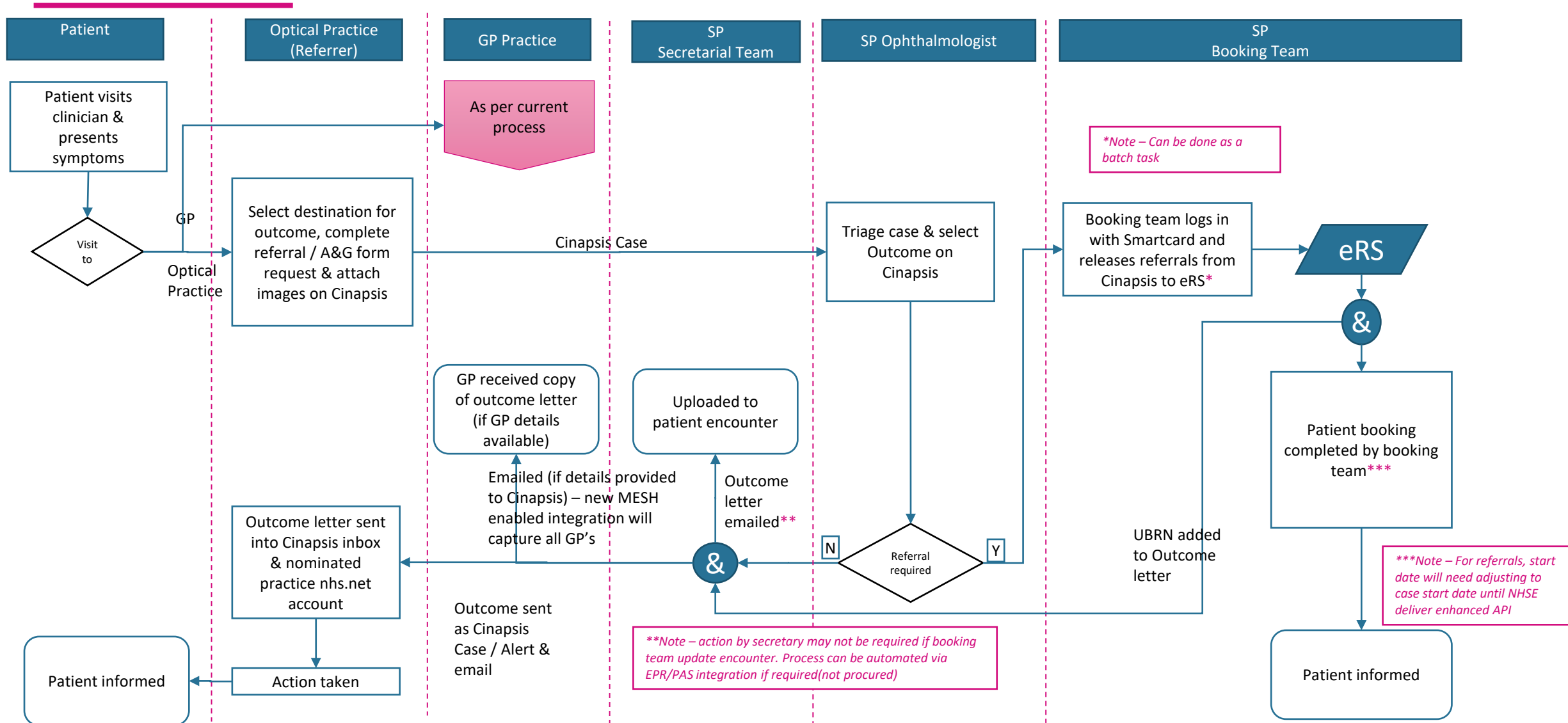
Lets have a look at a recent BBC Look East clip (under 4 mins): **Live TV**

To see a demo of Cinapsis, register here: **Cinapsis Demo**

Indicative Cinapsis EeRS Referral Process with eRS interface

Patient	Optical Practice (Referrer)	GP Practice	SP Secretarial Team	SP Ophthalmologist	SP Booking Team

Patient visits clinician & presents symptoms

As per current process

Note – Can be done as a batch task

Visit to

GP

Optical Practice

Select destination for outcome, complete referral / A&G form request & attach images on Cinapsis

Cinapsis Case

Triage case & select Outcome on Cinapsis

Booking team logs in with Smartcard and releases referrals from Cinapsis to eRS*

eRS

&

GP received copy of outcome letter (if GP details available)

Uploaded to patient encounter

Patient booking completed by booking team***

Emailed (if details provided to Cinapsis) – new MESH enabled integration will capture all GP's

Outcome letter emailed**

Outcome letter sent into Cinapsis inbox & nominated practice nhs.net account

&

N   Referral required   Y

UBRN added to Outcome letter

*** Note – For referrals, start date will need adjusting to case start date until NHSE deliver enhanced API*

Outcome sent as Cinapsis Case / Alert & email

**Note – action by secretary may not be required if booking team update encounter. Process can be automated via EPR/PAS integration if required(not procured)*

Action taken

Patient informed

Patient informed

Expected Benefits

Fully electronic flow (reduced IG & clinical risk)

Education (e.g. signposting, A&G)

Reduce patient delays

Enable better use of community resources

Multi directional flows

Send valuable clinical Imaging e.g. Full volumetric OCT

Free up GP time

Improved QoL outcomes

Local DOS - support right first time data sets

Reduce/Eliminate avoidable referrals

Improved visibility for Referrer & SPs

User friendly platform, saving clinicians time

Etc…

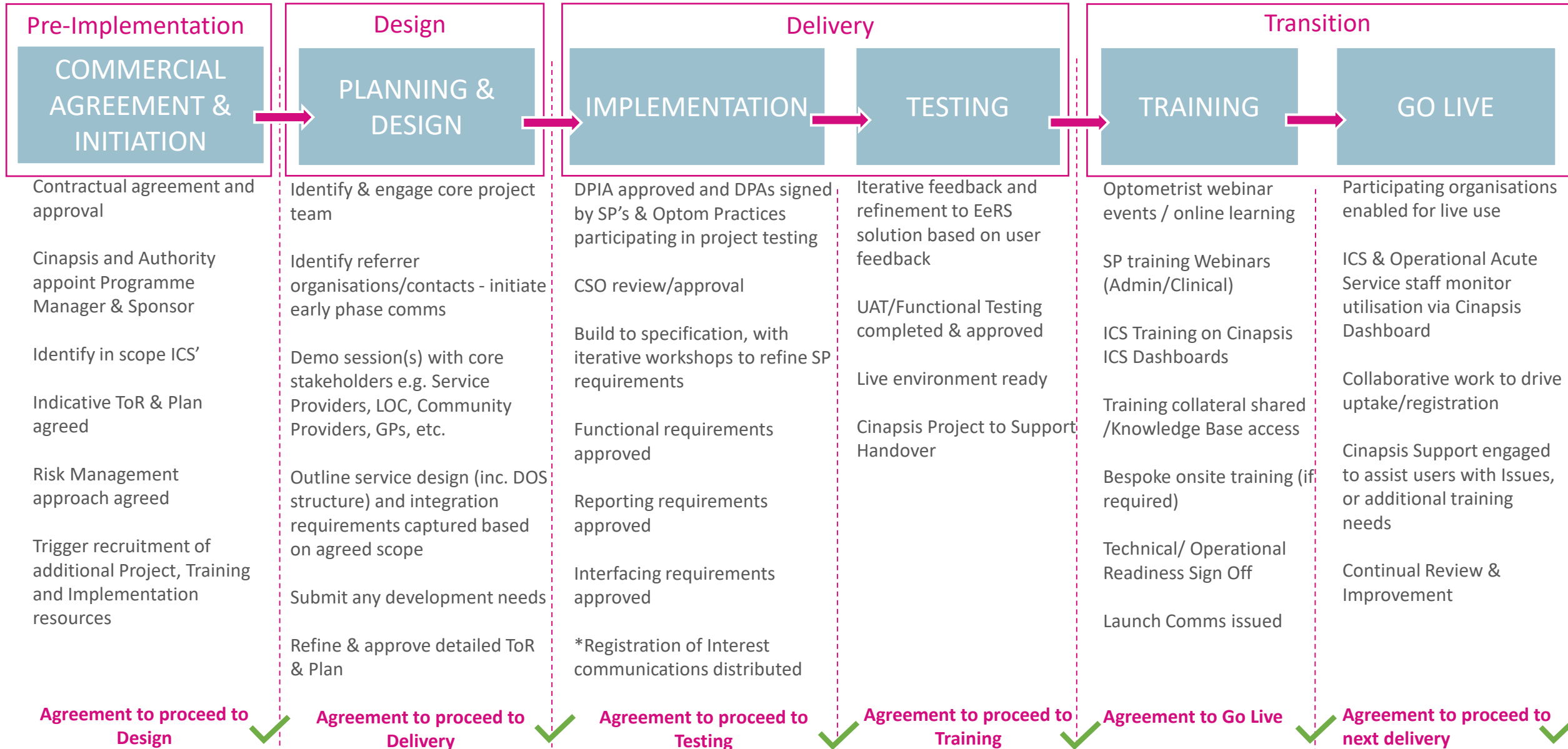High quality data/insight (support strategic decision making across ICS & SP Orgs)

Proposed Delivery Approach

Proposed Approach to Delivery (Prince 2)

Control gates

*Flexibility in the phase this is triggered in

Pre-Implementation	Design	Delivery		Transition	
COMMERCIAL AGREEMENT & INITIATION	PLANNING & DESIGN	IMPLEMENTATION	TESTING	TRAINING	GO LIVE

Contractual agreement and approval	Identify & engage core project team	DPIA approved and DPAs signed by SP's & Optom Practices participating in project testing	Iterative feedback and refinement to EeRS solution based on user feedback	Optometrist webinar events / online learning	Participating organisations enabled for live use
Cinapsis and Authority appoint Programme Manager & Sponsor	Identify referrer organisations/contacts - initiate early phase comms	CSO review/approval	UAT/Functional Testing completed & approved	SP training Webinars (Admin/Clinical)	ICS & Operational Acute Service staff monitor utilisation via Cinapsis Dashboard
Identify in scope ICS'	Demo session(s) with core stakeholders e.g. Service Providers, LOC, Community Providers, GPs, etc.	Build to specification, with iterative workshops to refine SP requirements	Live environment ready	ICS Training on Cinapsis ICS Dashboards	Collaborative work to drive uptake/registration
Indicative ToR & Plan agreed	Outline service design (inc. DOS structure) and integration requirements captured based on agreed scope	Functional requirements approved	Cinapsis Project to Support Handover	Training collateral shared /Knowledge Base access	Cinapsis Support engaged to assist users with Issues, or additional training needs
Risk Management approach agreed	Submit any development needs	Reporting requirements approved		Bespoke onsite training (if required)	Continual Review & Improvement
Trigger recruitment of additional Project, Training and Implementation resources	Refine & approve detailed ToR & Plan	Interfacing requirements approved		Technical/ Operational Readiness Sign Off	
		*Registration of Interest communications distributed		Launch Comms issued	

Agreement to proceed to Design ✓
Agreement to proceed to Delivery ✓
Agreement to proceed to Testing ✓
Agreement to proceed to Training ✓
Agreement to Go Live ✓
Agreement to proceed to next delivery ✓

Summary of Activity

EeRS Set-up Process (Design – Deliver)

- Cinapsis/ICS PM - Identify Trust Resources & on-board to NHSEM EeRS Project Team
- Cinapsis - Webinar for Trust/ICS Project Teams
- ICS IG Lead /Cinapsis- Complete DPIA & Data Sharing Agreement
- ICS CSO - Complete Clinical safety Case Report
- SP IT - whitelist app.cinapsis.org & check firewalls are open, deploy Toolbar to booking team members for eRS Integration activity
- Cinapsis - Set-up Development, Test & Production environments

Create EeRS Service (Deliver – Transition)
Primary Care – Optical Practice Providers (OPP), Community Providers

- ICS – Update onboarding tracker with basic referrer details
- LOC/ICS – Engagement Comms
- Cinapsis - Webinar with Practice Mgrs to demonstrate EeRS platform
- Practice - Register interest with Cinapsis and return signed DPA
- Cinapsis – Add lead Practice Admin and arrange training
- Cinapsis - Training delivered to Optometrists (Group Webinars and/or on demand modularised training)
- All - Service go-live supported by User Comms

Create EeRS Service (Deliver – Transition)
Secondary Care – Ophthalmologists

- ICS - Identify Clinical, Service, IT, BI and booking lead for each SP
- Cinapsis - Webinar to demo EeRS platform & how to configure the service
- SP - Complete 'Service On-boarding' form
- Cinapsis – Workshops to refine service with Clinical & Service Leads
- Cinapsis – Add Lead users
- SP – Add remaining clinical/admin users
- Cinapsis/SP/LOC - Peer Groups feedback – Cinapsis update/log changes
- Cinapsis - Training webinar delivered to Clinician & Admin Users
- All - Service go-live supported by User Comms

EeRS System Integration
- Cinapsis - Engage Trusts & Practices to identify IT/EPR Systems
- Cinapsis/SP PM/IT - Prepare e-RS integration processes
- Cinapsis/SP PM/IT - Carry out e-RS system integration
- Cinapsis/SP PM/IT - Carry out PAS/EPR integration roll-out
- Cinapsis - Facilitate activation for Optom PMS integration (availability dependent on PMS supplier build status)

Key:
- **SP = Service Provider**

How can I get my Optometry Practice ready?

The process will be quite simple when you join and more information will be shared by the project team.

To help ready your practice, two key activities will be to:

1) Ensuring your practice is DSPT compliant

- *Optom Practices can use the Quality in Optometry website to walk through the accreditation and submission process. This is recommended as the journey and required steps are clearly laid out as a walk through. Link:* Quality in Optometry – Login
- Alternatively, further information is available here (you can also submit your DSPT registration directly through the DSPT portal if preferred): https://www.dsptoolkit.nhs.uk/Help

2) Identifying a stakeholder in your organisation to approve a Data Processing Agreement
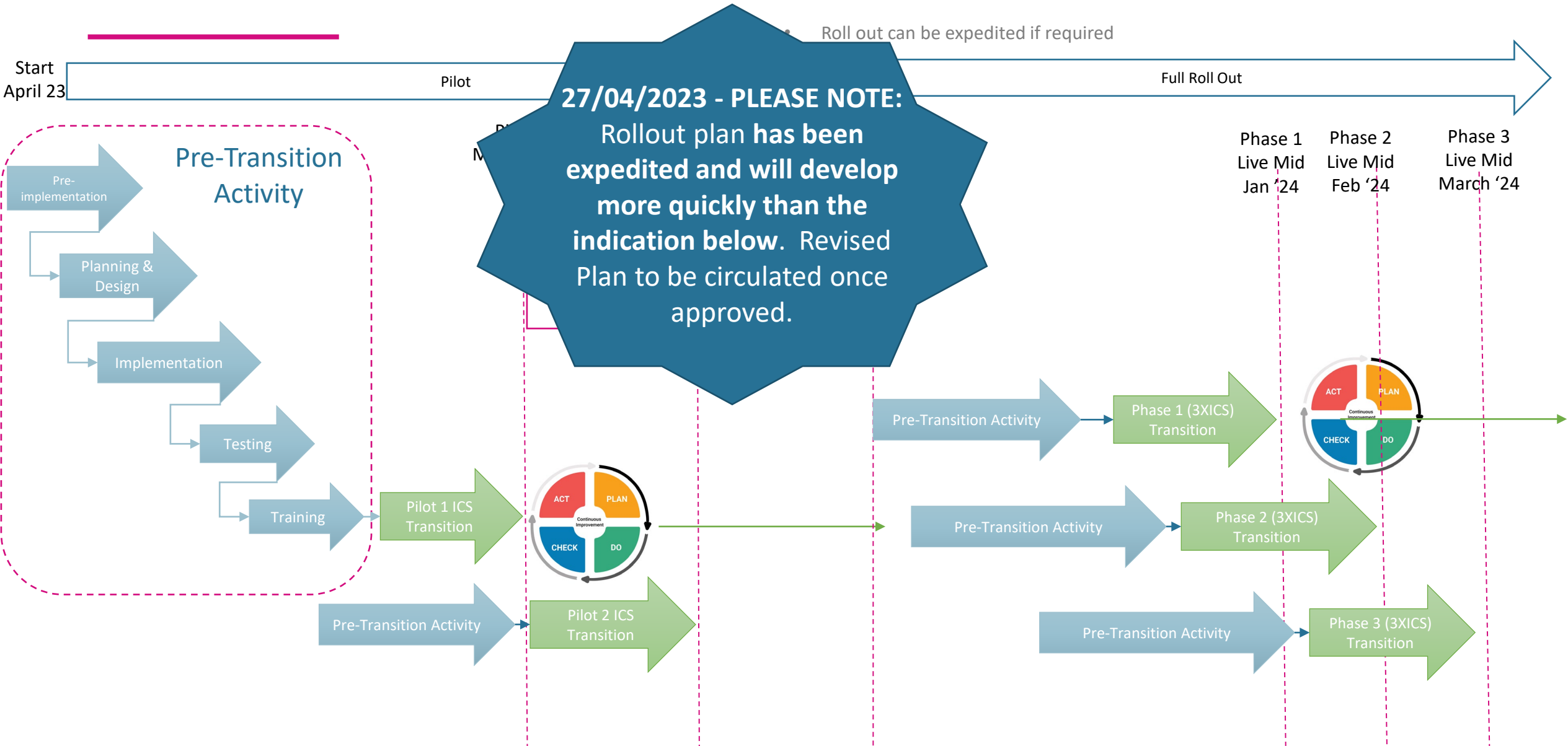
- The project team will share the Data Processing agreement with you when Cinapsis is commissioned into your area

Proposed Roll Out Plan

Proposed Roll out Plan

- High level plan based on tender requirements from NHSE England and Improvement Midlands Region tender (contract signed end Feb '23)

- Initiation start date dependent on ICS readiness to start and commercial approval (below dates are estimates

- Roll out can be expedited if required

Start April 23

Pilot

Full Roll Out

27/04/2023 - PLEASE NOTE: Rollout plan **has been expedited and will develop more quickly than the indication below**. Revised Plan to be circulated once approved.

Phase 1 Live Mid Jan '24

Phase 2 Live Mid Feb '24

Phase 3 Live Mid March '24

Pre-Transition Activity

Pre-implementation

Planning & Design

Implementation

Testing

Training

Pilot 1 ICS Transition

ACT / PLAN / CHECK / DO — Continuous Improvement

Pre-Transition Activity

Pilot 2 ICS Transition

Pre-Transition Activity

Phase 1 (3XICS) Transition

ACT / PLAN / CHECK / DO — Continuous Improvement

Pre-Transition Activity

Phase 2 (3XICS) Transition

Pre-Transition Activity

Phase 3 (3XICS) Transition

Lessons Learnt from EeRS Deployments

Resource - Lessons
- **Project resources** - should be assigned by each ICS to support the programme roll out
- **Clinical and Operational leads within each SP** will be required, as well **as booking team representation** to support testing and configuration of eRS integration and end to end workflow
- A **senior sponsor per Service Provider** is also advised, to act as a change ambassador
- **SP job planning** – Operational and clinician leads should consider job planning to ensure pathways are resourced
- **SP ICT and Integration resource** is in high demand, presenting a risk for EPR integration. We recommend provisional discussions are undertaken with Service Providers IT leadership to identify any risks and ensure the required teams are made available to support interoperability deployment, testing and go live
- **SP project management/change teams –** If relevant, activity should be mapped in for them to support technology roll out in line with normal processes
- **Commissioning/Service Ownership – To truly realise benefits, SP's and commissioners should appoint ownership to monitoring performance once in BAU**

Managing Change - Lessons
- **Current ways of working –** There is often a lack of understanding in ICBs/SPs of current state - mapping this is vital to successful change. Recommendation work is undertaken by each area Service Provider to document current ways of working. This will significantly facilitate any project rollout, as well as reducing risks.
- **Communication -** Service Provider and LOC engagement with Optoms to encourage uptake is vital, as is considering the closure of dual working e.g. continuing to maintain email A&G, when user should be encouraged to use the new EeRS service
- **Advice & Guidance -** hugely value by Optoms and to improve patient care – if not in place, this should be considered to encourage uptake & help deliver demand elimination

Who are the Optoms
- **No single complete data source** - NHSE data can be out of date and LOC data does not always contain a full list of all sites, especially those referring from nearby borders. Relevant contact data within Optom Practices is also an issue. We recommend the ICBs undertake a joint exercise with NHSE, SP's and the LOC to amalgamate and cleanse the data source and contacts of referrers

Technical
- **RTT** – A technical limitation of the eRS API means only the UBRN creation date, rather than the case creation date is recorded in eRS. This works well when converting A&G to a referral, but SP's may need to include a manual adjustment of the start date for referrals (to align to the date a case was created – data is on the pdf sent via the API and in supplier data). If the SP workflow auto-converts cases from eRS to their ePR, this action normally involves using the function in eRS to "book outside of eRS" (then enter manually into the ePR) or the SP opening up the permission for a group of users to adjust the start date once in the EPR. SP's normally undertake similar workarounds due to multiple processes into the Trust e.g. email referrals, Dentistry referrals, other A&G systems which are used for referrals (e.g. dentistry, etc)

END
Thank you