Thinking Differently

NHS
Dudley
Clinical Commissioning Group

EMIS Web Standardised Material Governance Policy

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AMENDMENT HISTORY

VERSION	DATE	AMENDMENT HISTORY
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AC/IG/061/D3	02.02.15	Third draft for submission
AC/IG/061/V1	05.02.15	Final Version submitted for approval
AC/IG/061/V2	28.04.16	Revised version submitted to Committee
AC/IG/061/V2.1	15.02.17	Refresh of policy carried out. Only slight amendments made to contact details

REVIEWERS
This document has been reviewed by:

NAME	DATE	TITLE/RESPONSIBILITY	VERSION
S Johnson	January 2015	Deputy CFO / Governance Lead	D1
A Coote	February 2016	Head of Project Delivery, Alscient	V2
T Robinson	February 2017	EMIS Web Developer	V2.1

APPROVALS
This document has been approved by:

NAME	DATE	TITLE/RESPONSIBILITY	VERSION
CCG Audit Committee	05 February 2015	Delegated authority from the Board	V1
CCG Audit Committee	28 April 2016	Delegated authority from the Board	V2
CCG Audit Committee	16 March 2017	Delegated authority from the Board	V2.1

NB: The version of this policy posted on the intranet must be a PDF copy of the approved version.

DOCUMENT STATUS
This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of the document are not controlled.

RELATED DOCUMENTS
These documents will provide additional information:

REFERENCE NO	DOCUMENT TITLE	VERSION
	Information Governance Policy and Handbook	

GLOSSARY OF TERMS

TERM	ACRONYM	DEFINITION

CONTENTS

POLICY OVERVIEW

1.0 INTRODUCTION

1.1 Standardisation of the GP practice system – EMIS Web in order to standardise patient care is a key strategic initiative of the Information and Technology (IT) strategy group.

1.2 Utilising the EMIS system to its full capacity will eliminate unnecessary administration, streamline processes and allow clinical time for care to be maximised.

1.3 This process may involve a clinical risk to the CCG, which could bring potential litigation if the necessary governance framework is not in place.

1.4 It is therefore of paramount importance to ensure that any CCG recommended templates, protocols and pathways are effectively managed and that appropriate policies, procedures, management accountability and structures provide a robust governance framework.

1.5 This policy provides assurance to the CCG that the correct governance processes are in place with regard to the CCG recommended EMIS standardised material and that the CCG has mitigated risks to possible litigation associated with the process.

1.6 The CCG will establish and maintain this policy and any associated procedures to ensure compliance with legal requirements.

1.7 This policy, and its supporting procedures, are fully endorsed by the Audit Committee, under its delegated authority for Information Governance, and evidenced through the production of these documents and their minuted approval.

2.0 PURPOSE

2.1 This policy covers all aspects of the development of CCG endorsed EMIS standardised material within the organisation, including but not limited to:

- Referral templates
- Clinical templates
- Protocols
- Pathways
- Searches
- Concepts
- Prescribing recommendations

2.2 This policy covers all EMIS systems purchased, developed and managed by the CCG, and any individual directly employed or otherwise by the CCG.

2.3 This policy cannot be seen in isolation and will have links to other policies such as corporate governance, strategic risk, clinical governance, and Caldicott principles.

2.4 The policy therefore links into all these aspects of the CCG and should be reflected in these respective strategies/policies.

3.0 WHO THIS POLICY APPLIES TO

3.1 The policy applies to all staff that are employees of the organisation in either a permanent, fixed term or temporary post. This policy also applies to office holders. Whilst agency

workers are not covered by employment policies there is an expectation that agency workers will comply with the CCG values when working within the organisation

4.0 PROCESS

Clinical leadership

4.1 Designated GP clinical leads will be nominated to take overall clinical responsibility of any material to be developed on EMIS and will oversee the associated governance process for that material. This may be a clinician who has responsibility in the relevant clinical area or a clinical lead designated by the IT strategy group.

4.2 All CCG EMIS solution material developed will go through the processes which are outlined as a flow diagram in Appendix 1.

Prioritisation

4.3 Requirements for any development will be coordinated by the Primary Care IT Lead. All material will be submitted with a justification document and go through a prioritisation process prior to development which will be based upon the following:

- Strategic fit to CCG priorities
- Benefits realisation to Membership practices and CCG
- Timescale for delivery (outlined and agreed with the relevant clinical lead)

4.4 The prioritisation process will be presented and ratified by the EMIS web development group as the delegated sub-group which has the authority from CDC.

Development & Testing

4.5 Material will be developed by the CCG EMIS developer and will be initially tested with the designated clinical lead for its accuracy and functionality. Any necessary amendments will be made and re-tested as required, prior to gaining authorisation to publish.

Clinical governance and sign off

4.6 All standardised material which has been developed and endorsed by the CCG for use by its Membership practices will be categorised in accordance with potential clinical risk prior to final clinical governance ratification. A CCG template to fully document this process has been developed and can be found in appendix 2.

4.7 The level of authorisation required is as follows:-

Level	Clinical risk	EMIS Material	Required ratification process
1	Low	• Referral templates • Standardised letters • Searches	Authorisation by designated clinical lead
2	Medium	• Concepts • Protocols • Care plans • Disease management templates	Authorisation by panel of clinicians with devolved responsibility through Clinical development committee (CDC)
3	High	• Care pathways • Prescribing recommendations	Material to be supported by a completed impact assessment and presented at the prescribing sub-committee for ratification, prior to final authorisation by CDC and Quality & Safety Committee

Implementation

4.8 A Dudley CCG directory will be maintained on the EMIS Web system to host all CCG recommended material. This directory will be updated by the EMIS Web developer gaining remote access to the individual Membership practices system. This process will be undertaken under secure conditions, in accordance with Caldicott Guidelines.

4.9 All material will undergo an initial three month review process post publication where any changes/recommendations which may have been suggested by Membership practices post implementation can be reviewed following the process in appendix 1.

Controls

4.10 The CCG will obtain the necessary governance and authorisation documentation (appendix 3) to obtain remote access to the EMIS system which can only be authorised by the GP practice Caldicott Guardian.

4.11 All access has a fully auditable trail which is automatically created within the EMIS system. When gaining remote access to the EMIS system this will be done in a secure area of the CCG which cannot be overseen by other members of staff.

Security

4.12 All material and its associated governance documents will be stored on a secure area of the CCG shared drive which will have restricted access only by CCG authorised personnel.

Version control

4.13 All material developed will have documented version control and date for review prior to publication. All material will be reviewed on an annual basis or sooner in line with newly published National guidance, or where updates are required to support delivery of the GP contract.

4.14 A CCG resource spreadsheet will be maintained to log all developed resources.

Training/Awareness

4.15 All Membership practices will be given the necessary training to implement the processes involved in upload and utilisation of any CCG developed EMIS solution.

5.0 INFORMATION GOVERNANCE REQUIREMENTS

5.1 All individuals engaged in the process will comply with the requirements of the CCG Information Governance Policy and Handbook.

6.0 RESPONSIBILITIES

6.1 It is the role of the CCG Board to define the CCG policy in respect of Information Governance, taking into account legal and NHS requirements. The Board is also responsible for ensuring that sufficient resources are provided to support the requirements of the policy.

6.2 The Chief Officer as Accountable Officer of the CCG has overall accountability and responsibility for Information Governance in the CCG and is required to provide assurance, through the Annual Governance Statement that all risks to the CCG, including those relating to information, are effectively managed and mitigated.

6.3 The CCG Board and Chief Officer as Accountable Officer of the CCG will be supported in these responsibilities by the Senior Information Risk Owner (SIRO).

6.4 The CCG's Caldicott Guardian has responsibility for ensuring that all staff comply with the Caldicott Principles and the guidance contained in the NHS Digital document – "A Guide To Confidentiality in Health and Social Care".

6.5 The CCG Caldicott Guardian will guide the organisation on confidentiality and protection issues relating to this policy.

6.6 In line with the Information Governance Policy, all staff, whether permanent, temporary or contracted, involved in activities outlined in this policy are responsible for ensuring that they are aware of the requirements incumbent upon them and for ensuring that they comply with these on a day to day basis.

6.7 The Primary Care IT lead will have overall responsibility for the management and co-ordination of processes involved in the development of any EMIS standardised material outlined within this document.

6.8 The CCG EMIS developer will have responsibility for management and controls around the processes involved to ensure that all material is published and consequently updated as previously outlined within this policy.

6.9 The designated commissioning lead will engage with Dudley CCG IT team at the earlist opportunity and ensure that the relevant EMIS solution is considered during all aspects of the commissioning cycle maintaining efficiencies in primary care delivery and improving patient care.

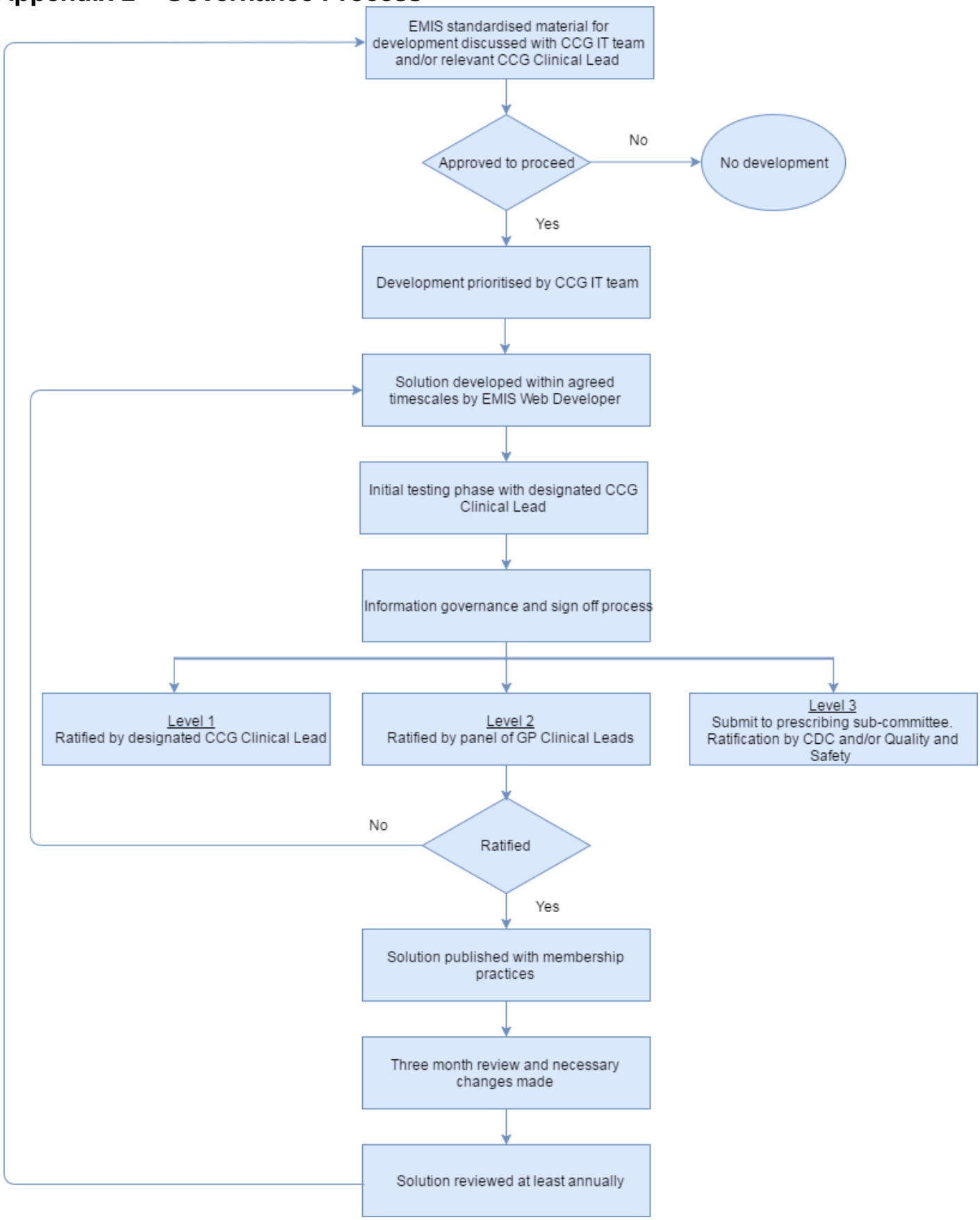
6.10 The IT strategy group will oversee the strategic fit of any EMIS developments relating to this policy.

6.11 The Audit Committee is responsible for overseeing day to day Information Governance issues, developing and maintaining policies, standards, procedures and guidance, coordinating and raising awareness of Information Governance in the CCG.

7.0 REVIEW

7.1 This policy and associated strategy and procedures will be reviewed on a three yearly basis or earlier if appropriate, to take into account any changes to legislation that may occur, and/or guidance from the Department of Health, NHS Executive and or changes in commissioning requirements.

Appendix 1 – Governance Process



Appendix 2 - CCG EMIS development sign off template

Title	
Version	

Developed by:	
Date Tested: Clinical Leads present:	
Level of Governance required	
Impact assessment completed (if necessary)	
Date signed off at CDC/PCDC/Q&S (if necessary)	
Clinical Lead	
Signature	
Date	

Date for Review	

Appendix 3 – EMIS Materials Implementation - GP Practice Instance Access Approval Form

I hereby authorise [NAME], as designated EMIS Developer for Dudley CCG, to access the EMIS Web instance for the [PRACTICE NAME] practice for the sole purpose of implementing EMIS Materials. EMIS Materials are defined as:

- Referral templates
- Clinical templates
- Protocols
- Pathways
- Searches
- Concepts
- Prescribing recommendations

This authority applies only to EMIS Materials that have been signed off in line with the Dudley CCG EMIS Materials Policy.

Access to the practice instance must only be undertaken under secure conditions, in accordance with Caldicott Guidelines.

For the avoidance of doubt, patient records must not be accessed by the designated EMIS developer, with the exception of dummy patient records whose details will be provided to the designated EMIS Developer when access account details are provided.

I approve the setting up of an account for the designated EMIS Developer for the purpose of implementing the EMIS Materials. This will be set up by the practice and details provided to the designated EMIS Developer.

I understand that following completion of the implementation I am able to undertake an audit of the patient records accessed by the EMIS Developer, instructions for which have been provided.

Name of Practice: _____

Signature of Named GP Provider: _____

Print Name of GP Provider: _____

Return this completed form as soon as possible to Joanne Taylor, Dudley CCG, Brierley Hill Health & Social Care Centre, Venture Way, Brierley Hill, DY5 1RU or email it to: joanne.taylor @dudleyccg.nhs.uk