

THE STATES OF DELIBERATION
of the
ISLAND OF GUERNSEY

COMMITTEE *FOR* HEALTH & SOCIAL CARE AND POLICY & RESOURCES COMMITTEE

URGENT CAPITAL BID – REPLACEMENT OF THE ELECTRONIC PATIENT RECORD SYSTEM

The States are asked to decide:-

Whether, after consideration of the Policy Letter entitled “Urgent Capital Bid – Replacement of the Electronic Patient Record System”, dated 2nd April, 2020, they are of the opinion:-

1. To agree that the Replacement Electronic Patient Record system is formally included within the capital portfolio at a maximum cost of £20million, to be funded from the Capital Reserve.
2. To delegate authority to the Policy & Resources Committee and the Committee *for* Health & Social Care to approve the Outline Business Case.
3. To delegate authority to the Policy & Resources Committee to open a capital vote for the Replacement Electronic Patient Record system, of a maximum of £20million, subject to the Policy & Resources Committee approval of the Full Business Case.

The above propositions have been submitted to Her Majesty’s Procurer for advice on any legal or constitutional implications in accordance with Rule 4(1) of the Rules of Procedure of the States of Deliberation and their Committees.

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The Presiding Officer
States of Guernsey
Royal Court House
St Peter Port

2nd April, 2020

Dear Sir

1. Executive Summary

- 1.1. The effective delivery of modern healthcare depends greatly on a capable digital infrastructure, a fact recognised by the Committee *for* Health & Social Care within its policy priority; a ‘Partnership of Purpose’¹. Electronic Patient Record (“EPR”) systems form a vital component of such infrastructure and enable medical and care practitioners to efficiently and securely record, track and analyse patient data.
- 1.2. The States’ Health & Social Care services currently use an EPR system known as TRAKCare 2012, provided by a company called InterSystems. The particular solution used by the States however, is a legacy version of the system which, when the agreed contract arrangements end on 31st March 2021, will no longer be formally supported by the provider. This lack of contractual support, combined with an ageing and increasingly vulnerable system, has the potential to result in an increased frequency of system issues and make any such issues more difficult, time consuming and expensive to resolve. As such, these circumstances generate a number of significant operational risks for vital services.
- 1.3. System issues and downtime have the potential to weaken the States’ ability to deliver health and care services, particularly in the hospital where the system is

¹ [A Partnership of Purpose: Transforming Bailiwick Health and Care, Billet d’État XXIV, 2017](#)

most relied upon. It would also make it more difficult for professionals to share the data required for clinical decisions and for the States to monitor the performance of the Islands' overall health and care provision. In this context, it is essential that work on a new EPR solution is urgently progressed.

- 1.4. The procurement of a replacement EPR solution will protect healthcare provision across Guernsey and Alderney, however it also affords the opportunity to support the wider strategic goals of the Committee for Health & Social Care and the Partnership of Purpose. The transformation of health and care, through the 'Partnership of Purpose', will see providers brought together to deliver integrated care which places the user at its centre and provides greater focus on prevention, support and care in the community and making every contact count. It includes a clear commitment to introducing further digital services.
- 1.5. A modern replacement system is an essential building block for the desired improvements to Bailiwick health and care, such as greater interoperability of systems and enhanced data sharing across the professions within the Partnership of Purpose. These advancements will also contribute towards the agreed States' goals² for patients to be able to access their own health information and manage elements of their own healthcare, aims which would be far more difficult to achieve with the current less flexible and outdated EPR system.
- 1.6. The Committee *for* Health & Social Care and the Policy & Resources Committee ("the Committees") have recognised the need for system replacement. Substantive market research has been undertaken over the past 12 months to identify the state of the market for EPR solutions and an extensive requirements gathering exercise has taken place. This work was prioritised and accelerated when the contract with InterSystems was renewed in September 2019 and the supplier made it clear that a further year of contractual support would not be available. In light of the COVID-19 pandemic, InterSystems have confirmed that they will provide a further 6 months of contractual support, ending 31st March 2021. Despite the necessary acceleration of the analysis phase, the Committees do not believe that a different recommendation for change would have been reached over a longer period of investigation.
- 1.7. The end of formal support in 2021 and the current limited availability of clinicians means that the system replacement needs to be treated as urgent. Whilst defined funding is not yet in place, the timeline required to successfully identify

² Resolution 8 associated with the Policy Letter; [A Partnership of Purpose: Transforming Bailiwick Health and Care, Billet d'État XXIV, 2017](#)

a new system has necessitated the rapid initiation of a procurement process. Tender documentation was formally released to potential suppliers on 10th March with the intention to complete the procurement of a new EPR solution before the end of March 2021. This timeline is necessary, not only to rapidly address operational risk, but to manage the very limited availability of clinicians in current circumstances and to ensure that the States can trigger its contractual exit provisions with InterSystems if necessary. These provisions include some of the vital support arrangements for the TRAKCare system which may be required over the transition and implementation period.

- 1.8. The capital cost for the system replacement, including any software and hardware required and the implementation resources needed from the States and the supplier, is anticipated to be £15-20m. Whilst the project is not included in the present capital portfolio, the Committees recommend that funding be made available from the urgent and emergency allowance in the capital reserve in recognition of the pressing nature of the system replacement. As the process to procure a new system needs to commence this year, funding is required from the 2017-2020 Capital Reserve.
- 1.9. It is proposed that delegated authority be granted to the Policy & Resources Committee to release funding in stages based on the approval of the outline business case and full business case for the project. This will require the project to fully demonstrate that the chosen EPR solution meets the States' needs and delivers value to the organisation and the Islands, whilst ensuring that the necessary timelines for the procurement and replacement process can be maintained.
- 1.10. It is well-recognised that there is significant complexity involved in implementing such digital advancements. A Post Implementation Review ("PIR") of the project that developed and implemented the current EPR system cited a "lack of investment in change management" as a constraint. The lessons from this project have been woven into the plans for the implementation of the replacement system and the funding request includes provision for critical project and change management resources. The States' Strategic Partner for future digital services, Agilisys Guernsey Limited ("Agilisys"), has been, and will continue to be, involved in the identification and implementation of a solution. Advice from Agilisys will help to ensure the replacement delivers good value for money and is aligned with the Smart Guernsey protocols.
- 1.11. The outline business case was developed to consider the full range of options for the EPR solution, as well as to assess and plan the procurement process,

understand and mitigate risks, and evaluate the costs and benefits for the project. A version of the business case will be made available to States Members.

2. Background – How are patient records currently managed?

- 2.1. EPR systems are digital solutions designed to manage a healthcare system, such as Health & Social Care services in the Bailiwick, holistically. In their most mature form, they use software that allows for capturing and integrating patient details such as symptoms, payments, x-rays, prescriptions, allergies, hospital stays and social worker visits into a permanent, digital record-keeping system.
- 2.2. EPR solutions can track, integrate and organise all of the healthcare data that has been entered for a specific patient, thus informing healthcare practitioners' decisions about diagnoses, tests and procedures, and providing an audit trail. Due to their capacity to integrate with other systems, modern EPR systems can enable both public and private sector healthcare providers to access, enter and analyse patient data. EPR solutions can also make it easier to provide a digital information platform to enable patients to access their own healthcare data, such as test results.
- 2.3. Such systems are also valuable public health tools in that they provide both health and business intelligence by monitoring work flows and identifying island-wide trends, allowing public health officials to pinpoint areas of concern and plan initiatives such as prevention or early intervention programmes accordingly.
- 2.4. As the digital backbones of a jurisdiction's healthcare system, EPR systems are business-critical structures and have a wide range of requirements. EPR solutions are highly complex constructions that need built-in flexibility to interface with other, often highly specialist digital systems, which is needed, for instance, when patients receive healthcare in other jurisdictions. They also need to be secure, with appropriate technical and organisational measures in place to safeguard the confidentiality, availability and integrity of patient data and ensure service continuity in the event of disruption. To facilitate these requirements, the provision of ongoing maintenance and specialised support for EPR systems form a crucial component of contracts with system suppliers.
- 2.5. Health & Social Care currently uses an EPR system known as TRAKCare 2012³ which is supplied and supported by a company called InterSystems. The system

³ TRAKCare 2012 is used to refer to a suite of software applications provided through the contract with InterSystems, these applications work together to provide the States' EPR solution.

spans Guernsey and Alderney and is used by many Health & Social Care providers including the Princess Elizabeth Hospital, mental health practitioners and community-based services. It is an essential component of the 'ecosystem' of Health & Social Care's IT solution, connecting with several specialist IT systems and playing a role in most day-to-day operations.

3. The Problem – Why does the EPR system need to change and why is an urgent capital bid required?

- 3.1. An effective EPR system is clearly critical for the delivery of acceptable health and care services. The TRAKCare 2012 system however, is at end of life and in urgent need of replacement. The status of the system and its ongoing support arrangements pose a number of serious operational risks and generate change constraints and financial burdens for the organisation.
- 3.2. The system used by the States is a legacy version of the TRAKCare solution. The Bailiwick TRAKCare system has a high level of customisation resulting from a desire to meet unique Island requirements and a long period of tailored system operation. This customisation prevents the system from being upgraded and benefiting from improvements over time. As such, the system has become outdated and is increasingly vulnerable to system issues and downtime. Any such issues have the potential to weaken the States' ability to deliver health and care services, share the data required for clinical decisions and monitor the performance of the Islands' health system. The impact of these issues would be particularly significant in hospital services where there is the greatest reliance on the system for day-to-day service delivery.
- 3.3. The need to replace the system has been recognised by the Committees and was referenced in the Policy & Resource Plan - 2018 Review and 2019 Update Report⁴ which advised the Assembly that the preparation work for a TRAKCare upgrade was underway. This work included a comprehensive requirements analysis across 2018 and 2019 which successfully identified the necessary system functionality and interfaces that would be required in a future solution.
- 3.4. A support extension for the Bailiwick TRAKCare platform was agreed with InterSystems in September 2019, following two similar extensions in previous years. At this stage however, the supplier confirmed that further contract extensions would not be available when the agreement ended on 30th September 2020. Since then, support has been extended to 31st March 2021 in

⁴ [Partnership of Purpose - Policy Priority Update, Page 6, The Policy & Resources Plan – 2018 Review and 2019 Update, Billet d'État IX, 2019](#)

recognition of the impact that COVID-19 will have on the availability of clinicians and consequently on the required timeline for a procurement process.

- 3.5. When this support term ends, access to specialist support will no longer be guaranteed and, where available, will be restricted to ad hoc responses to specific problems. Whilst InterSystems is likely to endeavour to provide this support, the States risks delayed problem resolution and significantly higher support costs (at the last contract extension, the cost of support increased 60% as a reflection of the challenges faced by the supplier). These risks are set to increase over time as the ability and capacity of the supplier to address issues with the outdated and customised system diminish further.).
- 3.6. Without the urgent identification of a new EPR solution, the States is at risk of not having an effective and reliable means of resolving a potentially increasing frequency of system issues. The possible impact that any resulting downtime might have on crucial services and patient care would be unacceptable at any point but given the evolving global picture in respect of COVID-19, it is particularly untenable at this time. The Bailiwick Security Policy⁵ acknowledges “the importance of technology to the future prosperity, security and economic sustainability of the Bailiwick” and the importance of safeguarding the technological borders. The Committees consider that, in accordance with the Policy, it is a responsibility of government to ensure the security of, and support for, the critical systems which inform core operational services. In this context, it was essential that work on an EPR solution was prioritised for delivery before the end of March, 2021.
- 3.7. The time required for system replacement is at least 18 months. Considering this transition period, it is essential that the future system provider be confirmed and plans developed ahead of the end of the InterSystems contract. This will ensure that the contract exit provisions can be triggered if necessary⁶, extending the support available for the current system. It will also provide clarity and reassurance to the EPR users and allow the service to safely plan for system changes.
- 3.8. Whilst more up-to-date versions of the TRAKCare system are available, a simple system update has been ruled out as an option. Due to the age and level of customisation of the Guernsey version of TRAKCare, it is not compatible with any upgrades. Irrespective of the chosen supplier therefore, the future EPR system will need to be treated as a replacement.

⁵[Bailiwick Security Strategy, Billet d’État XXIV, 2019](#)

⁶ If InterSystems were to be selected as the future system supplier then the exit provisions may not be required.

3.9. In order to understand the options for accelerating the project, the suitability of a direct contract award to a supplier has been considered, however the options analysis raised concerns in regard to system suitability and value for money which require an appropriate procurement exercise to resolve. The Committees have also reviewed alternative funding routes, however the requirement for on-island infrastructure and the need to preserve data sovereignty necessitates capital investment, not the revenue based 'software as a service' solution that had been initially considered.

3.10. It is important to note that, in addition to the more urgent legacy and support issues faced by the current TRAKCare system, the solution also no longer fully meets operational or strategic requirements. For example, in more modern systems, the quality of functionality available to support the individual clinician has been improved. This includes the potential automation of administrative tasks to allow healthcare professional to focus on the work dependent on their expertise and support for the use of mobile devices as part of a clinician's activities. Furthermore, the legacy technology currently employed does not facilitate easy integration with any new States systems and will be difficult to change and update as the delivery of local healthcare is transformed. As such, the Committees do not believe that the recommendations for system replacement would be any different if more time had been available for options investigation.

4. **An Opportunity – How will the replacement system enhance health and care services?**

4.1. Effective digital transformation underpins many of the Future Guernsey Plan's ambitions⁷. This includes the Committee for Health & Social Care's Future Model of Care, encompassing its Policy Letter *A Partnership of Purpose: Transforming Bailiwick Health and Care*⁸. Section 4.39 says "Technology will be central to the future of the Bailiwick health and care system...In line with the States of Guernsey's Digital Strategy, the Committee is committed to ensuring that technology will serve a vital role in engaging the people of the Bailiwick in managing their own health and care, joining up health and care data to improve understanding of the population's needs and develop services to meet those needs by aggregating data to create a joined up view of health and care records."

⁷ Information on the Future Guernsey Plan priorities is available at gov.gg/futureguernsey, including the latest update report to the States

⁸ [A Partnership of Purpose: Transforming Bailiwick Health and Care, Billet d'État XXIV, 2017](#)

- 4.2. The Partnership of Purpose recognises the difficulties associated with implementing a more advanced EPR solution across the Bailiwick: Section 4.40: “The Committee is mindful of the inherent challenges associated with the delivery of digital and technological projects. The constant evolution of technology means that programmes need to adapt to the latest opportunity. The Committee will therefore seek to adopt an incremental and evolutionary approach, building a solid IT infrastructure which in turn has the capacity to act as an enabler for more innovative options in the future.”
- 4.3. A Post Implementation Review (“PIR”) of the project that developed and implemented the current EPR system from its inception to 2015 further emphasised the complexity associated with delivering IT based projects. It cited a “lack of investment in change management” as a significant problem which subsequently constrained the benefits and return on original investment. Lessons from this project will need to be used to ensure that the replacement EPR system is fully implemented and can effectively deliver benefits for the organisation and for patients.
- 4.4. Resolution 7 of the Partnership of Purpose Policy Letter addressed the need to advance how patient records are managed and maintained: “To agree that the Committee *for* Health & Social Care should investigate ways in which a technological interface could be developed that serves to create an aggregated service user record from the various patient records maintained across health and care providers.” Whilst this project is limited to services using the current EPR system, rather than island-wide healthcare provision, and does not directly include the work required to establish the single record or fully integrate all systems, the implementation of a more advanced EPR solution is a key enabler for an aggregated record and for Islanders to have direct access to their records due to its greater flexibility and interoperability.. These are key long term ambitions for the Committee *for* Health & Social Care to improve the care provided, enable Islanders to take greater control of their own health and reduce the need for customers to repeat the same information multiple times.
- 4.5. An improved EPR system also sets the stage for further advancements in patient care envisioned in the Partnership for Purpose Policy Letter, section 9.36 states: “It is therefore essential that the Committee has a prioritised process of phased implementation which puts the essential structure in place first, before focusing on the more detailed aspects of the proposals.” An effective EPR system is one of the essential components of the foundation structure that was envisioned in the Policy Letter and will have a positive impact on the service beyond operational replacement
- 4.6. The procurement of a new EPR solution will result in greater interoperability of systems, enhancing data sharing and making it easier for health and social care

practitioners to work together. For instance, a new system would allow for Health & Social Care to more easily share data with Bailiwick GPs, which would be far more difficult with the current system. The new system will also support the Committee *for* Health & Social Care to better understand how resources are used in the organisation, this information will help to ensure that services are structured to make the best use of existing infrastructure. As an example, the Committee *for* Health & Social Care recently commissioned work aligned to the national Getting It Right First Time (GIRFT) programme – a well-established initiative designed to bring about higher-quality care in hospitals, at lower cost, by increasing reducing unwanted variations in services and practices – as part of ongoing work to reduce the orthopaedic waiting list. It is acknowledged locally that theatre management for example, would benefit from more usage data to support improved planning and patient experience.

- 4.7. A key improvement which will be made simpler to introduce by system replacement is the development of Islanders' access to their own health data, as described in Resolution 8: "To agree that, in line with the States of Guernsey's Digital Strategy, the Committee for Health & Social Care shall seek to provide user-friendly online access to services, including providing service users with secure access to their own summary care record, where appropriate, their Care Passport and information on maintaining their own health and wellbeing." A more up-to-date EPR system is crucial to the delivery of this advancement which also forms part of the Smart Guernsey ambition to increase the use of digital transactions between customers and the public sector through a single public sector portal.
- 4.8. As well as helping to progress Smart Guernsey, the new EPR solution will leverage the digital infrastructure investment made by the programme. For example, the new EPR system will utilise the network and server infrastructure being developed through the partnership with Agilisys and clinicians will be able to access the system on modern and appropriate devices due to the investment in refreshing the States' hardware.

5. **The Aim – what will the project need to achieve?**

- 5.1. In recognition of the issues with the current system and the opportunities available, three key objectives have been established for the EPR project;
 - 1. **That the provision of health and care services is preserved and protected when the current contract with InterSystems comes to an end.** In this case, the procurement of a replacement EPR solution will, as a minimum, need to provide a solution for the functionality currently provided in the current TRAKCare system.

2. **That the replacement EPR system represents a good commercial deal for the States.** The new EPR solution will need to provide good value for money and ensure that the States has a long term agreement which provides for ongoing support, development and upgrades to the system over the contract period (anticipated to be 10 years).
3. **That the EPR solution has the ability to support the ambitions of the Partnership of Purpose and Smart Guernsey.** Whilst the potential for future service enhancements is not the main driver for the system replacement, it is vital that the chosen solution does not limit the options available for transformation and improvement in the future.

- 5.2. Given the urgency with which a new solution is required, the Committees are not, at this stage, looking to extend the replacement EPR system to additional healthcare providers, such as the GP surgeries, or replace functionality currently provided through other health and care systems (other than where clear and known instances of duplicated functionality have been identified). Effectively identifying the current status of these areas and breaking down requirements and associated costs is not possible within the time period available. The flexibility associated with the new system however, will ensure that any options for future development and data sharing are not restricted.
- 5.3. The Committee *for* Health & Social Care will be seeking, through a separate policy letter focusing on primary and community care, direction to return to the Assembly during 2021 with proposals for a costed digital solution enabling integration and/or the aggregation of data between primary care and the wider health and care system. This form a key part of plans towards an aggregated care record which would have significant benefit to both individual patients and healthcare professionals and importantly informing population health planning.
- 5.4. Given the high cost of an EPR solution, the number of suitable systems in the market and the development of EPR solutions over the past few years, it is considered that a competitive procurement process is required to identify the optimal solution. Given the urgency of the requirement and in order to meet the contract timelines, it was agreed that the formal release of the tender documentation would commence in March 2020. Should the propositions associated with this Policy Letter not be supported, the Committees will halt this process and are not obliged to enter a contract.
- 5.5. System replacement however, has been assessed to be the only practical means of addressing the significant operational risk. If the existing procurement process is halted, the States will be required to commence a similar process shortly or make a direct contract award to a supplier (there is no evidence that a direct

award might result in a cheaper solution and it is likely to result in a less suitable future system). Delaying the identification and introduction of a suitable solution will also increase the risk to the overall provision of health and care in the Islands.

6. The Procurement Process – how will the best replacement system be identified?

- 6.1. The Committees are seeking to complete the procurement of a new EPR solution before the end of March 2021. The process will be profiled to remove all unnecessary call on clinicians during the management of the COVID-19 pandemic. This timeline is necessary not only to rapidly address operational risk and manage clinical involvement, but to ensure that the States can trigger its contractual exit provisions with InterSystems if an alternate supplier is selected. These provisions include some of the vital support arrangements for the TRAKCare system needed over the transition and implementation period.
- 6.2. Substantive market research has been undertaken over the past 12 months to identify the state of the market for EPR solutions. This has included analysis of the different routes to market which are available (i.e. an existing framework, States own tender route or a direct award) and the States seeking Expressions of Interest from those suppliers who are interested in participating. The research has also sought to identify indicative costs of varying solutions based upon key parameters such as the number of acute beds. This research has helped inform the procurement decisions which have since been made.
- 6.3. The accelerated procurement process has been enabled by the decision to pursue a restricted tender through the London Procurement Partnership (“LPP”). The LPP framework is an established and well recognised procurement route for health services. It includes a range of suppliers experienced in the provision of EPR solutions, including the associated data migration, change management and system maintenance services.
- 6.4. Initial market analysis has confirmed that the framework suppliers, of which the existing provider is one, have the potential to meet the States’ functionality and price requirements. To support the States to identify an appropriate solution, the procurement process has been structured to enable a primary supplier to partner with subcontractors and so deliver a suite of services beyond what they may ordinarily provide. As the States is seeking a comprehensive solution, supporting a wide range of hospital and community services, this approach may help enable best practice functionality to be provided across the organisation.

- 6.5. To ensure that any replacement solution is suitable for the States' needs, an extensive requirements analysis has taken place. The team has consulted with clinical experts in all of the services concerned, and with other key stakeholders involved in service provision, to identify the functionality required, its relative importance, and how it needs to be delivered. In specifying the requirements, the team has also considered the lessons learnt from the previous EPR project. The PIR of the project has provided valuable insight into the key risk areas and the importance of providing effective change and contract management. This is discussed further in sections 7 and 8.
- 6.6. The formal release of the tender documentation to potential suppliers of the new EPR solution commenced in early March 2020. It is anticipated that the lead bidder will be identified by the end of July, in keeping with the required timeline. This will be done once all material commercial elements have been resolved. The selected bidder will be chosen on the basis of quality and cost, with bids being evaluated by a specialist team, including clinical and procurement expertise, supported by assurance input from Agilisys.
- 6.7. Once the lead bidder has been selected, a contracting process will be carried out with the support of the Law Officers' Chambers and the procurement team. At this stage, the supplier and the health and care services will work closely together to refine the supplier's transition plans and ensure that the new system can be implemented effectively.

7. The Implementation Process – how will the new system be put into operation?

- 7.1. Implementing a new EPR system across the States' health and care services is not a simple operation. The implementation is expected to last at least 18 months, over which time functionality will be released in phases and by service area or profession. To achieve this will require robust project and change management over the course of the project.
- 7.2. Whilst detailed plans for the implementation of the new system will depend on the particular supplier's approach, the PIR of the States' last EPR project provides valuable guidance. The PIR identified that the project could have delivered more, and delivered it more quickly, if it had better captured and applied the change requirements, had better project and programme management, and had engaged with staff more effectively. The implementation of the new system will consider these issues on an ongoing basis to ensure that it is better placed to succeed.
- 7.3. The implementation of the new system will form part of the Digital Transformation programme within the wider Transforming Health and Social

Care (“THSC”) programme. The project will be directly governed by the Digital Transformation Programme Board, with appropriate oversight by, and escalation to, the Committee for Health & Social Care. By including the project in the THSC programme, it will benefit from the programme’s coordinated approach to benefits realisation, risk and change management and from the direct involvement of experienced senior staff.

- 7.4. The current project is also seeking, through the attached propositions, funding to invest in appropriate change and project management expertise. Without this funding, the service will be less able to apply best practice and identify potential problems or risk areas before they have an impact. Robust management is also likely to minimise the level of customisation required and help ensure that ongoing support arrangements are efficient and cost-effective.
- 7.5. The investment in change management resource will also support the ongoing engagement of the staff in health and care services and service users. This engagement will ensure the project is well informed and will help staff to shape, own and drive through beneficial change for patients. Without additional resource, existing staff would be relied on not only for their expertise but would be required to fulfil additional roles which may have a detrimental impact on day-to-day services.
- 7.6. The effective implementation of the system will also be supported by the States strategic partnership with Agilisys. As well as being able to source expert support for the States, Agilisys’ work will help ensure that the services have better digital capabilities and maturity to apply the system. Once the implementation of the new system is complete, the ongoing management of the supplier contract will also be carried out by Agilisys. This should help to identify any problems early and help protect the States from becoming overly reliant on legacy technology in the future.
- 8. **The Risk Profile – what are the risks associated with implementing a new system?**
 - 8.1. Whilst the replacement of the EPR solution is vital to address the problems associated with the legacy system, there are a number of risks associated with a significant system replacement.
 - 8.2. The key risk areas are summarised below. These will be continuously monitored and managed as part of the THSC programme risk management process. This includes a comprehensive risk register and mitigation plans.

- **That the system procured does not meet clinical needs.** In order for the replacement EPR system to be effective, it will need to reflect the requirements of its users. A comprehensive requirements gathering exercise was completed with clinicians from across all affected health and care services. These requirements have formed the basis of the procurement process and will continue to be emphasised by clinicians' involvement in the evaluation of any proposed solutions. This preparatory work will help ensure that the chosen system is suitable for the Bailiwick, whilst ongoing engagement with subject matter experts in the implementation period will ensure that the system is applied as needed and will help benefits to be realised.

- **The States may not have the capacity to support the implementation of the new system or the implementation may disrupt business-as-usual service provision.** As has been recognised previously, significant implementation and change management resources will be required to fully adopt the new system and to deliver the possible benefits. The States however, has limited internal change resources and a number of large ongoing transformation projects. In order to mitigate the risk of appropriate resources not being available, the funding request includes the costs for large-scale implementation and change management activity. This will not only help to ensure the project is managed robustly and by those with appropriate experience, but will also help to prevent specialist resources from being required to fulfil additional roles. Subject matter experts in the services will be relied upon to give advice and specialist support to the project, if further involvement was required, or this input was not effectively managed, it may disrupt day-to-day service provision or result in staff burn out.

- **The States is unable to secure the continued provision of support for the TRAKCare 2012 system whilst the States transitions to a new system.** It is likely to take at least 18 months of implementation activity before the current TRAKCare system can be discontinued, although some service areas or professions will be moved onto the new system before this time. Over this period, it will be essential that TRAKCare 2012 continues to have a degree of support. The States has had ongoing communication with InterSystems to ensure that the supplier is aware of the procurement process and its progress and to prepare them for any request for transition support beyond the end of March, 2021. The incoming supplier, whether it is InterSystems or another provider, will also be required to provide complimentary support during the transition period.

- **That the procured solution does not support the health and social care system's direction of travel.** The chosen solution will need to consider the future needs of health and care services in the Bailiwick. If it is selected based

purely on the requirement to maintain existing business provision, it has the potential to constrain future change options and require considerable further investment to be suitable for the Committee *for* Health & Social Care's strategic plans. To address this risk, the team has considered the early drafts of the digital roadmap for the health and social care services to help inform the procurement requirements and ensure that the chosen solution is 'future proofed'. The roadmap articulates how delivery of local policy, in conjunction with national best practice should be supported by IT improvements. The team will continue to review the project's alignment with the roadmap over the course of the project lifecycle.

- 8.3. The risk mitigation plans have been informed by lessons from past States' projects, particularly the last EPR project.

9. Funding Requirements – what is the cost for the new solution?

- 9.1. It is proposed that the cost of the replacement EPR solution be divided between the initial capital costs, which should be met from the capital reserve and are the subject of this urgent capital bid, and the ongoing support and maintenance costs which would be met from general revenue.
- 9.2. The total capital cost of the system replacement is estimated to be £15-20m. The cost has been calculated based on market research and includes a wide range of cost items, such as the cost of procurement, the cost of the system hardware and software and the cost of supplier and States resources needed to manage business change and manage the supplier's activity over the transition period. The PIR of the previous EPR project clearly demonstrated that investing in change resource and business involvement is essential if the project is to be delivered in good time and fully realise its potential benefits
- 9.3. At present, a project for the replacement of the TRAKCare system is not included in the States' capital portfolio. Following confirmation that formal support for the Electronic Patient Record system is not available post March 2021, there is an urgency to complete the procurement process earlier than would otherwise have been necessary. Not completing the procurement would expose the organisation to an unacceptable risk of not having a supported EPR system from March 2021 and therefore this project should be admitted into the Capital Portfolio. The estimated cost of the Electronic Patient Record system is within affordable within the allowance for urgent and emergency projects within the Capital Reserve which currently has a balance of £23.7m.
- 9.4. Given the tight timelines in which the project must operate and the existing pressure on Health & Social Care, it is proposed that the Policy & Resources

Committee have delegated authority to release the funding. The Committee would only release funding based on the provision of agreed and assured business cases and would look to manage funding distribution in a number of stages where possible to ensure that appropriate oversight and monitoring can be applied. The Policy & Resources Committee will not release any funding without the agreement of the Committee *for* Health & Social Care.

- 9.5. The ongoing support and maintenance costs for the future system will also have funding implications for the States' revenue. The support of the new EPR system is liable to generate two revenue pressures. The first of these is an increase in the annual support and maintenance costs paid to the supplier. The current forecast, based on market testing, is that this would be in the region of £115,000 more per year than is currently paid to InterSystems. This would be a cost to the Policy & Resources Committee budget via the Agilisys contract. It is not considered possible to absorb this cost as there is no contingency funding for any incremental IT related spend.
- 9.6. The second impact on revenue is to increase the capability and size of the team working to optimise use of the EPR system within health and social care. Based on high level advice from external advisors, it is estimated that this would be in the region of a £188,000 increase per year. This will be discretionary and may result in a service development bid through the annual budget process, by the Committee for Health & Social Care.
- 9.7. In both areas of revenue spend, the figures provided are early estimates that will be validated during the procurement process and early stages of implementation. The procurement process will seek the best system lifetime deal for the States and it is possible that one or both revenue costs will fall away. Given this it is proposed that these revenue implications are managed through annual budgeting cycles.

10. **Compliance with Rule 4**

- 10.1. Rule 4 of the Rules of Procedure of the States of Deliberation and their Committees sets out the information which must be included in, or appended to, motions laid before the States.
- 10.2. In accordance with Rule 4(1), the Propositions in this Policy Letter have been submitted to Her Majesty's Procureur for advice on any legal or constitutional

implications. Her Majesty's Comptroller has advised that there is no reason in law why the Propositions should not be put into effect.

- 10.3. In accordance with Rule 4(3), the Committee has included Propositions which request the States to approve funding of up to **£20m**. Further detail on the financial implications of the Propositions is provided in section 9.
- 10.4. To comply with Rule 4(4) of the Rules of Procedure of the States of Deliberation and their Committees, it is confirmed that the Propositions attached to this Policy letter have the unanimous support of the Committee *for* Health & Social Care and the Policy & Resources Committee.
- 10.5. In accordance with Rule 4(5), the Propositions relate to the duties of the Committee *for* Health & Social Care in respect of its responsibility for health and care services and the Policy & Resources Committee in respect of its responsibility to set the framework for the planning, approval and control of public expenditure.

Yours faithfully

**COMMITTEE *FOR* HEALTH &
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**POLICY & RESOURCES
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G A St Pier
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L S Trott
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J P Le Tocq
T J Stephens
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APPENDIX 1
FREQUENTLY ASKED QUESTIONS

	Question	Answer	Further Information
01	Why do we need to replace the existing system?	<p>Health & Social Care is currently using a legacy version of the TRAKCare system. It is at end of life and in urgent need of replacement. The status of the system, particularly the upcoming end of supplier support, poses significant operational risks which have the potential to harm patient care</p> <p>Aside from the system risks, the current EPR solution constrains the service's transformation objectives. The legacy technology used is more difficult to change, does not interface easily with newer systems and does not support the use of mobile devices.</p>	Section 3
02	Could we identify alternative support for the current system?	<p>At present, the States has no access to alternative support for the current EPR system. The system is an InterSystems product and has been tailored to Guernsey and Alderney requirements, this would make it extremely difficult to identify viable alternative support arrangements.</p> <p>It is important to note that, even without the systems support risk, it would still need to be replaced as a result of changing service requirements and the ageing technology.</p>	-
03	Why is this good for patients?	<p>Procurement and implementation of a new EPR solution is essential for Health & Social Care to maintain its current level of service to patients and eliminate the risk associated with an ageing system.</p> <p>In addition to removing the service risk, the new system will be easier to update and more simply interface with other elements of the IT infrastructure. This will support the ongoing efforts to transform healthcare in the Islands. A key improvement which the new solution could make much easier to deliver, is the development of Islanders' access to their own health data, as described in Resolution 8 of the Partnership of Purpose policy letter: "To agree that, in line with the States of Guernsey's Digital Strategy, the Committee for Health & Social Care shall seek to provide user-friendly online access to services, including providing service users with secure access to their own summary care record, where appropriate, their Care Passport and information on maintaining their own health and wellbeing."</p>	Section 3 and section 4

04	How will the system support the Partnership of Purpose and the Future Guernsey Plan?	Effective digital transformation underpins many of the Future Guernsey Plan's ambitions. This includes the Committee <i>for</i> Health & Social Care's <i>Partnership of Purpose</i> Policy Letter. The new system is called for in the Partnership of Purpose's associated Resolution 7: "To agree that the Committee for Health & Social Care should investigate ways in which a technological interface could be developed that serves to create an aggregated service user record from the various patient records maintained across health and care providers."	Section 4
05	How will this impact Primary Care?	<p>This EPR project will not be extended to the GPs at this stage, however will enhance future integration opportunities.</p> <p>The Committee <i>for</i> Health & Social Care is currently working on a wider Policy Letter on Primary Care which will include some consideration of the existing digital capacity and required integration.</p>	-
06	What funding is required?	Approximately £15-20m of capital funding is required to purchase and implement the replacement solution. Ongoing revenue funding will also be required to support and maintain the system.	Section 9
07	How has the required funding been calculated?	The estimated cost of the project has been calculated based on market research and the known costs of project and programme management support.	Section 9
08	How long will it take to implement the system?	An EPR system is not straightforward to implement. It will require associated business change in addition to IT change and will rely on the availability of key staff members and periods of testing and improvement. It is anticipated that the implementation phase will last at least 18 months, over which time the new system will be rolled out in phases.	Section 7
09	Could the system be replaced with a more up-to-date version of TRAKCare?	The 'new EPR' that the States procures could be a new version of TRAKCare (should this prove to be the best value for money option on the basis of the procurement process followed). TRAKCare has been completely re-architected and otherwise enhanced since TRAKCare 2012, and now provides a significantly improved suite of functionality. Unfortunately, due to the age and heavy customisation of the States' version of TRAKCare 2012, the movement to a new version of the solution would be as costly and complex as moving to an EPR provided by a different supplier.	
10	Will Agilisys be involved in the replacement process?	In its role as strategic partner, Agilisys has supported the EPR replacement by examining Health & Social Care's digital needs and setting out technical parameters for the procurement process that align with Smart Guernsey overall.	Section 7

		Depending on the chosen supplier's implementation plan, it is expected that Agilisys Guernsey will play an integral part in the system roll-out and integration with the existing IT infrastructure,	
11	Why is the project not being funded from the money allocated to Agilisys?	At its meeting on 12 th June 2019 (Billet d'État X ⁹), the States agreed to enter into a ten-year contract with Agilisys. At this stage, funding was agreed for the provision of business as usual IT (budget reallocation), for the improvement of business as usual IT (£26.9m) and for some States-wide digital projects (£16.7m). As was stated in the Future Digital Services Policy Letter, the States' significant transformation projects and programmes, which extend far beyond IT change, will continue to make their own separate, funding and approval applications to the States.	-
12	Why can't Agilisys provide us with a replacement EPR system?	EPR systems are a form of digital infrastructure unique to health and care services. The delivery and support for a replacement EPR system requires the States of Guernsey to procure the services of a specialist EPR provider. Agilisys is not an EPR system provider but is able to provide advice on expertise on the technology involved.	
13	Is it intended to purchase an existing commercially available 'off the shelf' system?	An off the shelf system is the optimal solution for the new EPR system. To ensure it is suitable, it will be configured to the Islands needs where necessary. Developing an EPR system in house would require a significant investment in skills that are not available to the States in a realistic timescale. All risk associated with the development, support and maintenance of a complex piece of software would also remain with the States. Even if an external organisation developed a bespoke system for the States, it would expose the States to an ongoing, requirement to maintain Guernsey-bespoke code. Given the rapidly changing nature of health and care provision, and the need for Guernsey to stay closely aligned with accepted UK practice, this would generate an unnecessary and ongoing cost burden.	-
14	How will data protection be ensured?	Resolution 9, which was agreed by the States as part of the Partnership of Purpose says: "To agree that the processing of health and care data should be premised on the equally important dual functions of protecting the integrity and confidentiality of such data and its sharing, where in the interests of the service user or the delivery of a public health function, and to direct the Committee for Health &	-

⁹ [Future Digital Services, Billet d'État X, 2019](#)

		Social Care and the Committee for Home Affairs to explore legal or practical mechanisms to achieve this.” Data protection needs will be a key element of the procurement and implementation processes.	
15	Will the new system be secure?	Yes, Smart Guernsey has put in place overall directives and mechanisms designed to align to industry standards in ensuring security across the entire States’ IT ecosystem.	-
16	How will this affect staff?	A more advanced EPR solution will make it easier for Health & Social Care staff to access and input patient records. Furthermore, the increased interoperability of a newer system will provide for better sharing of data, identification of trends and business intelligence for staff and public health officials.	Section 4
17	Why is this an urgent Capital Bid if the current system has presented operational and support challenges for a few years?	<p>The Committee for Health & Social Care and the Policy & Resources Committee have recognised the need for system replacement. Substantive market research has been undertaken over the past 12 months to identify the state of the market for EPR solutions and an extensive requirements gathering exercise has taken place. This work was prioritised further and accelerated when the contract with InterSystems was renewed in September 2019 and the supplier made it clear that a further period of contractual support would not be provided. In the exceptional circumstances of the COVID-19 pandemic, InterSystems agreed to extend the support to 31st March 2021.</p> <p>The end of formal support in March 2021 means that the system replacement needs to be treated as urgent.</p> <p>With Smart Guernsey now underway and Agilisys on board, the States are in a strong position to adopt and implement new IT solutions such as this one.</p>	Section 3
18	Will C/HSC ask for further funding for digital transformation?	While new the EPR solution is crucial and is likely to be the most costly part of health services’ digital transformation, there will be other significant IT development in the future. Clinicians increasingly rely on technology for more efficient and accurate service delivery. As well as improving the service provided to patients, this will also generate cost savings ensuring that funds can be directed where they are most needed.	Partnership of Purpose Policy Letter