

**REPLY BY THE PRESIDENT OF
THE COMMITTEE FOR HEALTH & SOCIAL CARE
TO QUESTIONS POSED BY DEPUTY ST PIER PURSUANT TO RULE 14 OF THE
RULES OF PROCEDURE**

When the urgent capital bid for the replacement to the Electronic Patient Record system ('EPR') was approved by the States of Deliberation in June 2020¹, the Policy Letter advised that:

- TRAKcare was 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” and therefore “it was essential that work on an EPR solution was prioritised for delivery before the end of March, 2021”.
- “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 forms 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.”
- “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.”
- “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

¹[CHttpHandler.ashx \(gov.gg\)](http://CHttpHandler.ashx(gov.gg))

to absorb this cost as there is no contingency funding for any incremental IT related spend.

“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.

“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.”

- 1. A) Notwithstanding that support was due to end on 31st March 2021, has TRAKcare continued to be supported by InterSystems?
B) If so, what have the costs been of their continuing to do so?
C) Have those additional costs from the delay in implementation of a replacement been accounted for as a cost of the project or accounted for elsewhere as a revenue expenditure?
D) when will TRAKcare cease to be supported?**
 - A) Yes, TRAKcare has continued to be supported by InterSystems, on a best endeavours basis due to the age of the product, through an auto-renewal of the Support and Maintenance Contract to 31st March 2025.
 - B) The cost of the Support and Maintenance Contract with InterSystems is commercially sensitive and confidential to the parties.
 - C) The continuing support of TRAKcare is accounted for as revenue expenditure under the floating baseline within IT (Corporate). Furthermore, the ongoing annual costs of EPR will continue as revenue expenditure and be budgeted for in the same manner.
 - D) TRAKcare support currently ends on 31st March 2025, however, it can be further extended in 3, 6 or 12 month increments, subject to negotiation.
- 2. Does the Committee retain intent from the original policy letter to present proposals focusing on primary and community care for a costed digital solution enabling integration and/or the aggregation of data between primary care and the wider health and care system?**

Yes, this will be encompassed within the Sustainable Health and Care Model work within the Government Work Plan.

- 3. Does the Committee still regard the EPR system as a key enabler for an aggregated record enabling patient access or is that an unrealistic expectation?**

Yes, the Committee does still regard the EPR system as a key enabler for a future aggregated record enabling patient access.

4. What are the current estimates of the ongoing revenue impacts post-implementation?

A granular level reforecast of the Programme is currently underway and a critical piece of which includes the on-going revenue costs post-implementation. We shall be able to provide the figures in due course, as soon as this work has been completed.

5. Have all the different applications (e.g. Rio, EuroKing, Endobase, Chemocare, Phillips etc.) that are required to integrate with the Core EPR been compliantly drawn up and approved by Agilisys and then networked/configured by Agilisys in the data centres ready for migration testing?

All the designs for integrations with the Core EPR will pass through the standard design governance processes between Agilisys and the States of Guernsey. This process requires technical designs to be reviewed by the Joint Architecture Advisory Board, the Technical Design Authority, and the Change Advisory Board, to ensure compliance, appropriate security and acceptance for incorporation into the supported environment.

The test strategy lays out three cycles of data migration testing and three cycles of user acceptance testing (UAT), before the Dress Rehearsal and Release 1 Go-Live. These cycles are progressively wider in scope and more detailed in nature. Not all the designs are required to be completed for the first cycles of data migration as they will be tested later. However, all designs will be processed through the governance ready for UAT 3, which is the point of design and build freeze.

**6. A) What are the ongoing annual costs of the integration engines required to integrate the different applications with the Core EPR?
B) Are these costs accounted for as a cost of the project or will they be accounted for elsewhere as a revenue expenditure?**

- A) The ongoing annual costs for the current integration engines are commercially sensitive and confidential to the parties.
- B) Costs will be accounted for as revenue expenditure under the floating baseline within IT (Corporate).

7. Have all the different applications got access to supported test environments?

A test strategy has been developed which describes the overall approach to the testing of the various applications and integrations. The testing environment for each application has been designed to suit the particulars of that application, and the timing and nature of the

required testing. Some applications already have test environments, and some are yet to be built.

8. How many Change Control Notices have been received in respect of the project to date and at what cost?

There have been seven formal Change Control Notices received from four suppliers, totalling £357,357 against the Programme.

9. How much has been incurred on vendor lead times (and at what run rate) pending implementation?

Lead times for delivery of vendor supplied product or service have been built into the plan. Where lead times have been longer than anticipated, internal resources have been redirected to other planned activities to ensure cost effectiveness. It is not possible to quantify in monetary terms the impact of this, due to the dynamic nature of the Programme and the complex and interrelated nature of the work.

10. Do the current roadmap and implementation timetable remain viable or is any further replan considered necessary?

As has been communicated publicly, there is the need to extend the October 'go live' date for the first implementation stage, and that initial indications at this time are that it will be necessary to move Release 1 to the end of Quarter 1 of 2025. The wider implications, including potential cost impacts, are currently being evaluated and the results will be communicated through the EPR Programme Board, the SRO and the Committee, per normal governance processes.

11. Do the subsequent releases (after Core EPR in Q4 2024) remain on track for implementation in 2025, on budget and within scope?

The main body of work falls in Release 1 and the primary focus has been to understand the timelines for this first release. The changes to the timing of Release 1 will have knock on effects to the later releases. These impacts are currently being evaluated and the results will be communicated through the EPR Programme Board, the SRO and the Committee, per normal governance processes.

Date of receipt of questions: 24th April 2024

Date of response: 8th May 2024