



**Report for Scrutiny Performance Panel Adult Services
Meeting 13th February 2018
Welsh Community Care Information System (WCCIS): Overview of
System functionality**

1. Purpose of Report

- 1.1 Following the meeting of the Scrutiny Performance Panel held on Tuesday 21st November 2017, the Western Bay Regional Programme Team was requested to provide an overview of WCCIS including a summary of its expected functionality. This report provides the requested briefing and will be accompanied by a technical presentation at the next meeting of the Panel on Tuesday 13th February 2017.

2. Background to WCCIS

- 2.1 The strategic directives for Health and Social Care services to work more closely has been a national policy directive for many years. As far back as 2002, the Welsh Assembly Government introduced the “Creating a Unified and Fair Assessment of Assessing and Managing Care” which was a clear statement of intent that Health and Social Care services should work together to deliver joint care to the benefit of the citizens of Wales. The ambition of “integrated care” has, ever since been central to a range of strategic measures and directives that have been directed at both local authorities and NHS Wales.
- 2.2 However despite the development of closer working and integrated services between local authorities and health boards, across Wales, the ability of Health and Social Care services to share information effectively and safely has often been a hindrance to success. Even where solutions have been developed that includes using a common local authority system such as PARIS, these solutions are restricted to local authority boundaries and can hinder the continuity of care should a citizen in receipt of care move to another area.

3. Introduction

- 3.1 The Welsh Community Care Information System (WCCIS) is a National computerised system that is designed to meet the requirements of Social Care and Community Health Services and supported the delivery of integrated services. In preparation for the procurement process a “Specification of Requirements” was carefully developed and detailed and identifies in the region of fifteen hundred system functional requirements that were informed by local authorities and Health Boards across Wales. It is important to add that whilst WCCIS is a single national system it is implemented locally and can therefore be tailored to meet local needs.



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3.2 WCCIS is available to each of the 22 local authorities and 7 Health Boards in Wales and Bridgend CBC were the first organisation to go live using WCCIS in April 2016. Since this time, WCCIS has proven to be a valuable replacement for local authorities as their existing systems approach end of contract life. At this time, there are now ten organisations across Wales using WCCIS being Bridgend, Ceredigion, Powys Health Board and Powys Local Authority, Merthyr, Blaenau Gwent, Gwynedd, Isle of Anglesey, Torfaen and Vale of Glamorgan. A further four organisations (Newport, Rhondda Cynon Taf, Caerphilly and Wrexham) are currently working on their local implementation plans with the intention of going live early in 2018.

3.3 Because of its intended ambition to support integrated working, the implementation of WCCIS has been subsidised by Welsh Government who invested capital funding to assist the initial set up of WCCIS in addition to the provision of Integrated Care Funds to each region to support a Regional approach to WCCIS.

4. The functions of WCCIS

4.1 WCCIS is a comprehensive “case management” system that is designed to meet the needs of social care and community health practitioners group. The practitioner groups in scope to use WCCIS are as follows:

Social Care:

- Adult’s services
- Children and Family services
- Financial services

NHS Wales

- Mental Health
 - Community, Out-patient and In-patient
 - Adult & Older Adult MH
 - CAMHS
 - Learning Disabilities
 - Forensics
 - *Substance Misuse*
- Community Health:
 - District Nursing
 - Complex Care teams
 - Specialist Nurses
 - Health Visiting
 - School Nursing
 - Community Paediatric teams
- Therapies (including Physiotherapy, Occupational Therapy, Speech and Language, Dieticians etc):
 - Community/Out-patient
 - In-patient
- Integrated Teams across Health and Social Care

To support this range of professional services requires WCCIS to be very flexible and configurable. WCCIS has a vast amount of system functionality that is both common to all services but also meets specific needs depending on service requirements. So for example system audit functionality is a common system requirement that is applicable to all practitioners but conversely Mental Health practitioners for example will require specific functionality from WCCIS to ensure that their statutory deliverables are supported by WCCIS. Despite service specific requirements it has been identified that nearly three quarters of the WCCIS functionality is common to all system users and therefore required by Health and Social Care practitioners.

The following is not an exhaustive list of WCCIS functionality but provides an overview of the key requirements that WCCIS is required to deliver:

Service User Demographic

The ability to create and records for service users that ensure such records provide the “casefiles” of information required of any case management system.

Referrals

The ability to record referrals against service users that enables the identification of service demand and recording of specific events and activities against referrals which provides the case history including the creation of chronologies. In addition, it will also be possible to identify input by other workers at any time whilst the referral remains active.

Assessments and other documents

WCCIS has the functionality to create any number of documents to meet service needs. Therefore documents such as assessments, reviews, care plans etc are easily designed and completed in the system, and support the principle of “record once and use many times” which allows information to be shared between different document types as required.

Care Planning and Services

Following the completion of assessment and resultant care and support/treatment plans, WCCIS allows the recording of detailed service information such as the levels and costs of care provided to individuals, in addition to other critical information such as care providers.

Alerts and Notifications

WCCIS is required to provide alerts and notifications to system users so that they are informed and reminded of tasks and activities. Such functionalities allows WCCIS to proactively support and organize the users by the design and development of user “dashboards” that presents identification of required actions.

Diaries/Scheduling

WCCIS has a diary management system that allows staff to create, identify and coordinate appointments such as visits and clinics etc. This functionality enables the creation of work activities, and supports reallocation of such activity at times of staff absence and provides the ability to better coordinate service visits.

Access to functionality on Mobile Devices

A critical benefit of WCCIS is its ability to be support mobile working and therefore work on mobile devices in the community. To support this flexible requirement, WCCIS has developed a Mobile version of the software (an “App”) that allows it to be used on a range of mobile devices and can support “on-line” and “off-line” working. This essential feature will contribute significantly to the transformation of services by providing staff access to information as required.

Access control

Another critical feature of WCCIS is its ability to support users to only access the information that they are entitled to see. WCCIS will hold a wide range of information from each of the practitioners that use the system. Whilst some information available on WCCIS will be required to be shared between workers, other information will need to be protected and therefore the ability to create user profiles that support a multitude of sharing requirements is critical functionality.

Audit

Whilst Access controls can prevent access to WCCIS information, WCCIS audit functionality will identify when an information has been accessed, what information has been looked at or amended and can also send alerts when information has been accessed inappropriately.

Reporting

WCCIS has the ability to provide a range of report formats that enable the provision of management or case information, in addition to detailed performance reports such as required for National Performance returns. Case and performance information is presented to workers as dashboards, which will assist in identification of work activities that are due/overdue in addition to more sophisticated detailed reports suitable for analysis.

Workflow

Workflow is functionality that allows the system to identify an activity that then auto-generates the next stage of the locally defined processes. This functionality assists users and can assist in speeding up related processes

Integration with other Health and Social Care systems

WCCIS is required to connect to other systems in use. For example it is possible to connect WCCIS to other local systems such as Education or Finance systems so that specific information can be electronically shared. Similarly, NHS Wales have a range of local and national systems, including the Welsh Clinical Communications Gateway that could allow referrals to be received electronically from GPs and replace current outdated methods such as fax.

Benefits of WCCIS

WCCIS will deliver a comprehensive set of integrated, cross-functional business focused processes. The business benefits of the system will allow collaboration and operational functions to be extended and shared fully across Health and Social Care allowing an integrated care approach to be utilised across Wales, including:

- Care System costs decreased
 - Interfacing (system connectivity) costs decreased
 - Duplication of processes and record keeping systems decreased
 - User confidence in care service increased
 - Control of access to sensitive data increased
 - Valued patient/client experience increased
 - Community staff safety increased
- Patient /client safety increased
- Citizen access to services increased
- Care system efficiency increased
 - Support for integrated and shared assessments created
 - Incidence of missed appointment and wasted visits decreased
 - Ability to manage resources against demand increased
- Health/social wellbeing increased
 - Decrease unnecessary hospital admissions and speed up discharges
- Legal/policy compliance increased
 - Support for effective information sharing and MDT working increased

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