**Please complete all sections and return to: pmo@ggc.scot.nhs.uk**

|  |  |
| --- | --- |
| **Contact details** | |
| **Date** **of Request** |  |
| **Request Title** |  |
| **Project Description** |  |
| **Requestor details** | Name:  Job title:  Dept:  Sector/HSCP/Corporate:  Email |
| **Service Lead** | Name:  Job title:  Dept:  Sector/HSCP/Corporate:  Email |
| **Service Level Sponsor** | Name:  Job title:  Dept:  Sector/HSCP/Corporate:  Email |

**Situation (**please describe the problem – do not focus on the solution)

**Background** (pertinent information describing what caused the problem)

**Governance details**

**1. Has this been ratified by one of the following Governance groups?**

|  |  |
| --- | --- |
| **Group** | **Tick yes against relevant group** |
| Acute Tactical Group |  |
| Citizens Access Board |  |
| Clinical Portal Delivery Group |  |
| Clinical Governance Group |  |
| Corporate Management Team |  |
| eHealth Joint Management Group |  |
| eHealth Operational Management |  |
| eHealth Programme Board |  |
| eHealth Strategy Board |  |
| EMIS Delivery Group |  |
| GGC Board Clinical Governance Group |  |
| HSCP Digital and Care Group |  |
| HSCP Tactical Group |  |
| Innovations Governance Group |  |
| Mental Health eHealth Steering Group |  |
| NSS |  |
| Public Health Management Team |  |
| Safer Use of Medicines |  |
| Scottish Government |  |
| TrakCare Delivery Group |  |
| Unscheduled Care Programme Board |  |
| Diagnostics IT Strategy Group |  |
| Nursing and Midwifery AHP eHealth Group |  |
| North Sector eHealth Group |  |
| Clyde Sector eHealth Group |  |
| South Sector eHealth Group |  |
| Senior Executive Group (SEG) |  |
| Primary Care eHealth Group |  |
| Other, please specify |  |

**2. If not ratified by a governance group please confirm the Name of the Director, General Manager, Chief Officer, HSCP Head of Service or HSCP Service Manager**

|  |  |  |
| --- | --- | --- |
| **Name** | **Title** | **Dept** |
|  |  |  |

**3. Has the budget holder or governance group confirmed that funding is available (capital and recurring)**

|  |  |
| --- | --- |
| **Yes** |  |
| **No** |  |
| **Not applicable** |  |

**4. Please confirm from the list below if the request is aligned to one of the following remobilisation plans.**

|  |  |  |
| --- | --- | --- |
| 9.1 | Continue to expand the use of ACRT and Remote consultations |  |
| 9.2 | Accelerate the device replacement programme |  |
| 9.3 | Continue implementation of phased deployment of MS Office 365 across the organisation |  |
| 9.4 | Progress Screening and Testing |  |
| 9.5 | Introduction of the Hospital Electronic Prescribing and Medicines Administration (HEPMA) |  |
| 9.6 | Progress Heart Failure and COPD Pathways patient Hub |  |
| 9.7 | Improve patient pathways |  |

**To prevent unnecessary work, please answer the following questions**

5. If this is related to a research project? Yes/No

If yes, please provide details:

6. Are you aware of an existing tool across GGC or Scotland that can be used and if so, please specify?

7. If there is a reporting requirement?

|  |  |
| --- | --- |
| Yes |  |
| No |  |
| Don’t know |  |

8. Will this involve the use of personal data as this will indicate that a Data Privacy Impact Assessment is required?

|  |  |
| --- | --- |
| Yes |  |
| No |  |

9 What is the ideal delivery date: / /

*(this will be subject to understanding scope, costs, and resource availability and when the project plan is finalised if the request is approved by eHealth)*

**General Information**

10. Will other Scottish Boards be using this system? If so, please provide detail:

11. Where will the system be used?

|  |  |
| --- | --- |
| Acute |  |
| Non Acute sites |  |
| Community areas |  |
| Primary Care |  |
| All GGC areas |  |
| Corporate Areas |  |
| Other |  |

12. Will the system be used in a Clinical Environment?

|  |  |
| --- | --- |
| Yes, please provide detail |  |
| No |  |

13. Does the project have a dependency on another Programme of Work?

|  |  |
| --- | --- |
| Yes, please specify |  |
| No |  |
| Don’t know |  |

14. Is a Clinical Safety Assessment required? Yes/No

**Technical Assessment**

15. Are there mobile devices required? Yes/No

16. Is there associated specialist equipment required? Yes/No

|  |  |
| --- | --- |
| If yes, please specify |  |

17. Has guidance been sought by Medical Physics? Yes/No

18. Where will the system be hosted? (final decision to be made by eHealth)

|  |  |
| --- | --- |
| Don’t know |  |
| Externally on the internet/public cloud |  |
| Externally somewhere on SWAN |  |
| Internally by GGC |  |

19. Is there an interface development requirement?

|  |  |  |  |
| --- | --- | --- | --- |
| No | |  | |
| Existing GGC system | |  | |
| With an external third party eg NSS | |  | |
| Demographic feed | |  | |
| Electronic letter to be sent to GP | |  | |
| Letters/documents to be made available to SCI Store/Clinical Portal | |  | |

20. Give detail of the interfaces

21. Please provide detail if other interface or non standard technical requirement

22. Are Diagnostics IT Team required to support any part of the project? Yes/No

23. Is it expected that there will be ICT/eHealth training/eLearning support required? Yes/No

24. Have post go live support arrangements been considered? Yes/No

**Assessment**

What analysis has been undertaken?

What are the options and risks?

|  |  |  |  |
| --- | --- | --- | --- |
| **Options** | **Description** | **Risk Impact** | **Risk Score**  **High, Medium, Low** |
| 1 Do nothing |  |  |  |
| 2 Do Minimum |  |  |  |
| 3 Do Something |  |  |  |

**Recommendation**

**Expected Benefits (describe the expected benefits and how these will be measured**

|  |  |  |
| --- | --- | --- |
| **Benefit type** | **Description** | **Baseline Measurement** |
| Cost efficiencies (eg reduction in paper) |  |  |
| Time efficiencies |  |  |
| Service Improvement, eg waiting times, |  |  |
| Patient experience, eg complaints, waiting times |  |  |
| Enhanced application performance |  |  |

**Financial Information (if applicable)**

If applicable, is there funding available?

|  |  |  |
| --- | --- | --- |
| **Funding type** | **Amount** | **Source**  **(**eg Directorate Management Team) |
| Capital |  |  |
| Recurring |  |  |

Is this part of Financial Improvement Plan? Yes/No

**Guidance notes on how to complete eHealth Request form for new eHealth projects/developments**

**Why do I need to complete a request form?**

If you are asking to implement an IT solution, there may be significant resources required to take this forward. Completing the form will help us understand what you want, and consider IT infrastructure, IT Security, and Information Governance and procurement implications. It is also important to confirm whether there is funding available as there may be cost implications, eg purchase of equipment, supplier development, storage, networking of servers and devices.

**What happens once a request has been submitted?**

The PMO (Project Management Office) will arrange for the request to be reviewed by eHealth Project Review Group and will submit a recommendation to the eHealth Management Team on the appropriate to consider and prioritise against available resources.

The PMO will inform the request, service lead and sponsor of the decision.

**How to complete the eHealth request form**

**Project Title** should give clear indication of project purpose.

**Requestor**is the person who wrote and submitted request

**Service Lead** is the named lead within the service who is responsible for liaising with eHealth.

**Service Level Sponsor**All requests are required to be signed off by a Director, General Manager, Chief Officer, Head of Service, or HSCP Service Manager. This person will act as project sponsor who will ensure there is funding in place (if required), approve project scope and plan and approve any changes to scope or funding.

**Situation**This should be a concise statement of the activity or challenge you want to solve. Describe the current state. *E.g., X service currently uses paper case files for all clinical note-keeping.  Moving to an electronic patient record will help improve and support the delivery of a safe service.  It is important to include as much detail as possible e.g. outline any key data that must be captured, workflows etc.*

**Background**Describe the background to this request. Include pertinent and brief information related to the situation. This should include details of any potential risks or legislative requirements for consideration.

**Governance**All requests should be discussed and ratified by an appropriate formal governance group or a Director, General Manager, Chief Office, HSCP Head of Service or HSCP Service Manager ***prior*** to submission to eHealth.

**Ensure the request is aligned to Board’s Digital Delivery Plan or Remobilisation Plan**   
Choose to which aspect of the Board’s Digital Delivery Plan or Remobilisation Plan your project is aligned. If the request is not aligned to either plan, the request will be considered a priority.

**Assessment**Describe the improvement you are trying to make in the form of several options of desired outcomes (future-states).   
Describe what analysis has been undertaken. What are the available options to deliver the solution? Include the reasons why this request should proceed and the risks if it does not.

**Recommendation**Describe what your preference is of the options presented in the Assessment section.

**What are the expected benefits?**Describe the expected benefits and how these will be measured. These could be time efficiencies, cost efficiencies, service improvement, enhanced patient experience or enhanced application performance.

If you need further assistance, please email pmo@ggc.scot.nhs.uk