

Re: Your request made under the Freedom of Information Act 2000

I am seeking information on your patient record and administration systems plus information of your ICB and its plans for a Shared Health Care Record. I would appreciate it if you could use the reference: **EPRandICB** in your response. My contact details are in my signature at the bottom of this message; please feel free to contact me with any clarification questions you have.

1. What Electronic Patient Record (EPR) system do you use? Please state if your EPR is an In-house built system. **No EPR System in place**
 - a. If your EPR is supplied externally, when does your contract expire?
 - b. Do you have any intention to replace the EPR?
 - c. What is the timescale for the replacement to be in place?
 - d. Has a replacement EPR system been chosen. If, yes, please name the chosen EPR.
2. What Patient Administration System (PAS) do you use? Please state if your PAS is an In-house built system. **Emis Camis**
 - e. If your PAS is supplied externally, when does your contract expire? **October 2023**
 - f. Do you have any intention to replace the PAS? **Yes**
 - g. What is the timescale for the replacement to be in place? **2-3 years**
 - h. Has a replacement PAS system been chosen. If, yes, please name the chosen PAS. **No**
3. What Document Management System (DMS) do you use? Please state if your DMS is an In-house built system. **No DMS in place**
 - i. If your DMS is supplied externally, when does your contract expire?
 - j. Do you have any intention to replace the DMS?
 - k. What is the timescale for the replacement to be in place?
 - l. Has a replacement DMS system been chosen. If, yes, please name the chosen DMS.
4. What ICB does your organisation fall under?
5. Do you have a shared care record (SCR) across your ICB? **Yes**
6. If the answer to question 2 is, yes:
 - m. What is the name of the system? **Doncaster Intergrated Care Record, Yorkshire and Humber Care Record**
 - n. When does the contract expire for the current system? **Not a Trust Contract**
 - o. Does your ICB have any intention to replace the SCR? **N/A**
 - p. Does your ICB have any timescale for the replacement to be in place? **N/A**
 - q. Has a replacement SCR system been chosen. If, yes, please name the chosen system. **N/A**
7. If the answer to question 6 is, no:
 - r. Are there any plans to create a shared care record?

Our Ref: 119/2023
JANUARY 2023