

Meeting: Adult Social Care, Health and Wellbeing Sub-committee

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Title: Update on integrated record sharing

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1. Purpose of report

The purpose of this report is to update the sub-committee with the progress that has been made towards integrated care through the delivery of the detailed primary care record solution to support patient care at the point of care.

Where practicable, this solution will replace the need for referral and requesting of paper/fax records from colleagues in primary care or having to assess the patient's needs based upon information at hand rather than a complete current medical history.

2. Recommendations

The Adult Social Care, Health and Wellbeing Sub-committee is asked to note the progress that has been made towards integration through the collaborative approach of the informal interoperability project team.

The sub-committee is also asked to continue to support the programme as we continue to remove paper and integrate structured digital information.

3. Details

In 2014, NHS England invited NHS trusts to bid for match funding from the Integrated Digital Care fund. In response, Northumbria Healthcare submitted two bids. A collaborative bid was submitted on behalf of the health economy to develop electronic information sharing and one was submitted internal to the trust to advance the use of digital health records, both in line with the relevant guidance.

Although the collaborative bid was unsuccessful it did bring together the organisations that wished to collaborate for the benefit of their patients/clients across the region. This included;

- Northumbria Healthcare NHS Foundation Trust
- North Tyneside Clinical Commissioning Group (CCG), Northumberland CCG, Newcastle North and East CCG and Newcastle West CCG
- Northumberland Tyne and Wear NHS Foundation Trust
- North Tyneside Council
- Northumberland County Council
- Newcastle City Council
- Northern Doctors Urgent Care Limited

The interoperability project team continued to meet after the unsuccessful bid as there was still the will to make this happen for the benefit of patients/clients.

Our largest problem remains that at the time systems were procured across the economy, the emphasis on integration and interoperability was not embedded due to the national programme and we are left with systems that meet individual business needs, but in isolation.

Given the scale of the integration problem it was decided to concentrate on sharing primary care information with clinicians (initially) at the point of care.

The sub-committee is reminded that this is the first stage of a plan to allow appropriate access to information which will include, for example, social care, end of life care, special notes.

The interoperability project team including the CCGs and foundation trusts chief clinical information officers (CCIOs) as well as directors of informatics and has extensively researched the market place to assess tools available to facilitate the ability to securely transfer consistent, robust primary care information to other providers involved in patient care and at this time there is only one developed solution that can meet the needs of a TPP and EMIS mix of primary care systems.

We recommended that the solution offered by Healthcare Gateway, Medical Interoperability Gateway is procured on behalf of the population of Northumberland and North Tyneside to expedite safe and effective sharing of this information and delivered in advance of the pressures of winter.

The pricing model is based upon each CCG securing the right to share information for their patients (the sender) with provider organisations (the receiver) being responsible for configuration of their systems with appropriate information governance in place to view the information.

Opportunity statement

As part of the Department of Health's initiatives they have demonstrated and stated that the use of information through available technologies can transform their services and the care they provide.

Following on from this it is anticipated that access to a Detailed Primary Care Record will impact on efficiency and productivity. In addition, a clinical member of staff has the potential to be able to make services more responsive to patients' using information available, embracing paper-light working and engaging with patients more effectively.

By using information, clinicians and health professionals could have access to the up-to-date information they need to be able to safely and effectively deliver care, plan treatment and monitor outcomes. The information removes the need for reliance on out of date paper based

legacy systems saving duplication of work processes and removing transcription errors which could result in a delay of care.

The need for consistent robust information, regardless of Primary Care system of choice has been a requirement for all organisations for several years but has been delayed due to anticipated improved national programmes, the need for both software suppliers to share an agreed data set and appropriate confidence in information sharing models.

Organisational need, a changing model of Emergency Care delivery, increased demand and the need to enhance the Organisations Digital Maturity means that this project must now begin.

There is a comprehensive drive within all organisations to provide the right information at the right time to the right clinicians to build greater sustainability for future service delivery.

Benefits

The benefits are perceived to be:

- Make viewing information easier and prevent duplication of effort for staff
- Ensure patient information is accurate and current
- Prevent delays in flow and care as more information will be available at first point of contact
- Release more time to care
- Give staff the ability to work more flexibly
- Reduction in staff stress levels and improved work life balance
- Consistent information available electronically at all sites
- Potential saving in communication costs to organisation
- Improved user (i.e. clinicians and operational staff) experience
- Reduced risk of legacy systems
- Improved patient safety
- Improved patient experience through information being available

The summary displays in detail:

- Current problems
- Current medication
- Allergies
- Recent tests
- Problems consisting of :
 - Current problems
 - Past Problems

Northumbria, NTW and Northern Doctors will have access to the solution based upon need and the information presented can be made available through a web-based browser solution or, where more appropriate, there is an opportunity to integrate within existing core systems. At this time we are in discussion with our suppliers as to whether it is possible to provide a contextualised launch too.

As part of this project, we will consult the Information Security Officers throughout the process and appropriate encryption will be applied to meet information governance (IG) recommendations and guidelines.

4. Appendices

N/A

5. Background Information

The North East region are supportive of this initiative to ensure rapid roll-out as Northumberland CCG and its partners transition to new models of care for provision of emergency care that will change the way that patients flow through the system and increases the need for appropriate and current electronic information to support patient care.

This project will provide a detailed view of the primary care record to those who are involved in the care of patients within Northumberland CCG. This will enable patients to be assessed and treated with more detailed information available. This will remove the need for faxing of information required, duplication of requests and in particular limit the potential for medication errors.

It is anticipated that this will improve the continuity of care and reduce the need for reference to paper records that may be out-dated and not easily accessible. This fits with the move to Electronic Health Records and both the “Five Year Forward View” and “Personalised Health and Social Care 2020” objectives for improving care through use of Technology.

<http://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

<https://www.gov.uk/government/publications/personalised-health-and-care-2020>

A summary of the key points from the Five Year Forward view relating to this proposal are listed below

NHS Mandate 2015-16 – Use of technology / Forward View into Action

In a digital age, it is crucial that the NHS not only operates at the limits of medical science, but also increasingly at the forefront of new technologies.

NHS England’s objective is to achieve a significant increase in the use of technology to help people manage their health and care.

In particular, the Government expects that:-

- Everyone who wishes should now be able to get online access to their own health records held by their GP. NHS England should promote the implementation of electronic records in all health and care settings and should work with relevant organisations to set national information standards to support integration;
- clear plans should now be in place to enable secure linking of these electronic health and care records wherever they are held, so there is as complete a record as possible of the care someone receives;
- clear plans should now be in place for those records to be able to follow individuals, with their consent, to any part of the NHS or social care system;