INTEGRATED CARE AND SUPPORT PIONEER PROGRAMME

A CONVERSATION BETWEEN LONDON PIONEER SITES TO DISCUSS THE PRIORITIES OF A DIGITAL INTEGRATED CARE RECORD

WELC

Access video here

People not patients

WELC are focused on designing care records around people living their lives. They recognise there is a big opportunity to encourage and support self-management, which they hope to achieve through involving people when they are well, and not just in crisis, and allowing them to contribute, not just view.

This will encourage a culture of people holding more responsibility for their wellbeing and allow them to take control. WELC are drawing on the lessons from year of care, to help understand how to create care plans centred on the person.

Questions:

· Who should own this care record: the person or the GP? Should all patients be included or just certain groups?
· What if patients want to delete information in their care record?
· Is the GP record the summary record at a national level?

Achieving one solution to existing spaghetti

Progress has been made and after much work, all three CCGs came together to develop a WELC wide shared IT strategy.

More locally in the boroughs business requirements are coming from working with key organisations, including local London Ambulance Services. WELC have also spent a lot of time working on the governance frameworks required to underpin data linking and information sharing.

However, there are still lots of systems and WELC want to move away from the spaghetti. Connections to 111 and LAS will be important for the future – making care better in an emergency.

Questions:

· How to get providers to engage with the CCGs, with each other and with the local authorities to connect up the spaghetti ?

From paper to e-records: culture and system change

Waltham Forest already uses Health Analytics as it's digital health record. Orion was procured for Tower Hamlets to support the virtual ward. The North East London CSU link data from GPs, Acute, Mental Health and CHS in one data warehouse for Newham and Tower Hamlets and have also linked social services data for Tower Hamlets. Progress is being towards using e-records but there are still people using paper records. Achieving the principles in the IT strategy will not be possible whilst some services remain paper based.

WELC are also doing work to support fair processing and consent gathering to underpin information sharing, supporting culture changes in talking to patients about how their data is used to support their care and improve care for others in future.

Questions:

· How do we get everyone using electronic records?

NORTH WEST LONDON

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Patient involvement in Informatics Strategy

NW London have been successful at collectively working at scale as 8 CCGs – through their collaborative approach they have achieved broad agreement on their Pioneer Informatics Strategy to underpin their vision for Integrated Care. The vision for NWL Informatics is to enable "Better Outcomes, Better Supported Professionals and Better Care".

Whilst NWL have taken a whole systems approach, they have also emphasised the importance of honouring and respecting local priorities.

NWL were early starters with exploring integrated care (with two pilots across NWL over the last three years) which has ensured a strong platform and network of relationships to build on.

For the future, it will be important to stay focused, at pace and co-ordinated in the approach to informatics across the 8 CCGs with their 30+ partner organisations.

Broadly, there are three phases to the strategy 1. Read; 2. Do; and 3. Record architecture. The Digital Care Record is core component of which Care-planning is an integral concept/part of the record. Practical considerations

will be a) to agree language (e.g. care plans) and define the data set in Digital Care records, and b) robust information governance and consent model to support sharing.

Evolve existing systems rather than buying big new solutions

Instead of investing in costly new solutions and changing systems, NWL are focused on evolving technology to make the most of what exists and to avoid the need for changing working practices. For any new technological developments, they highlight the importance of supporting the professional community to adapt to new ways of working.

In the development of systems, NWL emphasise the importance of primary care at the centre of co-ordinating an individual's care (guardians of cradle to grave information for their registered patients providing the master dataset).

In the future, the hope is to evolve their systems to share across organisations with the appropriate controls and consents an individual's current care

history, proactive care management and advanced analytical information for front-line use.

Some of the aspirations will be to provide advanced analytics at the point of care to enable the tracking of costs for an individual and sophisticated risk profiling.

Patient involvement in Informatics Strategy

NWL have an active and expert lay-partners group that are integral part of the Whole Systems Integrated Care programme and have provided strong input into creating and defining care planning as well as the informatics strategy as a whole. NWL have embedded care planning as a central part of integrated care.

Patient involvement has ensured that IT solutions are user centric. They have also started shaping specific requirements on information they would like to access; how they would to share feedback and be a partner in their care. Emerging thoughts are around the ability to view and update their wishes and their individual progress.

ISLINGTON

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Stronger together

Islington have strong clinical leadership which has made a big difference in forging levels of support and influence over GP networks. By working closely with providers and neighbouring CCGs, Islington have been able to develop their IT strategy further. This has meant that all 36 practices operate on EMIS (only one is not!). The Coordinate My Care initiative (enables patients to have comprehensive crisis and end of life plans accessible to NHS 111 call handlers, with key contact details in health and social care) has increased 22% as a result of multidisciplinary team working.

Though they are stronger together as a locality, to achieve real impact and make people's lives better through technology a whole systems approach is needed which includes 111 and London Ambulance Services.

There are also opportunities to come together with other localities or other London sites to have greater impact at a national level – to gain consensus on minimum standards, to align strategies and to gain supplier leverage.

Person held record

People are not just patients and person-held records are the number one priority of Islington's work in integrated digital care records. Person-held records will mean they can hold onto it wherever they are.

It is important to develop principles of person-centred records. There are opportunities to draw on lessons from around the world to understand how best to achieve and discuss consent – perhaps a Blue Button, like in the US.

Questions:

· Are there any other examples from around the world we can draw principles from?
· How do we resolve issues around consent?

Function first technology second

Islington wanted to create a person-held record centred around them. To do this they mapped patient journeys with health, social care and London Ambulance Services to explore exactly what functions were needed to design a solution centred service around the person and their needs rather than focusing on the technology. Ease of use will be key in the development of a solution.

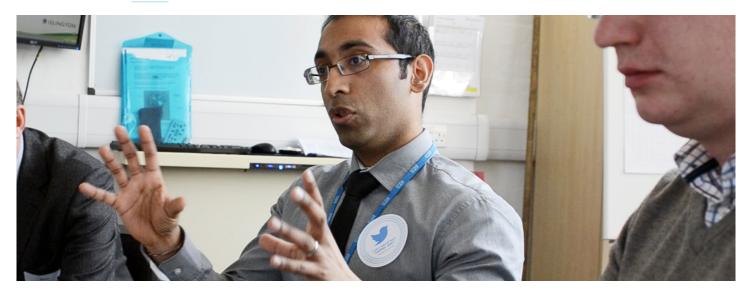To progress further and achieve system change, a minimum data set is needed across all organisations and providers.

Questions:

· Do we need a person-held record as well as an organisation-specific record?
· How do we legislate to ensure providers make data available for a minimum data set?
· How to avoid giving too much power to one provider?

GREENWICH

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GP involvement

The critical challenge facing Greenwich was the ability of residents to access their GP. This prompted them to explore GP syndicates to make it easier for people to see a GP.

To do this a new system was needed that could enable collaborative working but GPs were keen to draw on the technology already in use. So they focused on developing a health gateway that would draw together existing systems, with 46 practices using Vision and 4 using EMIS.

By involving GPs in the development of the gateway they became more engaged and saw a new way of working.

Cloud systems

Information exchange is limited to specific localities, so Greenwich are keen to achieve cross-borough working.

Greenwich are currently looking at a cloud based system that brings in all data from the 46 practices using Vision and the 4 using EMIS. It would also amalgamate the community services, social services, 111 and primary care by importing all data into a virtual world. At the moment the new system would ask for consent up front.

Focus on direct care provision

Greenwich has been focusing mainly on the direct care component of integration for the following three reasons:
1. Previous experience of integrating direct health and social care – we wanted to take our integration of the services further: from coordinating responses to emergency events to coordinating care plans and preventing deterioration in health.
2. Limited local control over informatics and IG standards necessary to facilitate integrated digital records – the most of the informatics solutions particularly around technology standards and usage

of data for indirect care purposes need to be established at the national level.
3. Using direct care experiences to plan strategy – the most immediate gains to local integration agenda will come from changing direct care practices and using experience of coordinated working to inform wider informatics strategy.

The Greenwich Coordinated Care (GCC) "Test and Learn Site" project was established to test solutions that can deliver better prevention and care planning across different health and social care settings. This pilot project focuses on providing coordinated care to high risk people with multiple long term conditions. Greenwich approach to the informatics barriers/enablers is very bottom-up:

Top informatics priority => facilitate effective direct care provision: professionals and clients involved in the Test and Learn project highlight any data sharing/information technology/ analytical capacity barriers and opportunities to the GCC board which in return will engage senior managers from across all care settings in finding satisfactory solutions to the issues that can be addressed at the local level.