



**Launching the
Integrated Doncaster
Care Record**

Hello

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Doncaster

- Doncaster is the largest Metropolitan Borough in England. It covers 57,000 hectares and has a population of 304,200 people
- Doncaster Health and Social Care boundaries are coterminous. However the GP registered population includes some people who reside in another LA area
- The Doncaster Integrated Care Partnership includes:
 - Doncaster CCG
 - Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust
 - Doncaster Children's Services Trust
 - Doncaster Council
 - FCMS
 - Primary Care Doncaster
 - Rotherham Doncaster & South Humber NHS Foundation
 - St Leger Homes
- The health and care organisations in Doncaster are part of the South Yorkshire and Bassetlaw Integrated Care System





**Identifying
the Need for
an Integrated
Record**

Doncaster Local Digital Roadmap

OUR POSITION IN JUNE 2016

- Not a lot of engagement between provider IT / information departments to deliver joined up information or services
- Little data was being shared across the health and care community

BUT

SUPPORTING FACTORS FOR CHANGE

- Intermediate Care Transformation Programme
- Strong support from organisation leaders to deliver integration
- Recognition by Informatics Departments of the need to join up systems and infrastructure
- Open & honest approach by all Partners
- Low baseline meant significant potential to improve

DEVELOPMENT OF AN INTEGRATED CARE RECORD FOR DONCASTER

LDR 2016:

The vision for the Health and Social Care community of Doncaster is to join-up information across care pathways and settings to give easy access to all the information staff need to provide high-quality, safe and effective services.

Scoping the Integrated Care Record

Intermediate Care Transformation Programme

We agreed that our initial care record should be based on a redesigned *Rapid Response* care pathway which went live in 2017 as part of a wider intermediate care transformation programme.

The rapid response pathway brings together a number of teams across several organisations that provide interventions aimed at preventing people being admitted to hospital and maintaining independence to:

- Simplify access and improve patient and carer experience
- Coordinate care and reduce duplication
- Increase responsiveness

The ability to share information across professions and organisations was crucial to this, hence its selection for our integrated care record proof of concept.

The Case for Change 1. Complexity of current services

25

Recording and IT systems

The complexity in current intermediate care service provision is also reflected in the systems and processes for record keeping and sharing information. The review found that patient information is not always accessible or proactively shared between services.

Multiple IT systems also add to poor communication and often lead to duplication and inefficiencies. There are currently six electronic systems that may contain information about a patient during a single episode of intermediate care; SystmOne, JACS, Symphony, EMIS, Care First and Silverlink. The chart below highlights how different organisations, teams and even professions within teams have different ways of recording information.

Electronic record keeping systems across the intermediate care pathway.

GP services (depends on practice)	SystmOne EMIS
A&E and MAU	Symphony + Paper based notes
RAPT	Paper assessment- filed by RAPT
IDT	Paper based fact finds - scanned onto Care First, faxed to bed based services and filed by IDT.
Mexborough and Montagu Hospital (MMH) Rehab Centre	JACS - Nurses and Doctors only SystmOne - Therapists only Medical notes - Doctors and Therapists Ward notes - Nurses, Therapists and Support staff.
Hazel and Hawthorn	SystmOne - Therapists and Nurses Paper based ward notes - all ward staff
Positive Steps	Care First. Paper based unit notes. OPMH liaison- Silverlink
CICT	SystmOne
STEPS	Care First. Paper notes scanned into Care First

Example from data collection for the needs review: IDT fact finds

The IDT fact find is a paper based assessment document, completed by IDT members when they assess someone for discharge on an acute ward. When fully completed it provides a comprehensive summary of a person's need along with a rationale for why a particular discharge pathway has been recommended.

The fact finds have to be scanned into Care First to be transferred to social care services or faxed to the relevant bed based service. This process is dependent on the availability of admin staff and can sometimes be delayed. If CICT is involved they do not routinely receive the IDT fact find nor would the GP. The originals are filed by IDT at Doncaster Royal Infirmary separate to the person's medical records.

The result is that valuable assessment information does not travel with the patient, cannot be used to inform care planning and has to be repeated further down the pathway.

Example from in depth pathway reviews: Therapists at MMH rehab centre.

Therapists at MMH Rehab Centre record their notes in **three separate places**:

1. SystmOne - so that community colleagues can see they have been seen by a therapist at DBHFT. This can't be accessed by nurses at the centre.
2. The Rehab Centre paper based ward notes, in order to communicate with the rest of the MDT.
3. The paper medical records, to communicate with the medical team.

? What needs to change?

Shared IT system across all intermediate care teams or interoperability between IT systems





**Specifying
and
Procuring the
System**

The Procurement Process

We established a strategic partnership with Channel 3 Consulting to support the CCG and its regional stakeholders in deploying the shared care record.

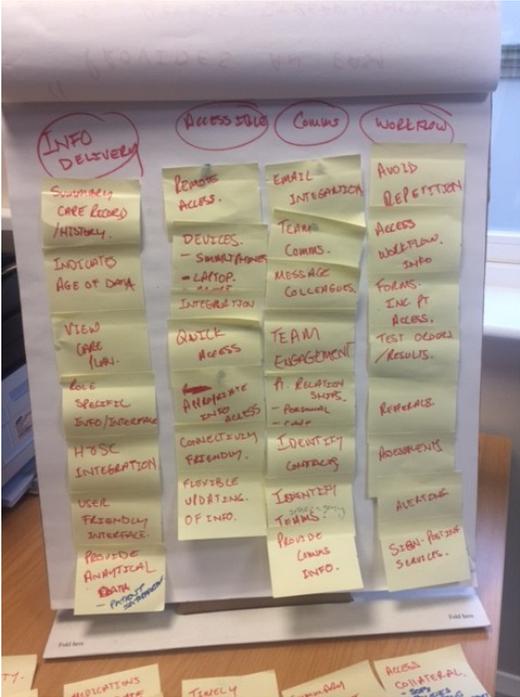
The initial phase of work was to:

- Establish a programme of engagement across all regional stakeholders
- Define the requirements of the IDCR solution
- Run a robust procurement process
- Identify preferred supplier
- Secure a fair contract

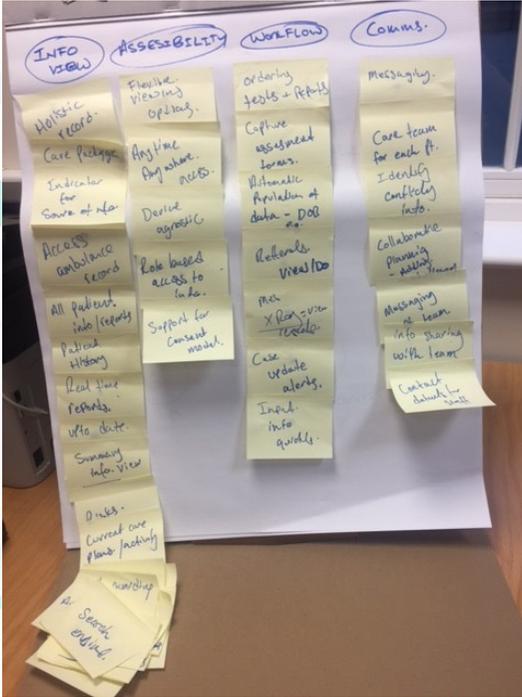
As part of this stage, Channel 3:

- Engaged with stakeholders to obtain requirements
- Developed a specification and procurement documentation
- Facilitated the evaluation process
- Managed the negotiation and contracting process

Right from the start, the PoC programme was service led and user engagement has been key throughout. In February 2017, we held workshops to discuss what our Health and Care Professionals wanted and needed from an iDCR solution.



Blue sky thinking was encouraged!



“Providing an easy-to-access, streamlined, timely set of information, alerts, workflow, communications. From any device, any place, any time..”

“A solution that provides appropriate access to the holistic health and social care record, that supports integration, workflow and communication on any device, at any place and time..”

We turned our ideas into requirements for a Proof of Concept solution...



Existing documentation was used to understand the vision Doncaster Partners share and the existing sharing agreements that are in place.

NHS London Procurement Partnership
Commercial advantage for the NHS by the NHS



Requirements Gathering

- Two User Workshops
- An IG & Policy Workshop
- A Technical Workshop
- 8 x 1 to 1 sessions with key stakeholders



Analysis

Documentation

Validation

Procurement

Supplier



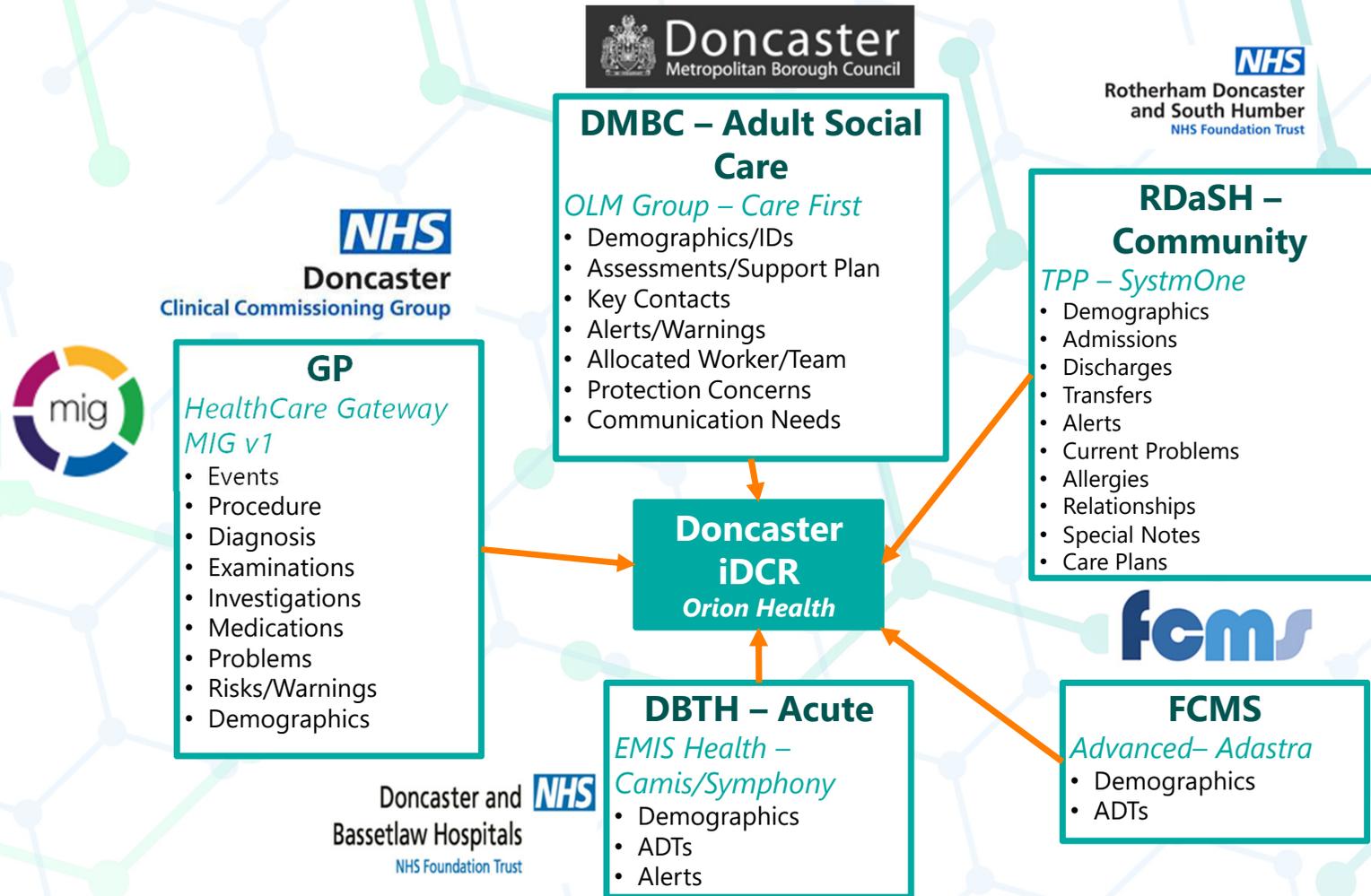
The Requirements Gathering & Analysis stages contributed to the creation of the iDCR Output Based Specification and Requirements catalogue.

ID	Requirement	MUST/SHOULD	Phase	Note
101	Appropriate information from Source Systems to present a complete Health & Social care record on demand			
102	The information that originates and persists consistently needs to be used. Can record from any data held in the local Source Systems	M	Proof of Concept	
103	The information that originates and persists consistently needs to be used. Can record from any data held in the local Source Systems	M	Proof of Concept	
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The iDCR Output Based Specification and Requirements catalogue were validated by representatives from all of the Doncaster Partner organisations.

At the end of the Procurement process, Orion Health were the successful bidder and the Proof of Concept contract was signed in July 2017

What Data is in the iDCR?



Setting Expectations for the Pilot...

- ✓ **Timely sharing of accurate health and social care information**

As soon as the solution went live, staff gained access to health and or social care information that has been recorded by Doncaster GPS, RDaSH, fcms, DMBC or DBTH.

- ✓ **An IDCR solution that can interface with all systems in use in the Doncaster region**

We are testing this during the pilot with SIX systems, with the ambition to add more systems in the future.

- **A shared assessment and plan which will move with the patient**

During the pilot, the Clinical Portal will be read-only. A shared assessment is a future requirement.

- ✓ **A reduction in paper-based activities which can ultimately be eliminated**

Access to key information will help to reduce the amount of paper being used across the Partner Organisations.

- ✓ **Access to the iDCR from any location**

Staff will be able to access the Clinical Portal from any location.

- **The option, where appropriate, for individuals & carers to have access**

Patient/Carer access is a future ambition.



Implementation

The Implementation

Channel 3 Consulting managed the implementation and provided support to the CCG and Partners throughout the Implementation Phase.

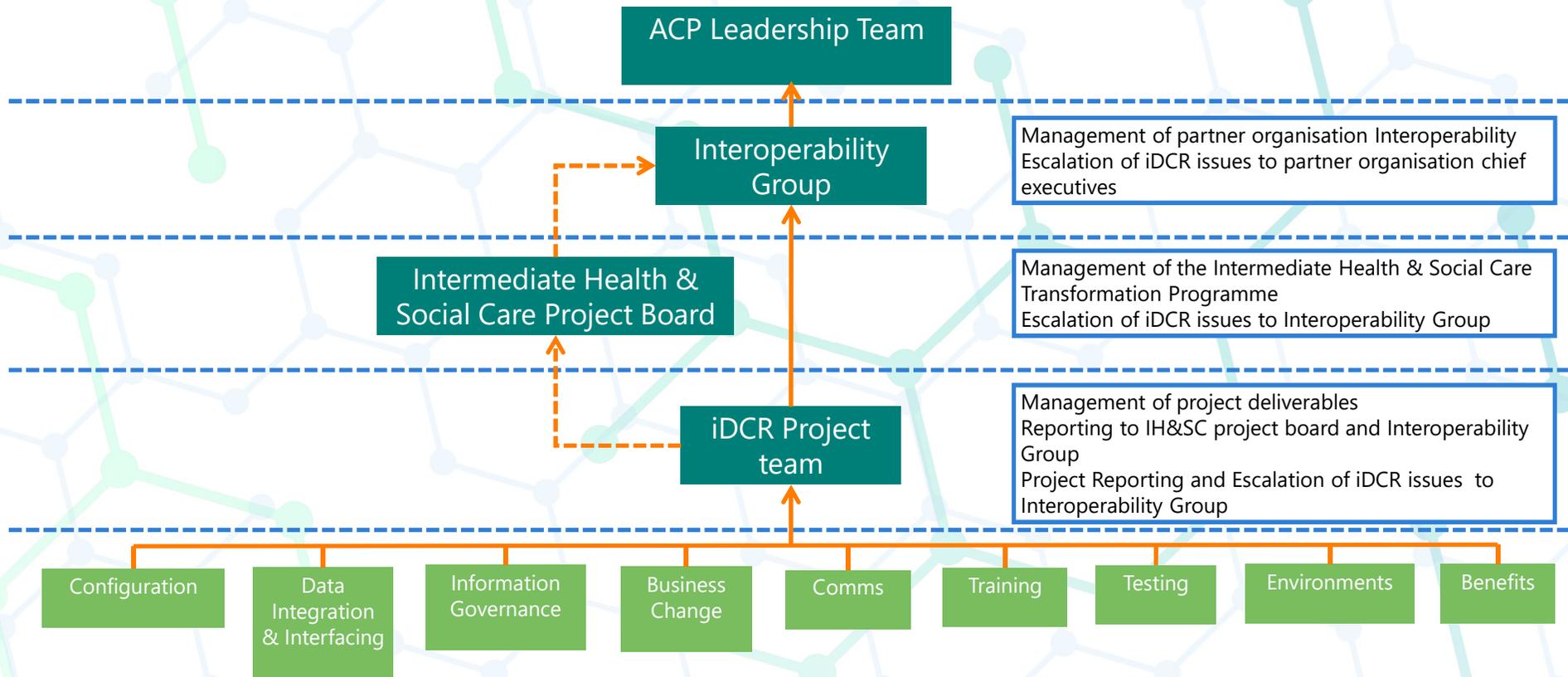
Deployment Management:

- Dedicated Project Management to represent the Doncaster Partners
- Management of all technical, testing and training activities
- Supplier and clinical engagement support
- Stakeholder engagement and Comms

Benefits Management:

- Establish a benefits model and benefits management approach
- Supported change management activity
- Development of a business case for ongoing use and expansion of the system

Governance Structure for the integrated Doncaster Care Record



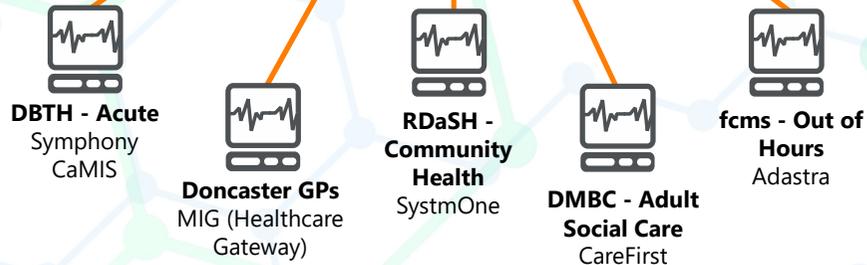
These workstreams consisted of members from the following;

- CCG
- Project Team
- Supplier
- Provider Organisations
- Intermediate Health & Social Care

We're live!



integrated Doncaster Care Record



- ✓ The iDCR went live in June this year with a rich set of health and care data
- ✓ Representatives from all Partners were involved in the technical deployment. Covering technical, testing, & training activities
- ✓ We were keen to involve technical and service representatives in decision making including Go / No-Go Decisions
- ✓ 350 licenses were purchased for the PoC Programme, 219 logins have been distributed to Intermediate Care and Support staff (Doncaster CCG have 5 support user logins)
- ✓ 6 source systems have been successfully linked to the iDCR
- ✓ 500 licences have been requested for the Doncaster GP clinical staff
- ✓ Services outside of Intermediate Care are already showing interest in using the iDCR

Enablers and Barriers

Enablers

- Full engagement of health & care professionals and managers from the Intermediate Care Programme Team
- Support from the Executive Leadership across all Partner organisations
- Availability of money from the Better Care Fund to support partner implementation activities
- LMC support endorsement of the system

Barriers

- Conflicting priorities for Partner IT Departments
- System provider support
- Lack of a pre-agreed Information Governance framework
- Resources



Managing the Information Governance

Information Governance The Challenges



Involve your IG leads at the start of the project.
Use your IG leads to be enablers not blockers.

Data Protection Impact Assessment

A Data Protection Impact Assessment (DPIA) is a privacy risk mitigation tool that helps to identify projects' potential effects on individual privacy and compliance with data protection legislation, and to examine how detrimental effects might be overcome.

According to the Information Commissioner's Office's DPIA code of practice, "An effective DPIA will allow organisations to identify and fix problems at an early stage, reducing the associated costs and damage to reputation which might otherwise occur."

Covers all Partners signed up to the project.

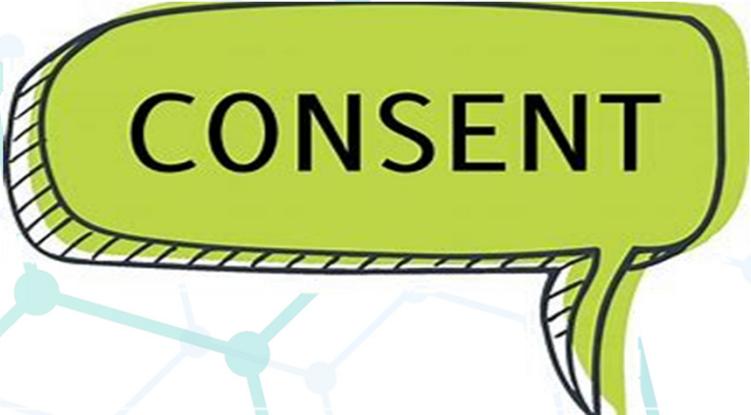
Is a living document throughout the life of the project requiring periodic review.

Required under the General Data Protection Regulation (GDPR).



Data protection
impact
assessment (DPIA)

Consent Model



CONSENT

- Consent model – making it legal
- iDCR – two tier consent model
- Implied Consent to create a record
- Explicit Consent to view a record
- Opt Out model – central process
- The consent model is implemented in the context of the patient record being used for direct care only. The definition of direct care here is like the definition below;
- Direct Care is the term used by the (Caldicott) review to include clinical care, social care and public health activity relating to individuals. It also includes activity such as audit and management of untoward incidents where these are carried out by people who have a legitimate relationship for that person's care.
- Communication – Posters, leaflets, local papers, radio etc. Ensure that you have taken proportionate effort in targeting a high percentage of the population.

Information Sharing Agreement (ISA)

- Information Sharing Agreements are non-legally binding documents however the Information Commissioners Office recognises that having them in place is 'good practice'.
- The legal basis for the information sharing.
- What information will be shared in the iDCR.
- The organisations that are party to the sharing.
- What we need to tell patients (data subjects) about the data sharing and how we will communicate that information.
- The measures we have put in place to ensure adequate security is in place to protect the data.
- The information sharing agreement was signed by all Partners before information was flowed in to the iDCR.



Patient Cohort



- Geographical footprint/cross border patients
 - Option One: Leave the Patient Cohort unrestricted (thus accepting IG risks)
 - Option Two: Patient Cohort restricted as described above (by GP practice for RDaSH, DBH & FCMS data. DMBC data will not be restricted).
- Consider clinical risk

Role-Based Access Control (RBAC)

- Role-based access control (RBAC) is a method of access security that is based on a person's role within a business. Role-based access control is a way to provide security because it only allows employees to access information they need to do their jobs, while preventing them from accessing additional information that is not relevant to them. An employee's role determines the permissions he or she is granted and ensures that lower level employees are not able to access sensitive information.
- Documented within the ISA and PIA.
- Agreed by senior governance.
- Access audit capabilities.





**Getting the
Benefits**

The Benefits our Health & Care Professionals expect the iDCR to bring

"All of it!" (when asked what will you see that you don't now)

We'll see admission info from other organisations

"We'll see all of the health data!" (that is not current shared)

Improved quality of data (the most recent data from source systems)

During triaging – we will make less phone calls trying to get information about the patient, and less time being passed around!

GP information that is not in SystemOne

We will be able to see what they've had done (treatment/medication/tests)

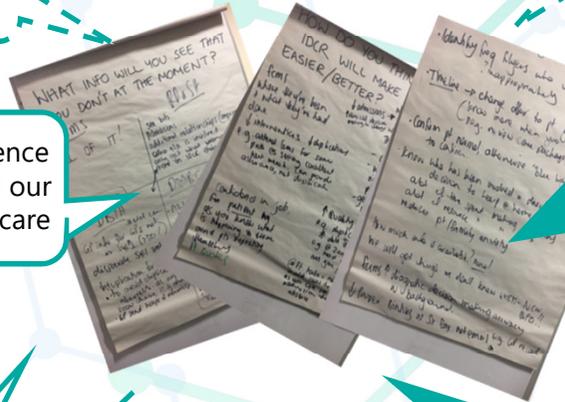
Additional relationships will be displayed

We will gain confidence in our decisions and our role in the patient's care

Less duplication of activity e.g. will spend less time recording health data as it will be available

Faster access to key information e.g. at 2am when you need a contact number for next of kin

We will have access to the individual's care history



We'll know who else is involved from other systems rather than relying on the patient!

More information from other services using S1 that are logging on to different units

We'll be able to see more information from RDaSH services that are recorded on different S1 units

We will be able to see what is "normal" for that individual, which means we'll make better decisions

We will know where the patient has previously been seen and what they've had done

Patients will not be asked to repeat themselves as much

Benefits Map

This Benefits Map looks at possible outcomes that will result from the read-only Proof of Concept iDCR Solution going live.

INTEGRATED DONCASTER CARE RECORD

This Benefits Map helps to illustrate the outcomes we expect once the integrated Doncaster Care Record is being used by staff involved in the Rapid Response pathway. The outcomes are linked with our suggested Benefit Categories and the Doncaster Partners' original objectives for the iDCR. The traffic light colours indicate which objectives are expected to be met, partially met or not met.



Patient Experience

A comprehensive view of the patient's history, care records and current activities

Staff Experience

Current NHS requirements demand that all Health and Social Care records will be digital, real-time and interoperable by 2020

Efficiency

The right information to be delivered to the right people, at the right time

Clinical Safety

Elimination of the traditional information silos found across Social Care, Acute and Community and Mental Health providers

Transformational

Collaboration with the patient's care team, family and community networks

Legend for traffic light colors:

- Objective will be met
- Objective will be partially met
- Objective will not be met

The Benefits Journey



- Still room for improvement
- + Positive outcome
- * Expected positive outcome

Transformation to Rapid Response Pathway

- + Coordinated multi agency, rapid response
- + Communication has started to improve
- + More patients treated within their own homes
- Still too much repetition with documentation
- Staff still restricted to only seeing patient information that has been recorded on their own clinical systems
- + Less inappropriate referrals



Read-only iDCR solution POC Go Live

- * Staff will have access to information from six source systems
- * Faster access to information
- * There will be improved clinical decisions due to more information being available at the point of care
- * Reduction in clinical errors due to access to history of care
- * There will be better quality of clinical decisions with more information available
- * Less patients & carers will be asked to repeat details about themselves, including care history
- * Reduction in duplication of efforts as data already recorded & available across organisations
- * Further improvements in communications between referrers & service providers

Benefits Management & Development of Business Case

iDCR full solution Go Live

- * GPs will start to use the iDCR
- * More patients with better outcomes due to the iDCR being rolled out to more pathways
- * Patients & carers will have access to their records & will see which services available to them, promoting better self management
- * Better communication between professionals & patients/carers
- * Even richer information due to more systems contributing data
- * Further improvements in communications between referrers & service providers

** Health and Social Care representatives involved with the transformed pathway have already been heavily involved in this project so far, and are on the journey together.

Next Steps

The iDCR has been live for four months and we are keen to maximise the benefits this solution can bring to more services and patients in Doncaster.

Immediate Priorities are:

- Embedding the iDCR in existing business processes for the current userbase
- Tracking the benefits of the iDCR
- Determining more use cases and users for the iDCR
- Building a robust case for further investment beyond August 2019

Channel 3 Consulting are supporting the CCG with their plans to leverage and expand the investment in the IDCR



THANK YOU...

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