CONNECTING CARE

Bristol, North Somerset, South Gloucestershire

INTEROPen

INTRODUCTION

The Connecting Care Programme has implemented a read-only shared care record across Bristol, North Somerset and South Gloucestershire. The record is used to share information across a range of health and care settings and support the provision of integrated care.

The solution uses the Orion Health technology platform.

SCALE: L

COMPLEXITY: H

- ACUTE CARE
- PRIMARY CARE
- MENTAL HEALTH CARE
- COMMUNITY CARE
- SOCIAL CARE

Scale:
S = < 5 organisations
M = 5-10 organisations
L = 10+ organisations

Complexity:
L = Healthcare (HC) only
M = HC + community or social care
H = HC + community + social care

TIMELINE

2013

2013
Connecting Care Phase 1 was delivered enabling 17 organisations and 500 users to share records

2015
Phase 2 launched with an upgrade of the system to increase capacity, which took 9 months

2016
Adult and Child protection data was added to Connecting Care

Plan for 2017+
Build patient access capabilities by Dec 2017

INVESTMENT OBJECTIVES

> ENSURING THAT THE PEOPLE WHO ARE PROVIDING CARE HAVE THE INFORMATION THEY NEED, WHEN THEY NEED IT.

17 healthcare organisations

Approx. **2000** end users

Approx. **1 million** population

SOLUTION

- Connecting Care is a read-only shared care record solution which uses the Orion Health product.
- Health and Care workers access Connecting Care through a web-based portal. This access is read-only.
- A record contains summary information about the patient drawn from GPs, hospitals, community, mental health trusts and social care records from the council.
- Phase 1 of the project focused on providing access to urgent and unscheduled care services.
- Phase 2 has increased the number of users and datasets accessible within the shared care record.
- Teams that use the solution include community rapid response, emergency care, homeless health service, Brisdoc out of hours, and pharmacy and safeguarding.
- On average 9,950 records are viewed each month.

BUSINESS CAPABILITIES

RECORDS ACCESS

- Provides a read-only, view of the patient record within a web-based portal.
- The record includes access to:
  - Patient medications
  - Hospital attendances
  - Diagnoses
  - End-of-life wishes
  - Allergies
  - Immunisations
  - Test results
  - Social and community care information
- Flags are shown on the record when patients are in child or adult protection databases. Contextual information from the children's database is also shown.

TRANSFERS OF CARE

- When a patient is handed-on via a referral, transfer or discharge relevant becomes information is available in Connecting Care.
- GPs, social and community care organisations are able to see the appropriate information such as discharge summaries, future appointments and test results.
- This supports safe and effective continuation of care.

INFORMATION SHARING RULES

- A cross-community programme governance and information governance framework has been set up to facilitate the creation of data sharing agreements between organisations.
- All 16 organisations and GPs have signed the single information sharing agreement.
- The process for patients to access their data is currently through a manual request process for patients to access their patient record.

MOBILE WORKING

- The Connecting Care portal is accessible through mobile devices.

TECHNICAL SOLUTION

CENTRAL-REPOSITORY ARCHITECTURE

- Connecting Care uses the Orion Health solution.
- End users request data through the Connecting Care portal. This request pulls the data either directly from the system, or from the central repository using the Rhapsody Integration Engine and Nextgate Master Patient Index. Social Care data in the central repository is refreshed every 24 hours.
- Primary and Community care data is real-time.
- GP data is integrated using the Medical Interoperability Gateway.
- XDS messaging solution for exchanging documents.

SOLUTION FEATURES

FEATURE	IN USE
Coded data	✔
Free text data	✔
Bi-directional	✔
Real time	✔
Role-based access	✔
Clinical Portal	✔
Analytics	⊘
Write access	⊘
Notifications	⊘
Alerts	✔
Patient Portal	⊘

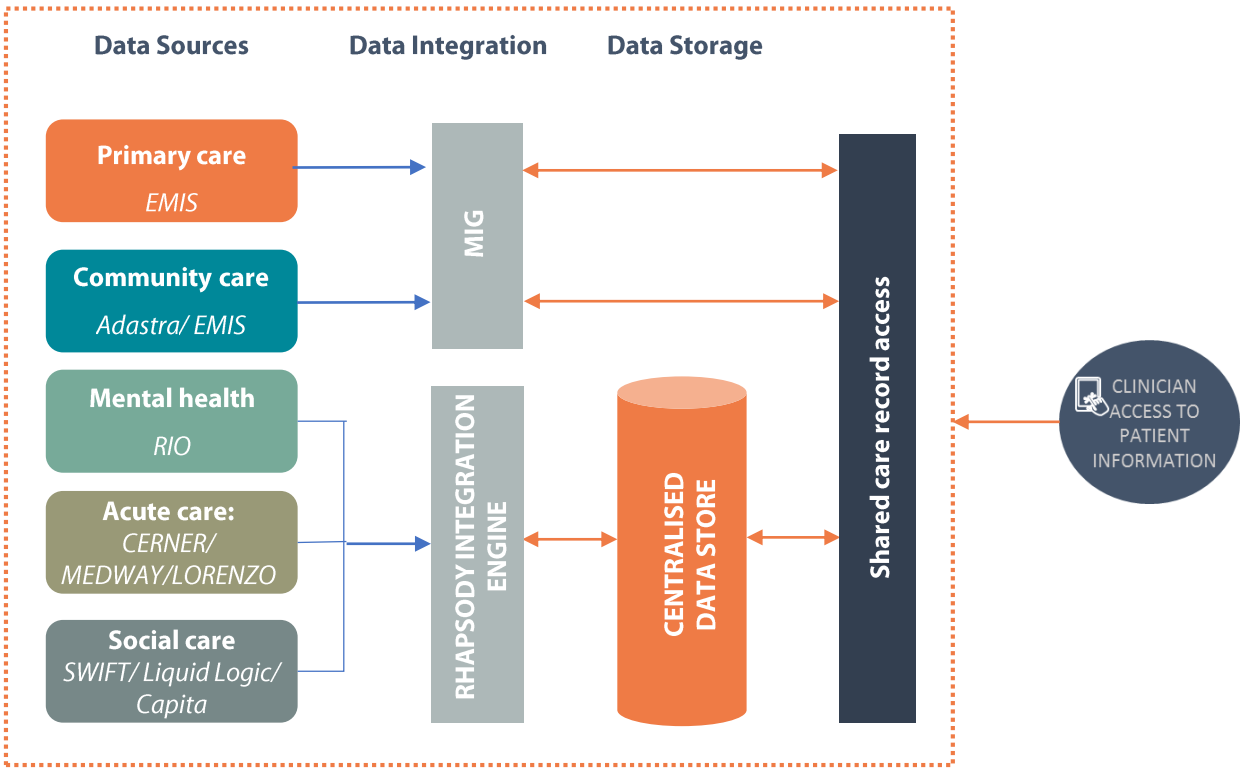
SYSTEMS WITHIN THE SCOPE OF CONNECTING CARE

SITE	IT SYSTEM
North Bristol Trust	Lorenzo
University Hospital Bristol	Medway
Weston Area Health Trust (WHAT)	Cerner
Bristol City Council (BCC)	Liquid Logic
North Somerset Council	Swift/Liquid Logic
South Gloucestershire Council	Swift/Capita
Bristol Community Health	EMIS Web
North Somerset Community Partnership	EMIS Web
Sirona Care and Health	EMIS Web
GP Practices	EMIS Web
Brisdoc	Adastra
Bristol Mental Health (BMH) for Bristol and Avon	Rio
Wiltshire Mental Health Partnership for South Gloucestershire and North Somerset	Rio

OPEN STANDARDS

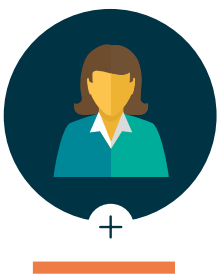
STANDARD	COMPLIANT
HL7v.3, HTML, XDSb, ITK	✔
HL7 FHIR	⊘

HIGH LEVEL TECHNICAL ARCHITECTURE DIAGRAM



IMPLEMENTATION

A pilot phase [Phase 1] was delivered in December 2013 after a 9 month implementation. Phase 2 was an upgrade of the system to support increased capacity and integration of additional social care datasets. Phase 2 was delivered in October 2015 after a 9 month implementation. Phase 2 is part of a 7 year programme of continuous change.



PROGRAM SPONSOR

Connecting Care Partners

PRIMARY FUNDERS

Connecting Care Partners

DELIVERY APPROACH

Two phased approach: 1 year pilot and now 3 years into a 7 year programme of change

GOVERNANCE

Connecting Care Partners

GOVERNANCE

The Connecting Care Partners are a group of 16 organisations and GPs. They are responsible for change management and realising the benefits within their own organisation. The Partnership is collectively responsible for:

- Programme governance and direction.
- Management and co-ordination of business change within and between organisations.

South Central West Commissioning Support Group host the project team and University Hospital Bristol host the Connecting Care technology.

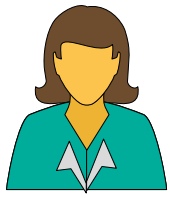
FUTURE AMBITIONS

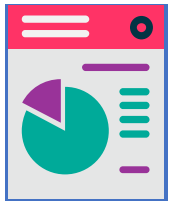
In the future there are specific milestones and plans for:

- In the future there are plans to expand the solution to 10,000 users and increase the functionality.
- Improving access through single sign-on starting with EMIS on April 2017
- Including more details from pathology and radiology by July 2017
- Building patient access capabilities by Dec 2017
- Extending the document sharing capability to include more partners' information
- Creating more tailored views of data for specific pathways

SOLUTION BENEFITS

The Connecting Care programme evaluated the pilot and identified a number of indirect benefits from the use of the shared care record. A selection of these benefits are included below, more information can be found in the Connecting Care Benefits Case.





	DESCRIPTION	PATIENT	CLINICIAN	OPERATIONAL
PREVENTING ADMISSIONS	Health and care professionals have access to patient's information. This improves clinical confidence and has an indirect benefit of preventing admissions	May not have to be admitted to hospital	Improves clinical confidence	Preventing admissions: Estimated cost saving of £10,052 in the pilot [2months]
SAVING TIME	Health and care professionals have access to patient information. This prevents the need to manually request information.	Improves experience as decisions can be made without delay	Saves time chasing information Saves time triaging patients Saves time unnecessarily visiting homes	Estimated annual saving of £5,447 in the pilot, if one call per week per user was saved where the medium salary is between NHS bands 7 – 8
SAFEGUARDING	Patient records include safeguarding alerts such as attendances at out of hours services	Improves safeguarding as risks can be identified	Helps care teams track risks and manage them	None identified

BENEFITS MONITORING

- In 2014 Connecting Care evaluated the impact of their pilot study. They used pre and post live paper audits, interviews and electronic surveys for over 300 users. A 2 month period was chosen for the benefits study. The project quantified benefits for time savings and preventing inappropriate admissions using Department of Health reference costs.

SUCCESS FACTORS

GOVERNANCE

COMMITTED STAKEHOLDER GROUP

- Connecting Care started with a group of 5 partners who were enthusiastic about the scheme.
- These stakeholders promoted the benefits of the project to others and emphasised the opportunities of information sharing.
- Other stakeholders gradually joined the partnership because they shared the vision of patient benefits.

DELIVERY APPROACH

BUILD A CASE FOR CHANGE

- Connecting Care carried out a limited pilot [phase 1] and monitored the impact to understand if there was a business case for the change.
- The results of the pilot showed the potential impact or implementing the project at scale and the likely benefits of the project.
- The information was used to build the case for change and included in the business case.

ENGAGEMENT

LOCAL INVESTMENT

- The founding Partners in Connecting Care committed a minimum level of central programme funding over the financial years 2015 – 2020.
- This gave organisations ownership of the project and a reason to support it and prioritise any work required.
- It also secured the investment for a core technology programme and a central management team.

ENGAGEMENT

SUCCESSFUL ENGAGEMENT OF GPs

- Connecting Care spoke to the Local Medical Council (LMC) and the three local Clinical Commissioning Groups (CCGs) to understand how to best engage GPs.
- They engaged directly with GPs by setting up information sessions and one-to-one meetings to answer and questions.

LESSONS LEARNED

PROJECT APPROACH

Challenge: Setting up the project did not 'fix' the challenges of improving better care by itself.

Approach: The project realised there needed to be a wider programme of change and transformation including the clinical processes. They focused on the different pathways and clinical use cases to address the challenges of sharing information.

STAKEHOLDER ENGAGEMENT

Challenge: Keeping stakeholders committed through the life-time of a programme was challenging.

Approach: Connecting Care worked at keeping stakeholders engaged by fostering a collaborative and collective spirit. An annual budget and development plan is now agreed each year with stakeholders so that potential funding requirements are planned and agreed at the outset.

GOVERNANCE REQUIREMENTS

Challenge: Integrating the child protection data needed a lot of work to understand and agree what the information governance rules needed to be in place. This was challenging.

Approach: The project worked closely with health and social care teams and the ICO to understand the requirements. New functionality was added to increase the number of security profiles, using a role-based access approach.

REQUIREMENTS

Challenge: The project decided not to include secondary data uses to simplify the process for gaining agreement for information sharing. This decision was taken at a time when there was a lot of sensitivity to data sharing.

Lesson Learned: Review previous decisions to make sure they are still relevant.

FURTHER INFORMATION

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REFERENCES

BNSSG Local Digital Roadmap
Connecting Care Benefits Case
Information Sharing Case Study
Connecting Care: Our Story so Far: March 2015, June 2015, May 2016

Information correct as of 06/04/2017