


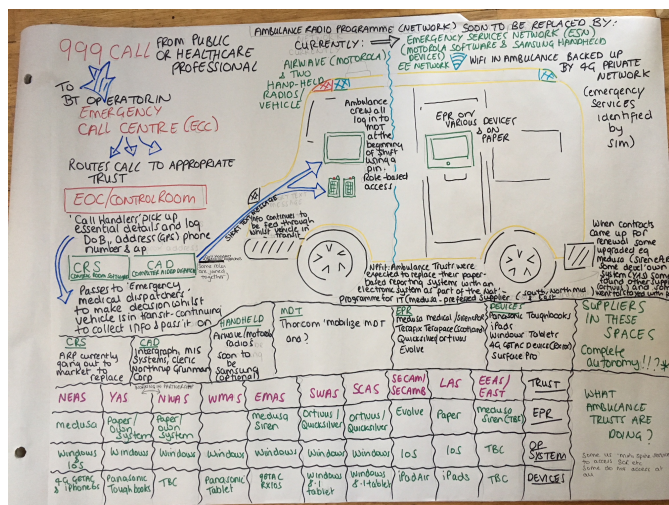


Understanding the Landscape

ID	Description	Link
1	Show and Tell for CIS /Strat Auth	User research Show and Tell 220217.docx
2	Research for CIS /Strat Auth	UEC Supplier Landscape IBC.pptx Strat Auth UR Feedback 19 April 17.pptx Strat Auth Further Discovery 2nd Aug 2017.pptx
3	Post-it capture for all CIS /Strat Auth research	Community - District Nurse.docx
		London Acute - Nurse.docx
		Community - Health Visitor.docx
		Community and Acute - Midwives.docx
		Community - Dietician.docx
		Chief Clinical Information Officer.docx
		Chief Clinical Information Officer - London.docx
		Community MH Nurse.docx
		Big Ear Listening.docx
		Ambulances - IM&T Director.docx
		Ambulances - Paramedic.docx
		Acute - Consultant.docx
		A&E - Hull.docx A&E - Consultant.docx
4	Transition Plan for SCRa into Ops	SCRa Transition Approach v0.2[2].docx
5	Plan for Increasing the coverage of Additional Information	<p>The Frailty Index and Additional INformation (in reality only about 2% of patients actually have enhanced SCRs.</p> <p>There is an initiative that has been included in the GP contract for 2017/18 that frail patients over 65 have an enhanced Summary Care Record i.e. SCR with additional information to help clinicians keep these patients well and out of hospital.</p> <p>The definition of frailty can be found at: https://www.bma.org.uk/advice/employment/contracts/general-practice-funding/focus-on-identification-and-management-of-patients-with-frailty and NHS England has more information at: https://www.england.nhs.uk/wp-content/uploads/2017/03/toolkit-general-practice-frailty.pdf</p> <p>The advantage of an enhanced record is that it contains the context around medications – reasons for, when, how, last reviewed. Also contains details on diagnoses, long term conditions, immunisations, detailed medical history and any end of life care information.</p>
6	Consent Model	<p>The consent model for accessing the SCR varies between organisations and their interpretation. Some take a pragmatic approach (like this one), where as others are reluctant to access it even when the patient is in front of them as they think it's for emergencies only.</p> <p>Three examples of comms to patients around consent (Scarborough GP Practice):</p> <p>eDSM%20%28Enhanced%20Data%20Sharing%29%20TPP%20Patient%20leaflet.pdf</p> <p>Care%20Data%20patient%20information%20leaflet.pdf</p> <p>NHS%20Records%20Data%20Sharing%20Patient%20Summary%20Sheet%20180216.docx</p>

9	111 and OOH/ UTC	<div data-bbox="325 143 831 647">  <p>UEC Supplier Landscape IBC.pptx</p> </div> <div data-bbox="325 678 831 1182">  <p>UEC Supplier Landscape IBC.pptx</p> </div>
10	Complex Journey	<p>After experiencing a highly complex patient journey with a lady who suffers with serious mental health and physical challenges, plotted the journey with all its information sharing challenges. Have begun to explore why clinicians within various settings in Leeds, Harrogate and York cannot/could not access SCR. Was beginning to think it was due to policy. In York and Harrogate, due to their clinical systems, most of them do not have SmartCards, so few are accessing.</p> <div data-bbox="325 1456 831 1960">  <p>primrose-patient-journey (3).pdf</p> </div>

- There are common pieces of kit in an ambulance e.g. Mobile Data Terminal (MDT), Motorola handhelds and they all (currently - soon to be replaced by ESN -EE/Motorola) use the same 'Airwave' network. Due to the massive levels of autonomy within these trusts and also the after effects of NPFiT there are a plethora of suppliers, types of devices, levels of digitisation etc. across the piece. This diagram aims to piece all that together. Dan Johnston is currently developing this into an infographic. LAS is our pilot trust.

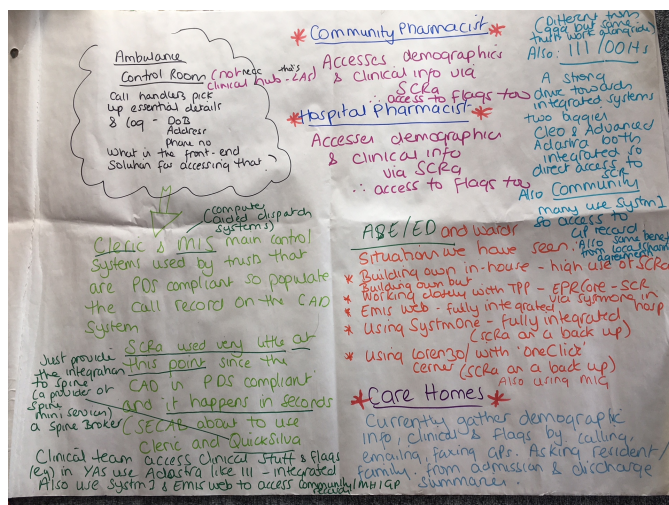


999-call (1).pdf



999-call.pdf

- Seeking to understand where the 'sweet spot' for SCRa is:



13	Seeking to understand the role of IBC and how we can mutually benefit each other to increase utilisation of SCR and SCRa	Sammi Wilson IBC and Gina Jacobs.docx
14	Options for accessing the data that's in SCRa	options for accessing SCR data.pdf The different ways to access SCR.docx MIG is currently excluded from the picture above as its implemented by local data sharing agreements and does not utilise the SCR data feed.
15	Single sign on	<p>Users generally want as few applications as possible & ideally single sign on ("avoiding password fatigue"). If there is a local implementation which has access to SCR "type" data they will use that instead.</p> <p>This could be a GP system, a 111 system, a hospital system, a local care record implementation.</p> <p>Not all systems that store SCR type data are secured by smartcard access.</p>