NHS

South, Central and West
Commissioning Support Unit

The Jigsaw of
Interoperability At Scale –
A Focus on Benefits

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Why Interoperability?

*"Most countries have been **slow to recognise and capitalise** on the opportunities presented by the **information revolution**......the NHS has **oscillated** between two opposite approaches to information technology adoption.....the result has been **systems that don't talk to each other** and a **failure to harness** the shared benefits that come from **interoperable systems**.....In future we intend to take a different approach"*

NHS Five Year Forward View

Data sharing across multiple settings is essential to supporting coordinated care and **realising the full benefits of technology in health care** *... However, up until now there has generally been an inability to share and combine data between different systems.*

Nuffield Trust – 'Delivering the benefits of Digital health care'

IDCR programmes supported by SCW

Integrated Digital Care Records

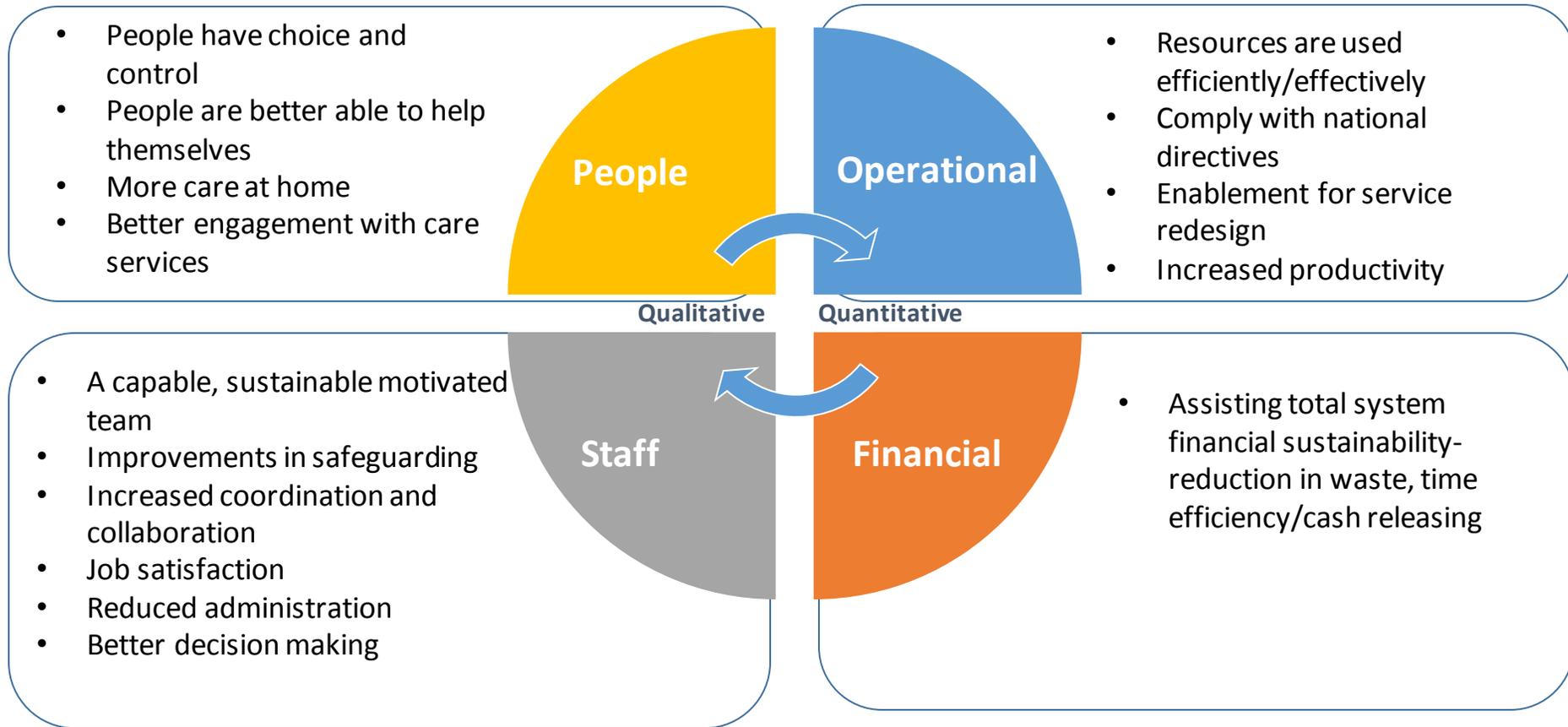**Established Integrated Digital Care Records -**
- Hampshire Health Record
- Oxfordshire Care Summary
- Connecting Care (Bristol, N Somerset, S Glos)

Implementing this year –
- Connected Care (Berkshire)
- Joining up your Information (Gloucestershire)
- Wiltshire 'single view' interoperability prog

	HHR	OCS	CC
Partners contributing data	• 2 Community/MHT • 3 Acutes • 1 independent • 1 Social services • 159 GP practices	• 1 Acute Trust • 77 GP practices • Community Trust (care plans & assessments)	• 3 community trusts, • 3 Acutes, • 3 LA, • 1 MHT, • 1 GP OOH, 3 CCGS • 100 GP practices
Partners able to access data	• 2 Community/MHT • 5 Acutes • 3 Social Services • 1 Hospice • 1 Ambulance • 195 GP practices	• 2 Acute • 1MHT • 1 Comm Trust • 77 GP • OOH • 111	• All of the partner organisations exc CCGs
Total Users	**13,000**	**2,232**	**1,609**
Highest/frequent users	• Acute 52.4% • GP OOH 0.2% • GP 22.9% • Community 20.1% • Social Services 3.5% • Other 0.9%	• Acute • Pharmacy • GP OOH • A & E Viewing 1,500 patients per wk	• Pharmacy • Pre Op Assessment • Independent Living Team • LS Swift Team Bristol Council • ED Patient Flow • Specialists services –
Core Function	• Portal view • Care plans (c 20,000) • 'single sign on' access from GP, acute and GP OOH	• Portal view • Attach documentation • Care Planning • Single sign-on	• Portal view
IT underpinning system	Graphnet- accessed through pc web browser	in-house software / clinical intranet	Orion- accessed through web browser/ ipad/tablet

Benefits/Outcomes

People
- People have choice and control
- People are better able to help themselves
- More care at home
- Better engagement with care services

Operational
- Resources are used efficiently/effectively
- Comply with national directives
- Enablement for service redesign
- Increased productivity

Qualitative | Quantitative

Staff
- A capable, sustainable motivated team
- Improvements in safeguarding
- Increased coordination and collaboration
- Job satisfaction
- Reduced administration
- Better decision making

Financial
- Assisting total system financial sustainability-reduction in waste, time efficiency/cash releasing

Outcome 1 – Decision Making HHR

Unscheduled Care Admissions

For these patients	….comparing….	…..with….	….results in	
All patients attending A&E	Simple cases (HRGs level 1-5)	Complex cases (HRGs 6-10)	Complex cases 5.6 times more likely to be accessed	
All patients attending A&E	Patients that had good information accessed	Patients that didn't	9% reduction in decision to admit to a hospital bed	⭐
All patients attending A&E	Patients that had good information accessed	Patients that didn't	13% reduction in number of pathology tests	⭐
For patients that were admitted to a bed via A&E	Patients that had good information accessed	Patients that didn't	Average length of stay was reduced by 1.7 days	⭐

Outcome 2: Clinical Efficiency

Connecting Care - pre-operative teams accessing data reduced 4 hours to 1 min 45

96% of OCS users stated that it improved patient safety

94% of users agreed that use of the OCS improved the quality of patient care;

81% of doctors reported a better clinical outcome as a result of using OCS

When HHR integrated with OOH= 700% increase in usage

Social care access to HHR= reduced calls to GPs

Saves hospital pharmacy time

Outcome 3: Annual projected savings (10,000 users CC)

- **Admissions Prevention** **£1,036,288**

- **Reducing duplicate assessments** **£179,520**

- **Time savings - calling other organisations** **£155,278** of 'people time' (1 call per week per user saved)

- **Reducing home visits** **£68,000**

Patient-centred care - OCS In Action

A GP visited a patient with end-stage COPD in a nursing home. The GP had commenced a care plan on EMIS, but had not yet emailed it to Urgent Care or printed it for the Care Home.

The patient deteriorated; the nursing home called 111; an ambulance was dispatched and conveyed the patient to ED

However, the ED department checked his OCS, realised he was end-of-life and commenced appropriate care

The patient died comfortably a couple of hours later according to wishes of his EoL plan

But even better if shared record available in
111 or Ambulance

User Feedback

Incorrect dose of antiepileptic medication prescribed on a weekend when doctor unable to access GP. Information available OOH for pharmacist and prevented drug error

By reducing the time it takes to do these tasks it allows more patients to be reviewed, therefore improving care all round

It has stopped me [and others] recommending a drug that has already been tried

It has enabled us to commence discharge planning earlier

Improves safety as reliable source of information if patient unsure

Better communication, improved continuity of care, shortens telephone conversations and avoids repetition

Time saving on administrative tasks definitely noticeable

Better information leads to better treatment and hopefully outcomes

Able to identify trends=swifter intervention in safeguarding

Has meant I can do telephone visits rather than home visits

13

Summary of Benefits

Direct

- Admissions avoidance
- Reducing Length of Stay
- Avoiding unnecessary tests
- Time savings / clarity & speed of communication
- Adhering to patients' preferences
- Patient safety

Enabling

- To make new models and settings of care possible
- To enable clinicians & other professionals to work together across organisational and physical boundaries.
- To enable and deliver wider productivity savings.

Next steps

HHR	OCS	Connecting Care
• One click single sign-on for acute/GP/ community & ambulance • Event based alerting to 3rd party systems • Integration with other systems	• Rolling out OCS access to care homes • Single sign-on & alerts- currently working with Ambulance Trust through engagement with SCAS	• Introduction of LA children's information • Document sharing • Context launching from Emis for GP and community • Inclusion of pathology/radiology information

- Integrated Digital Care Records also implementing this year in Berkshire and Gloucestershire.
- Development of **Personalised Health Records** linked to or part of the ICDR

ICDRs – a Vital digital theme in LDRs
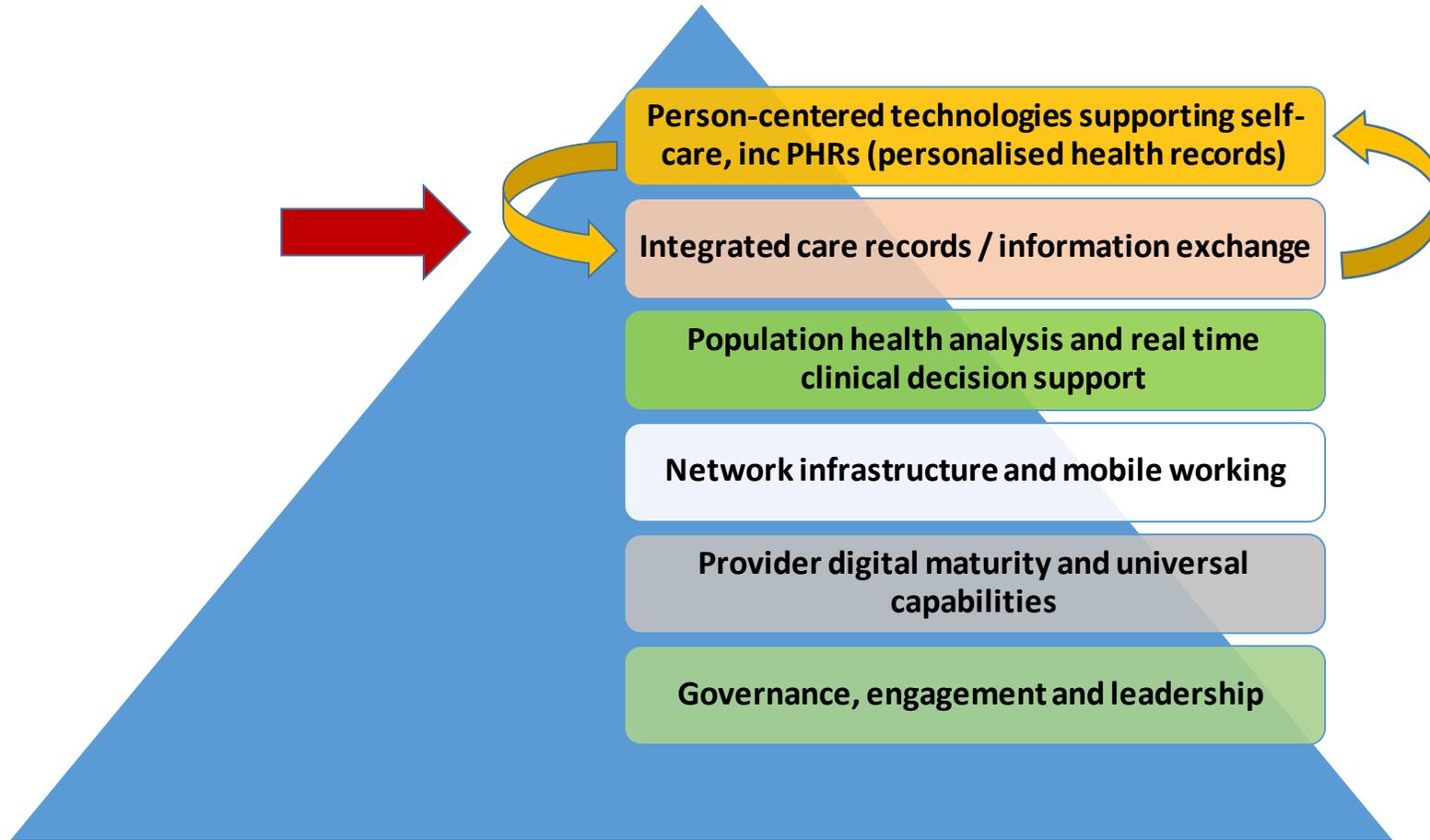
Transformation first: build digital into the heart of service redesign and improvement.

ICDRs are now demonstrating real, quantifiable benefits..

But the major enabling effect of integrated records and PHRs is still to be realised

Thank You

For more information -

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