Coventry City Council

Report

To: Coventry Health and Wellbeing Board   Date: 7th September 2015

From: Information Sharing Board

Subject: Electronic Patient Record Systems

1. Purpose:

To inform the Health and Well Being Board of the activities undertaken by the Information Sharing Board

To demonstrate the opportunities arising from the new electronic patient record systems that are being put in place in our two NHS Trusts (University Hospital Coventry and Warwickshire, and Coventry and Warwickshire Partnership Trust)

2. Recommendations:

The Health and Well Being Board to note that there is a national requirement to develop digital records to support patient centred care

Partner agencies are asked to support the ongoing work and vision of the information sharing board

3. Background:

Coventry and Rugby Clinical Commissioning Group (CRCCG), Coventry City Council (CCC), Coventry and Warwickshire Partnership Trust (CWPT) and University Hospitals Coventry and Warwickshire (UHCW) have developed a programme with the key aim to facilitate the sharing of information between partner organisations to improve the level of service to the patient / client.

The sharing of patient / service user information between health and social care organisations is seen as a key enabler to improving their care and support. Some of the key drivers are:

- Improving patient experience – patient doesn't have to repeat their story over and over again because the professional has access to the notes from their interactions with other agencies

- Reducing duplication – saving money on repeat diagnostics and investigations by having access to the results from the latest tests

- Reducing medication errors – visibility of all past and current medications, allergies and contraindications in a range of settings

- Enabling true integrated working – across health and social care by enabling real-time, multi-agency care planning

4. National Requirements

A number of publications from national bodies have set out the aspiration to use electronic records to support improved patient care.

The Health and Social Care Bill 2011 requires :

Putting patients and public first:

We will put patients at the heart of the NHS, through an information revolution and greater choice and control: Shared decision-making will become the norm: no decision about me without me. Patients will have access to the information they want, to make choices about their care. They will have increased control over their own care records.

The NHS Information Strategy launched in 2012 urges Health and Social Care services to make full use of online technologies to put patients in control of their health and health records.

The strategy puts particular emphasis on the creation of portals for patients, health professionals, commissioner and researchers to enable the capturing data just once at the point of care.

The document states that as part of this transformation, information must become "regarded as a health and social care service in its own right."

The National Information Board (NIB) published a framework for action 'Personalised Health and Care 2020' in November 2014.

A series of proposals are set out that will:

- '**enable me to make the right health and care choices**' – citizens to have full access to their care records and access to an expanding set of NHS-accredited health and care apps and digital information services;

- '**give care professionals and carers access to all the data, information and knowledge they need**' – real-time digital information on a person's health and care by 2020 for all NHS-funded services, and comprehensive data on the outcomes and value of services to support improvement and sustainability;

- '**make the quality of care transparent**' – publish comparative information on all publicly funded health and care services, including the results of treatment and what patients and carers say;

- '**build and sustain public trust**' – ensure citizens are confident about sharing their data to improve care and health outcomes;

- '**bring forward life-saving treatments and support innovation and growth**' – make England a leading digital health economy in the world and develop new resources to support research and maximise the benefits of new medicines and treatments, particularly in light of breakthroughs in genomic science to combat long-term conditions including cancer, mental health services and tackling infectious diseases

- '**support care professionals to make the best use of data and technology**' – in future all members of the health, care and social care workforce must have the knowledge and skills to embrace the opportunities of information;

- '**assure best value for taxpayers**' – ensure that current and future investments in technology reduce the cost and improve the value of health services and support delivery of better health and care regardless of setting.

5. Where we are now

Our Governance structure
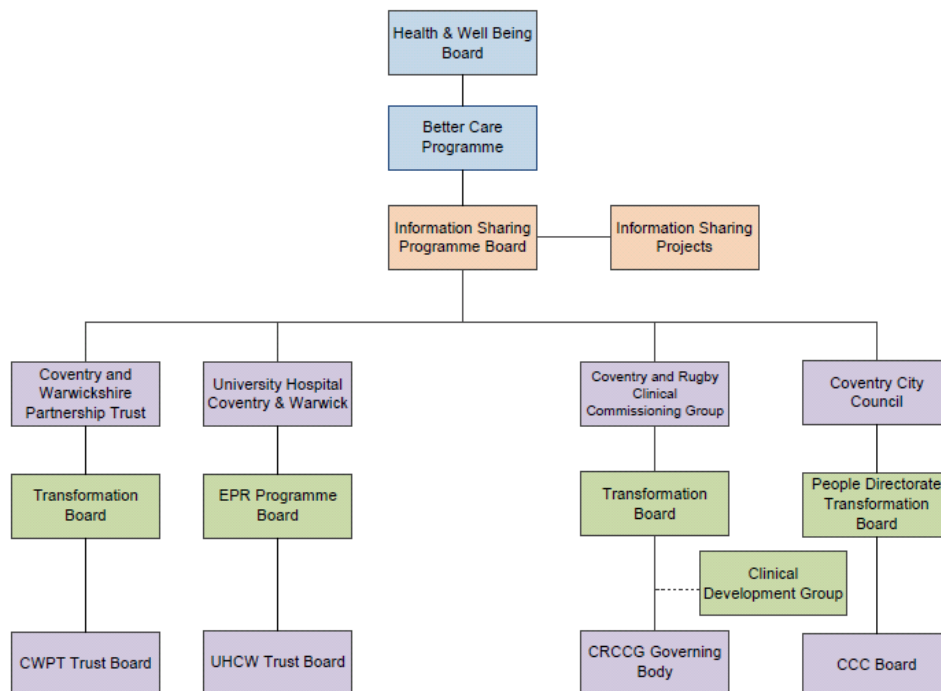
Across our organisations we have many (hundreds) of patient or client electronic record systems. This has created a challenge in how we share information in order to deliver patient care. We have agreed a vision that will underpin how we work together going forward.

Our Vision

To deliver a system that enables us to become the healthiest community in the UK
- o Self-care management
- o Helps professionals to manage and deliver care
- o Integrated electronic records

To enable the move over time to implement accountable care and outcomes based care models.

We have acknowledged that it will take time to move from a system which uses many different electronic record systems to our ideal, which will be to have a single shared patient record used by all those involved in a patients care and to maximise the use of patient portals to enable citizens to make the right health and care choices.

The programme board have agreed that the vision will be delivered in phases over time, and have identified some key work streams for initial development:

- Federated GP Practices
- Discharge from Hospital
- Integrated Neighbourhood Teams
- Urgent Care

Early implementation of these work streams has been part funded from the Better Care Fund.

We have identified interim solutions that will allow some of our existing systems to 'talk' to each other and to share patient information. Information governance requirements and patient consent to share data, are key considerations for the board in going forward.

In the meantime, UHCW and CWPT have progressed with renewing their electronic patient record systems in line with national guidance. These new systems will give us the opportunity to start to move towards more sharing of patient information and to explore the use of patient portals.

Presentation:

UHCW-Alec Price-Forbes   CCIO and Lead for EPR programme
CWPT- Kevin O'Leary   Associate Director of Operations – Clinical System Project

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