

CHESHIRE CARE RECORD

CHESHIRE

INTRODUCTION

The Cheshire Care Record is an integrated care record solution that shares information across a range of health and care settings. The record is used to support clinical decision making and transfers of care. The former West Cheshire Record was extended across the whole of Cheshire in 2016.

The Cheshire Care Record uses Graphnet CareCentric v.3 software.

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

M = Health + Social care

H = Health + Community + Social care

TIMELINE

2014

2014

5 partner organisations submit a bid to the NHS England Integrated Digital Care Fund which was approved

2015

A decision is taken to extend the technology from the West Cheshire Record to support the project

2016

Datasets from East Cheshire are integrated into the West Cheshire Care Record resulting in 98 datasets

Plan 2017+

Integrate pathology datasets for Mid and East Cheshire and extend the social care and community datasets

INVESTMENT OBJECTIVES



TO DELIVER A CARE RECORD SOLUTION ACROSS THE “CHESHIRE” AND FURTHER, WITH A LONG TERM EXPECTATION THAT THIS WILL PROVIDE THE BASIS FOR THE DEVELOPMENT OF MORE TARGETED AND REFINED FUTURE SERVICE.



14 organisations

Approx. **1800**
patient records
accessed per month

Approx. **750,000**
population

SOLUTION

- The Cheshire Care Record is a read-only integrated care record using Graphnet's CareCentric v.3 software.
- Information about patients are drawn from a range of health and care settings including primary care, acute care, social care, community, mental health and cancer care. There are 98 datasets integrated.
- End-users can view this amalgamated information through the CareCentric portal, or through their existing system for EMIS, Aداstra, Meditech, ExtraMed, Vision and CareNotes users.
- Information governance rules are in place to manage the access to the data.
- Additional organisations, other than those providing data, are able to view the patient record for example ambulance service and Out of Hours GPs, Hospices and the long-term care organisation: Continuing Healthcare

BUSINESS CAPABILITIES

RECORDS ACCESS

- Provides a read-only summary of the patient record from within the existing clinical systems, or through a web-based portal.
- The record includes access to:
 - Patient medications
 - Hospital attendances
 - Diagnoses
 - Community information
 - Key contacts (other carers)
 - Allergies
 - Immunisations
 - Test results
 - Social care information
 - Mental health information

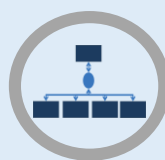
TRANSFERS OF CARE

- Information can be viewed in the Cheshire Care Record when a patient is handed-on to other parts of the service for example via a referral, transfer or discharge.
- GPs, social and community care organisations are able to see the appropriate information such as future appointments and test results.
- This supports safe and effective continuation of care.

INFORMATION SHARING RULES

- A cross community Information Sharing Agreement governing access to patient records is in place.
- The agreement authorises data providers, data controllers and data viewers.
- A Cheshire Care Record is created based on implied consent and patients have to explicitly opt out if they don't want a record to be created for them by informing their GP.

TECHNICAL SOLUTION



CENTRAL-REPOSITORY ARCHITECTURE

- Cheshire Care Record uses Graphnet CareCentric v.3.
- Patient data is pulled at least every 24 hours and stored in a central data repository.
- Data is pulled from GP, acute, community, cancer, mental health and social care systems.
- Health and care professionals view data through a portal, or through their core clinical systems.
- Audit logs are generated.

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	⊘

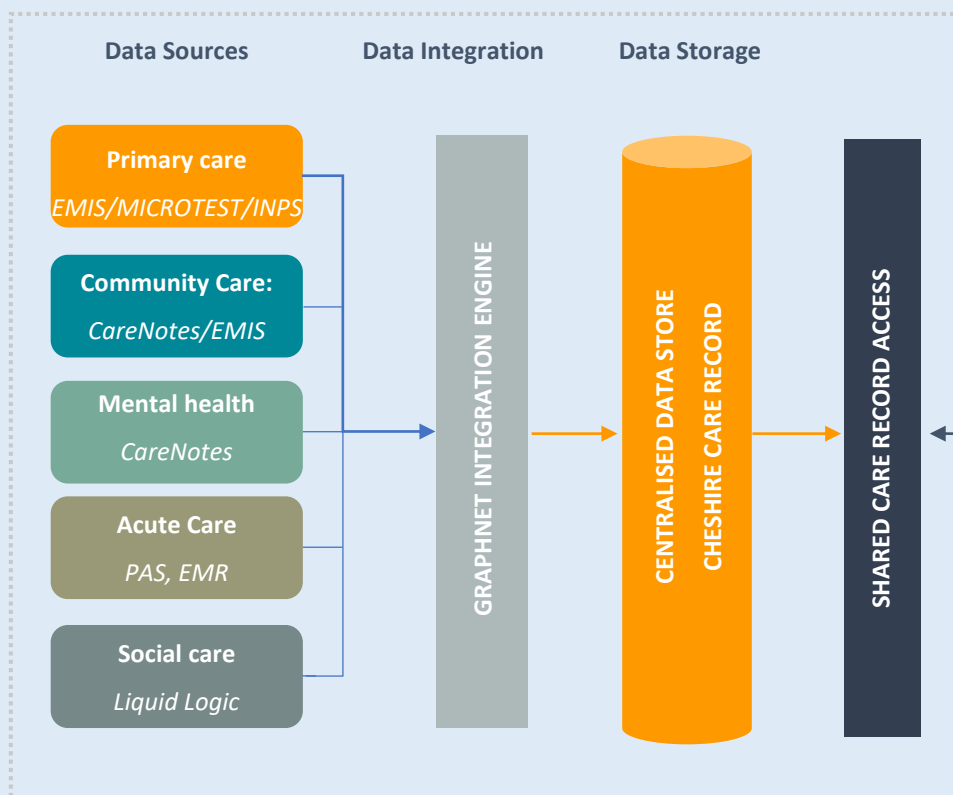
HEALTH AND CARE IT SYSTEMS IN THE REGION

SITE	IT SYSTEM
East Cheshire Borough Council	LIQUIDLOGIC
Mid Cheshire Hospitals NHS Foundation Trust	SILVERLINK
East Cheshire NHS Trust	CSC
East Cheshire Community	EMIS
The Christie NHS Foundation Trust	SYSTEM C
Cheshire & Wirral Partnership NHS FT	CARENOTES
Countess of Chester Hospitals NHS FT	MEDITECH
Clatterbridge Cancer Centre NHS FT	MEDITECH
West Cheshire and Chester Council	LIQUID LOGIC
36 GPs: Western Cheshire CCG	EMIS
23 GPs: Eastern Cheshire CCG	EMIS, MICROTEST
18 GPs: South Cheshire CCG	INPS
12 GPs: Vale Royal CCG	EMIS

OPEN STANDARDS

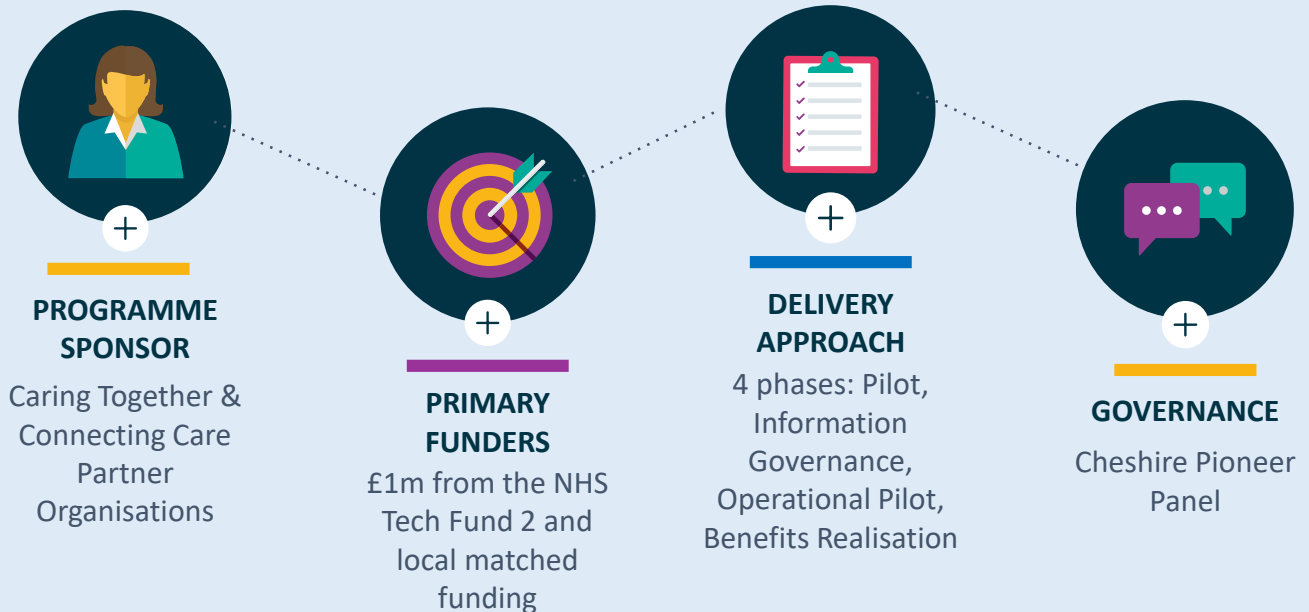
STANDARD	COMPLIANT
HL7 v.3	✓

HIGH LEVEL TECHNICAL ARCHITECTURE DIAGRAM



IMPLEMENTATION

Implementation of the Cheshire Care Record began in April 2015. During the 2-year implementation period, the West Cheshire Care Record hosting environment was expanded to meet the additional requirements. New integrations' were set up for the additional organisations, and individual provider organisations worked with the supplier to set these up. The providers owned the data governance requirements, training and communication.

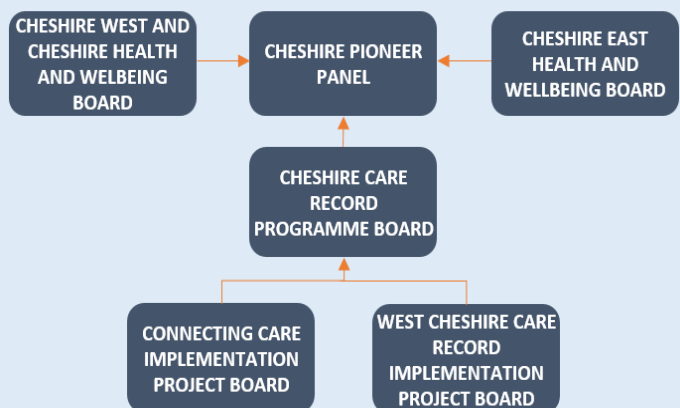


GOVERNANCE

The Cheshire Record Programme Board reports progress to the Pioneer Panel.

The Cheshire East Council held the Tech Fund and partners' matched funding. Each partner drew from this funding pot as required to implement the project.

The information governance group met monthly during implementation and now meets bi-monthly during ongoing day to day operations.



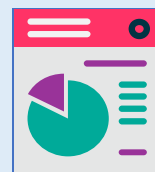
FUTURE AMBITIONS

In the future there are specific milestones and plans to:

- Give access to ambulance services (North West Ambulance Service) – May 2017.
- Add pathology datasets from Mid and East Cheshire – May 2017.
- Add Social Care assessments – April 2017.
- Add children's health dataset, enhance existing social care, community and mental health datasets.
- Pilot a patient portal.

SOLUTION BENEFITS

The Cheshire Care Record programme identified 43 potential direct and indirect benefit scenarios due to the use of record. A selection of these are provided below:



DUPLICATE TESTS

DESCRIPTION

Increase in number of same day/24hour/48 hour discharges through speedier access to GP/Mental/Social/Cancer Care patient information

PATIENT

Patient experience improves as action can be taken without delay

CLINICIAN

Saves time retrieving patient information

OPERATIONAL

Reduced bed occupancy and associated costs
50% Increase in same day, 24/48 hour discharges*

TIME SAVING

Out of Hours Team reduce time to retrieve Social/Mental Health/Hospital/GP/Oncology patient information

Patient outcomes improve as staff have up to date information

Saves time retrieving patient information

Reduction in chance of errors

Reduction in duplicated administrative work and reduction in number of home visits required
6% of time saved****

CARER IDENTIFICATION

Community staff can identify patient carers and find the outcomes of hospital and cancer related visits quicker

Patient experience improves as can be treated sooner

Less time spent on administrative tasks

Community staff spend time on patient care instead of administrative work

Average of 30 minutes saved**

EMERGENCY CARE

A&E and EAU staff can save time locating information about patients who are confused and unable to present information about themselves

The patient experience improves as there is less pressure for patients to remember key information

Saves time diagnosing patient information

Increased efficiency so better able to triage patients within target wait times

1 hour a day saved in A&E and AEU***

* : Workshop with ECH Frailty team

** : Community care staff audit

*** : A&E and AEU audit

**** : Workshop with MCH Out of Hours team

A joint business case was signed off by all partner organisations. Financial sponsors are looking to demonstrate that the solution delivers 1.5 times the investments being made. The project found tracking benefits by individual time and motion studies challenging and is now measuring benefit by monitoring usage and equating an average saving for each time the record is accessed.

SUCCESS FACTORS



GOVERNANCE

INDEPENDENT PROJECT MANAGER

- The project manager was independent from any of the partner organisations and dedicated solely to the project.
- Enabled facilitation and resolution of differences particularly around challenging topics like information governance.



GOVERNANCE

MEMORANDUM OF UNDERSTANDING

- A memorandum of understanding was agreed at the start of the project between the senior management of all partner organisations.
- Set out the funding provision, local resource commitment and roles.
- Provided clarity and agreed ways of working going forward.



DELIVERY

EFFECTIVE DESIGN PROCESS

- The central project team worked iteratively with the central design authority and individual organisations to define the requirements for each data-feed.
- They held individual discovery meetings followed by focused workshops with all stakeholders.
- Decision-orientated workshops promoted decisiveness.



TECHNOLOGY

UNDERSTAND THE LOWER-LEVEL DATA REQUIREMENTS

- Clinical participation in the design process for usefulness.
- For example social care assessments need to include the right quantity of data to be useful for GPs. It was more important to include contact information, than lengthy explanations.
- It was also important to include data-feeds that were regularly populated by the provider.



EFFICIENCY

USE OF EXISTING INTEROPERABILITY PROGRAMMES

- The Cheshire Care Record expanded West Cheshire's set up: procurement, services, information governance and data integration.
- Using a neighbour's infrastructure reduced effort and complexity through economies of scale.
- They also benefited from the local knowledge and communication material.

LESSONS LEARNED

ENGAGEMENT

Challenge: The project anticipated usage would increase rapidly following local engagement talks at sites. This has not been the case and there is an uneven uptake of the Cheshire Care Record. Possible reasons are:

- Health and care professionals perceive that it will take too long to get patients to consent to view the record and do not attempt to use it, when findings shows that patients generally consent and in fact expect that the data is being shared already.
- Staff adhere to standard operating procedures and need accessing the Cheshire Care Record to be built into these procedures as they are reluctant to deviate from these for safety reasons.
- The incremental approach meant not all datasets were available at the point of communication and so some health and care professionals waited for later datasets to be integrated before commencing use.

Lessons Learned: A soft approach to communication may not always be effective as changing routines are difficult. A more assertive and comprehensive engagement may be required. Ensure that senior stakeholders champion the project and investigate ways that using the record can be embedded within core training, for example as part of the induction.

STANDARDS

Challenge: The standard HL7 messages in place at each organisation still required a degree of interpretation. Messages such as activity, pathology and radiology needed amendments for each organisation.

Approach: A decision was taken for Graphnet to standardise the data that should be used across the different organisation. It was agreed that new data feeds should always be standardised.

INFRASTRUCTURE

Challenge: The solution is hosted at one of the partner organisation's sites but supported by Graphnet. There was a large dependency on effective communication to resolve issues which on occasion delayed resolution.

Lessons Learned: Consider hosting the solution virtually with the supplier to reduce the dependency on multiple teams and increase the speed of resolution.

FURTHER INFORMATION

CONTACT

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PROGRAMME MANAGER

INFORMATION CORRECT AS OF 06/04/2017

REFERENCES

Cheshire Care Record Website

Cheshire Care Record project information

Produced in collaboration with NECS and Accenture