Building on healthcare that matters: the NHS at 70

As the NHS celebrates 70 years, Erica Bennett explores some of the latest ambitions to continue building what matters.

Building Something that Matters
What really matters? This simple question is fundamental to how we prioritise aspects of our lives – at work, and at home – and it sits at the heart of what many organisations do.

It’s a question that has fuelled what many of our customers have sought to achieve through their use of technology.

And so it is not surprising that in healthcare, technology has been used to build something that matters time and time again.

The NHS is one of the greatest initiatives of modern history. Since its inception, innovators like Nye Bevan, followed by countless other dedicated individuals, have collaborated to build one of the most recognised and celebrated brands in public service that the world has ever seen.

As the NHS comes to celebrate 70 years, it continues to build on this legacy, striving to create services that deliver against the needs of changing populations, that are able to cope with growing pressures, and that embrace new possibilities afforded by a rapid growth in technological ability.

Of course, digital advancement in the NHS and social care is not about technology in itself. It is about every provider supporting every health or social care professional, to ensure every patient receives better and safer care.

Our NHS customers continue to make the most of the technology now available to them in this mission, whether that’s integrating health and care services around the individual, striving for the highest levels of digital maturity to ensure the availability of crucial information when it is needed, ensuring co-ordinated responses with urgent care plans, or harnessing the power of data to protect the most vulnerable.

Where healthcare is doing this already
London’s Coordinate My Care (CMC) clinical service, led by Professor Julia Riley, is a prime example. Using InterSystems HealthShare, CMC has built a platform that is allowing plans to be created so that out of hours and emergency providers know what to do when delivering urgent and end of life care. The results have been remarkable. Only 19% of patients with a CMC plan who do die spend their final hours on busy NHS wards, compared with 47% nationally. It means that many more patients spend the end of their life in their preferred place, that ambulance crews and other urgent care providers are aware of their plan, and importantly the service is now eager to expand its reach to help patients with long term conditions, and to other parts of the country.
And CMC is by no means the exception. I’ve worked with large technology companies for decades. But having been with InterSystems for three years, I’ve seen first hand what happens when a company of 40 years and with a determination to help customers succeed, joins forces with an institution like the NHS.

The passion to build something meaningful is widespread. This might mean using IT for closer working between acute and community teams, just as our partners are doing in South Devon with the development of a clinical portal. Or our customers in Scotland, who have already joined-up vital information for hard working clinicians on the front line, and who are now looking to solve national challenges around integrated health and social care. And in areas like mental health, I’ve seen how an NHS vanguard group of four trusts known as the Mental Health Alliance for Excellence, Resilience, Innovation and Training, are using InterSystems technology to make a difference for patients who visit hospitals in times of crisis.

What matters next?

These examples of building what matters are by no means exhaustive. Commitment to connecting services around the needs of patients is being solidified across the country. We have seen the emergence of new global digital exemplars in the NHS, announcements surrounding their fast follower trusts, the creation of regional plans for sustainability, and the development of important groups like INTEROPen, which will help ensure interoperability sits at the core of how underpinning IT is developed and delivered.

It is this interoperability that will continue to drive and enable what matters in healthcare, allowing providers to collaborate and integrate their services in ways like never before. Interoperability will underpin the development of integrated care systems and new models of care, widely seen as necessary for the sustainability of the NHS. It is intrinsic to the success of the NHS GDE programme, and to achieving closer working between health and social care, whilst enabling safer transfers of care.

Interoperability in healthcare is about building for the future. 70 years since the first pledges in the NHS were made, let’s keep building on what already matters.

Digital advancement in the NHS and social care is not about technology in itself.

The passion to build something meaningful is widespread. This might mean using IT for closer working between acute and community teams, just as our partners are doing in South Devon with the development of a clinical portal. Or our customers in Scotland, who have already joined-up vital information for hard working clinicians on the front line, and who are now looking to solve national challenges around integrated health and social care. And in areas like mental health, I’ve seen how an NHS vanguard group of four trusts known as the Mental Health Alliance for Excellence, Resilience, Innovation and Training, are using InterSystems technology to make a difference for patients who visit hospitals in times of crisis.

What matters next?

These examples of building what matters are by no means exhaustive. Commitment to connecting services around the needs of patients is being solidified across the country. We have seen the emergence of new global digital exemplars in the NHS, announcements surrounding their fast follower trusts, the creation of regional plans for sustainability, and the development of important groups like INTEROPen, which will help ensure interoperability sits at the core of how underpinning IT is developed and delivered.

It is this interoperability that will continue to drive and enable what matters in healthcare, allowing providers to collaborate and integrate their services in ways like never before. Interoperability will underpin the development of integrated care systems and new models of care, widely seen as necessary for the sustainability of the NHS. It is intrinsic to the success of the NHS GDE programme, and to achieving closer working between health and social care, whilst enabling safer transfers of care.

Interoperability in healthcare is about building for the future. 70 years since the first pledges in the NHS were made, let’s keep building on what already matters.

Erica Bennett
Senior Marketing Programmes Manager
InterSystems
NHS empowers patients to record and share urgent and end of life care wishes

The NHS Coordinate My Care (CMC) clinical service has launched an online patient portal myCMC, for the first time allowing patients to initiate their own urgent care plans, before being approved by a clinician. This will give patients across Greater London greater power to inform GPs, hospitals, ambulance crews, 111 providers, care homes, hospices and out of hours services, about their urgent and end of life care wishes.

CMC, which was built using InterSystems HealthShare, has already helped tens of thousands of patients in London, where clinicians have created digital plans that tell healthcare professionals, across a range of settings, circumstances in which the patient does not want to be taken to hospital, when they prefer to receive care at home, and other important information to ensure appropriate care is given. This includes a patient’s do not resuscitate wishes and their preferred place of death.

“CMC has already had a big impact for many patients, but there are many more who are still inappropriately sent to hospital when they do not want to be there, causing distress for patients and pressure on the system,” said Professor Julia Riley, clinical lead at Coordinate My Care. “myCMC is accessible online and will allow many more patients, families and carers, to set up plans that can make a huge difference to their experience.”

NHS Fife connects hospitals following successful TrakCare go-live

Acute, community and mental health professionals in 10 hospitals across Fife are benefiting from access to crucial data after a successful go-live of InterSystems TrakCare patient information system.

“NHS Fife staff worked tirelessly to ensure an effective go-live of TrakCare. Technology can be a powerful means to connect care and to deliver crucial patient information where it is needed. But for this to happen, it must be accepted and used. NHS Fife is a powerful example of clinical engagement, collaboration, and determination to ensure that technology addresses hospital needs.”

Read more from NHS Fife’s Andrea Wilson on page 14.

NHS-first mental health project signals better connected care for patients in crisis

A first-of-its-kind NHS project involving four West Midlands mental health vanguard trusts – and more than 3 million patients – will co-ordinate care for mental health patients and could provide a model for the entire health service.

Based on InterSystems HealthShare, the project is being taken forward by an NHS vanguard group of four mental health trusts known as the Mental Health Alliance for Excellence, Resilience, Innovation and Training (MERIT). It will enable shared access for relevant professionals to specific but crucial information from the patient’s mental health record at times of crisis. Robust local data sharing agreements, strict information governance measures, and strong audit trails will allow secure access across the four trusts involved, covering a population of 3.4 million people.

“Access to the right information can mean the ability to make potentially life-saving decisions for patients in crisis,” said Professor George Tadros, clinical director for urgent care at Birmingham and Solihull Mental Health NHS Foundation Trust and lead for MERIT’s crisis care work stream. “We are working to revolutionise how we care for mental health patients in crisis and to end a situation where they might show up to a hospital where professionals know nothing about them.”

Dr James Reed argues for new approaches to mental health data on page 8.

NHS celebrates at 70, InterSystems turns 40

As the NHS reaches its 70th year, InterSystems has celebrated 40 years. Whilst also exploring the potential of the newly launched IRIS Data Platform, the technology provider will remain committed to maximising the impact of its HealthShare and TrakCare products by continuing to work in close collaboration with customers in health and care across the UK.
New national incentives, local leadership, and greater investment are now needed to realise the potential of technology in mental health, former care minister Norman Lamb tells Healthcare Matters.

Norman Lamb understands the value of healthcare technology and data better than most MPs.

He sat on the front benches for the Liberal Democrats as health spokesman both before and after his time as care minister in the coalition government.

And while he was part of Jeremy Hunt’s ministerial team, he led work to better integrate health and care information.

A veteran mental health campaigner, he also convinced his Whitehall colleagues to start navigating what he describes as a “mental health fog,” by introducing new metrics around service provision and waiting times.

Now chair of the House of Commons Science and Technology Select Committee, Lamb’s passionate views on the need for equality for physical and mental health, and on the urgency to make better use of information, have not faded.

“There are pockets of good practice, but progress is patchy,” he tells Healthcare Matters. “Use of data and technology is way behind where it should be. Some organisations are getting themselves properly digitised and making good use of the data that they collect. There are plenty of others a long way behind.”

**Pockets of good practice**

Detailing examples of digital progress for mental health services, Lamb praises “good work” in the West Midlands, where four trusts in the MERIT vanguard are using InterSystems HealthShare to securely connect crucial information to ensure patients receive better informed, potentially life-saving care.

He also reflects on the early intervention in psychosis standard, first introduced during his time as a minister, and recalls how a project in the South of England is providing “real-time data on what is happening across their region.”

But initiatives like this must now be “replicated” in regions across the country, says Lamb. He finds it frustrating that there is still significant variation in how services are delivered and measured, making it hard to understand something as apparently simple as length of stay in mental health trusts.
“The data we have got from freedom of information is very varied,” he says. “It is as though there is no consistent measure of something rather important.”

For Lamb there is still a “sense of inequality of treatment between mental and physical health.” He says: “[People] are more interested in the data that emerges from acute hospitals than mental health trusts. Until you have a real grasp of the data, you won’t use your resources efficiently.”

‘Measure mental health like we do cancer services’
Lamb likens the need for better measurement of data around mental health performance, to changes seen in cancer services.

“The introduction of standards in cancer care transformed treatment across the country,” he says. “It forced organisations to collect data, so that they knew what was going on, and then apply that data to improve the smooth flow through the hospital, and to reduce waiting times.”

Such accurate collection of data in mental health would “lead to everything being improved and sharpened,” says Lamb. But a renewed urgency is needed to achieve this. “Although we set a vision in 2014 for comprehensive access standards in mental health, it is not happening; they haven’t made the investment in it.”

Digital expansion – creating incentives
NHS England’s global digital exemplar programme saw seven mental health sites selected in 2017. Each will receive a share of a £35 million fund to digitise their information and create models that can be followed by other trusts.

Technology can be used as a mechanism to bring mental and physical health together.

Although the GDE funding is welcomed by Lamb as a catalyst to start to “get things moving”, he suggests other ways to encourage greater digital adoption, as well as better collection and use of data.

“You have to establish national incentives,” he says. “When we [established] the Mental Health Crisis Care Concordat during my time as a minister, we set the principles nationally. We then said to organisations across the
country: ‘Commit to principles for crisis care by a particular date.’ You create a momentum, get local discussions going. Every part of the country signed up.”

The threat of funding being withheld was definitely a motivating factor for trusts. “I persuaded Jeremy Hunt that money that was dispersed around the country for winter pressures should only be released to any locality provided they signed up to the concordat,” says Lamb. “There was a clear incentive for people to start talking.

“It’s a combination between the national level setting an ambition, an objective, and then local leadership driving it forward.”

Hearts and minds – investing in people

Whether creating simple reminders for clinicians to carry out particular actions, or deploying more sophisticated integration capabilities and applications, Lamb is convinced that technology has great potential to help people who suffer from “severe and enduring mental ill health.”

“Technology can be used as a mechanism to bring mental and physical health together, provided it is used in a smart way,” he says.

And for technology to be used effectively, the NHS, local leaders, and technology providers must win hearts and minds, he believes, something equally as applicable for digitisation beyond mental health.

“My own view is that it is absolutely imperative to invest both in technology and in the training of the individual’s use of it. One without the other will fail and we won’t realise the extraordinary potential opportunities that come from genomics, from artificial intelligence, or machine learning algorithms applied in healthcare.”

Telling stories of what technology can achieve is equally important, he adds. “For example, if you can see where artificial intelligence has had an impact in improving diagnoses, and in early identification of problems.”

“Once you can start to tell stories about the positive impact, then you can start to win over not only clinicians, but also patients,” he says. “We have to ensure there is complete trust in technology. The recent revelations over problems with an algorithm leading to people missing out on breast screening is a reminder of the vital importance of training, vigilance, and never taking trust for granted.”

Like other people entrenched in healthcare technology who are already aware of advances possible for delivering equitable and better services, Lamb is convinced of the need to spread technological uptake throughout health and care.

“There is no doubt in my mind there is enormous potential to achieve better outcomes and to save money in the longer run,” he insists. “But there is a massive task in winning people over to the potential of technology.”

**Norman Lamb**
Member of Parliament
Is the NHS reinforcing mental health stigma through excessive data secrecy?

If mental health data remains more secretive than HIV, cancer or diabetes, care inequality will continue, writes Dr James Reed, consultant forensic psychiatrist and chief clinical information officer at Birmingham and Solihull Mental Health NHS Foundation Trust.

The human immunodeficiency virus, or HIV, once carried a stigma with similarities to that of mental illnesses today. Not long ago, even the occurrence of a test for HIV would be kept hidden from relevant healthcare professionals and care providers.

Attitudes towards sexual health have moved on. HIV tests are now carried out routinely in pregnancy, for blood donations, and in other circumstances, with important information shared with other members of the care community to help deliver the best for patients.

When treating people with mental illnesses, however, healthcare professionals are rarely in such an informed position. Information about mental health is still perceived as particularly sensitive.

Why is mental health data treated more sensitively than HIV, cancer, or diabetes? Often people talk about mental health data in hushed tones, as if there is something special, or particularly secret, about it when compared to other health information. I recently heard a senior individual in one acute hospital talking about a new portal project, a technology designed to share information between professionals. They said: “Oh, of course, mental health diagnoses won’t be shown in the system.” This response clearly showed that the default position for many is to assume that information concerning mental illnesses should not be shared, and this potentially puts patients with such illness at a disadvantage.

As a psychiatrist, I have always felt that treating mental health data as if it needs to be locked away in isolation is a complete contradiction to delivering equality for mental health. I don’t see mental health data as being different than any other type of health data. Information about one’s schizophrenia or depression should in no way be seen as different, or any more sensitive or difficult as information about your HIV, cancer, or diabetes.

Patients with mental illness are often shunned by society and marginalised, and healthcare systems should not perpetuate the problem by hiding away vital information, risking further disadvantages.

Treating mental health data differently can harm outcomes

Patient privacy is central to effective care, and any sensitive patient information must only be accessed when appropriate. But when mental health is singled out with excessive secrecy, or even hidden away entirely, much worse outcomes for the patient can ensue, particularly when their problems are not understood.

Patient treatment cannot be effective if professionals don’t have access to information they need, and that inevitably leads to poorer standards of care. All too often in mental health, we know there is useful information that could help to treat the patient we are seeing, but yet it is unobtainable. This is especially so if that patient is being treated away from their local hospital, where their information may be locked away in the confines of a single organisation.
A first of its kind project in the NHS

Parity of esteem, or valuing mental and physical health equally, is now a national priority. But, to really break down barriers, we need a societal shift to ensure availability of information needed to treat patients with mental illness becomes acceptable.

Four mental health vanguard trusts in the West Midlands, known as the Mental Health Alliance for Excellence, Resilience, Innovation and Training, or MERIT, are making important early steps towards this ambition, in a first-of-its-kind project for the NHS.

The four trusts have already begun to enable shared access to information among themselves, so that professionals can see specific but crucial information from the patient’s mental health record at time of crisis. This will mean that patients presenting to hospitals in times of crisis will receive better informed and potentially life-saving care.

The project, built on InterSystems information sharing platform HealthShare, could become a model for the entire NHS. It aims to put an end to situations where patients moving across the region show up to a hospital where professionals know nothing about them. MERIT will ensure that information directly relevant to the patient’s condition is immediately available.

Building trust

Our eventual vision is to provide a common mental health record across the West Midlands. This would be an enormous step forward, but starting with a clear clinical need, we are building trust together to share access to information and to start to remove gaps in mental health provision.

Expanding initiatives like this, so that all healthcare professionals who need to understand a patient’s mental health needs are able to do so, will require of a great deal of trust and cultural acceptance. We are not there yet, but the conversation continues to evolve, especially with high-profile individuals like Princes William and Harry talking openly about mental health and mental illness.

Society needs to move beyond talking about just mental wellbeing, too. Just as the conversation for HIV has now moved on, I would like to see a similar journey for schizophrenia, bipolar disorder, and other illnesses that we can successfully treat so that we can make a difference to more and more lives.

Mental health, or mental illness, must go from being separated and secret, to part of the normal healthcare data that you would expect to be shared with people who need to see it. As with any sensitive data, we need to make sure it is accessed appropriately, with safeguards and audits in place. We must stop seeing mental health as a special case. There should be no shame attached.

Dr James Reed
Consultant forensic psychiatrist and chief clinical information officer, Birmingham and Solihull Mental Health NHS Foundation Trust
Enabling efficient care in turbulent times

Dr Graham Evans, chief information and technology officer for North Tees and Hartlepool NHS Foundation Trust, shows how implementing an enterprise-wide electronic patient record is providing the foundations for joined-up health and care.

North Tees and Hartlepool NHS Foundation Trust (NTH FT) is one of the many organisations involved with the potential reconfiguration for hospital services across England as the NHS looks to achieve the ambitions of the Five Year Forward View, and deliver new models of more integrated, and efficient care. For us, like many other trusts, this means repurposing existing facilities, consolidating expertise and exploiting technology to better coordinate care provision and deliver care closer to home.

To make this happen, it is important that the right building blocks are in place. At NTH FT, this has meant replacing multiple legacy systems with an electronic patient record that brings information together in to one, unified, enterprise-wide solution.

The aim of this streamlined approach is to support a more seamless care experience for patients and more operational efficiency for not just the trust, but potentially for integration with the regional health and care system as a whole. We can now provide richer clinical information at the point of care and provide the foundation for joined-up care as we enter a future of redesigned health and care system.

It means we can deliver the tools for our staff and patients so we can achieve the ambition that ‘care is what we do, and not where we go.’

The starting point for this has been an enterprise-wide electronic patient record (EPR), which is an essential part of this process that we should all be moving towards.

EPR enables rich information at the point of care

The trust implemented phase one of its EPR programme in 2015-16, with the replacement of the organisation’s patient administration system (PAS) with TrakCare from InterSystems. This included the rollout of supporting electronic documentation, such as electronic discharge summaries.

The EPR programme has helped to align and integrate a range of clinical information systems, and in so doing the Information and Technology Services directorate can enable informed organisational decision making through more reliable access to information from multiple sources for frontline staff. This unlocks the power of information to improve decision making at the point of care, and helps to achieve our strategic intent of developing IT services that add value to the patient, in terms of improved outcomes, experiences, and support. It is also consistent with the trust’s lean improvement philosophy, that aims to get the right things to the right people at the right time, and so improve flow and eliminate waste.

The University Hospital of North Tees
For example, now we are integrating primary care information with secondary care information, interoperating with TrakCare using the Medical Interoperability Gateway (MIG). We have a contextual link within the TrakCare application that allows our hospital clinicians to see the GP record directly at the point of care, providing the rich information required to help deliver more informed, better care. Naturally this process and access are undertaken within appropriate governance and consent arrangements.

Through interoperability and integration, we can deliver a holistic view of the patient for clinicians wherever they need to deliver care. It also means we can keep patient and service user information safe, secure, and up to date, and is helping achieve the ambition of being paper free (or more likely paperlight) at the point of care by 2020.

**People, process, and technology are the essential elements**

I know from my previous work at both NHS England and the North East Strategic Health Authority that technology is not a solution on its own. People and process are equally important. New systems can mean different ways of working and organisational cultures can present barriers.

This can be a challenge for regional care planning. But with strong governance, involving all stakeholders across the region, and also by building on a strong technological foundation, we can move forward confidently and collaboratively.

In hospital care, a solid infrastructure and appropriate clinical and line of business systems are essential. For other organisations that are less mature, you need to be agile and responsive to help meet their needs. We have chosen to deploy an enterprise-wide solution to enable this flexibility.

If you have the ability to move and change quickly, you can then deliver things more responsively, and this can be an essential part of addressing any cultural or organisational barriers that may emerge. We can show people the positive impact of new ways of working, and help unite disparate individuals and organisations in a shared vision of the future.

**Embracing the digital opportunity**

Pressures new and old are being felt across the NHS. However the current systems are not prepared for the high demands they face. Scarce resources mean we have to work smarter and more efficiently, and this is where technology brings a different paradigm in care provision. If you look at other industries, such as banking or travel, there is an emphasis on self management. Consumers transact online. The NHS has not yet fully embraced the digital opportunity.

But I am very optimistic that we have the right building blocks in place to address this. The north east is my passion, and I hope to bring pragmatism and vision to the future of healthcare in this part of the region. By bringing together people, process, and technology, we have the foundations to drive the new models of care that are central to the future of the NHS.

Dr Graham Evans  
Chief information and technology officer,  
North Tees and Hartlepool NHS Foundation Trust
Informed, inspired care

Lincolnshire Health and Care’s Gary James explains how the county’s new integrated Care Portal system will help transform healthcare for an ageing and widely dispersed population.

The challenges we are facing today in Lincolnshire are the challenges of the future for the whole UK. As a healthcare system we need to deliver sustainable services for a rapidly ageing population. In Lincolnshire almost 10% of the county is aged over 75 – much higher than the national average. Over 14% of our population live in some of the most deprived areas of England and lifestyle conditions like heart disease and diabetes are forcing us to consider how and where we deliver services.

Like many in the NHS, we’re trying to achieve all of this within a financial environment where budgets are increasingly stretched. In Lincolnshire, if we had done nothing by 2020 we would have a deficit of over £300m.

Lincolnshire Health and Care (LHAC) brings together the 13 health and social care organisations including the county clinical commissioning groups (CCGs), acute trusts, mental health, community services, and the local authority. Together we’re responsible for the healthcare of over 700,000 patients.

Individually and collectively we need to provide high-quality patient care, while delivering expected efficiencies, but we need to be intelligent about how we change services.

Making arbitrary cuts often creates new problems that can cost more to fix further down the line, so at LHAC we’re taking a different approach – putting information sharing at the heart of our plans.

Clinical transformation

In Lincolnshire some of our GP practices have diabetes prevalence in excess of 15% of the population, with patients regularly moving between different healthcare providers. As a result, patient data can be fragmented even within one hospital where there can be up to 50 sources of information that a clinician may need to call upon. Across the LHAC area, there is the potential for hundreds of data sources all of which a clinician may need access to.

The Lincolnshire Care Portal is an end-to-end system that will allow clinicians across Lincolnshire to view a shared patient care record, with important health details like current prescriptions, medical history, and details of current and past illnesses.

The introduction of the Care Portal this year, supported by £1m initial funding from NHS England, has the potential to transform the way care is provided in Lincolnshire.

The clinician can see the entire patient journey, as well as lab results, history of diagnoses and visits, procedures, discharge summaries, prescribed medications, and more.

Based on InterSystems HealthShare, the Care Portal sits outside organisational silos. Operating in real-time, clinicians don’t just get a simple snapshot, they get a rich and ever-changing portrait of a patient’s medical life.

Clinicians get a rich and ever-changing portrait of a patient’s medical life
Counting the cost
The driving force for LHAC is to identify programmes that will both improve outcomes and save money. We estimate that we will save up to £23m over five years from the initial implementation of the Care Portal, including the avoidance of duplicate tests and x-rays. But it could be more.

Importantly, it’s worth recognising that the majority of savings will be in time rather than cash. As an example, a hospital pharmacist can take up to 30 minutes discussing a patient’s current and past drug regime. With the Care Portal this could be done in seconds.

The Care Portal will help clinicians and their teams work more efficiently. Clearly these efficiencies will have a monetary value, but more importantly the system frees the clinician up to treat more patients in the same time, having an impact on performance too.

Solid sharing
One of the most important challenges for local healthcare organisations is to work together. Devolution in Manchester signals one potential future for local healthcare systems. Even if things don’t progress this far, the direction of travel within the NHS is one of increasing cooperation and integration.

LHAC brings together the entire health community in our area with a shared vision for the future. The structure of our partnership enables us to create system-wide, strategic change with clinicians at the centre.

Our own research, and key policy drivers like The power of information, the National Information Board Interoperability Strategy and the Five Year Forward View highlight how a shared care record reduces risk and improves decision making and helps to avoid duplication and waste. Shared information can also be used as a basis for analysis, with detailed patient data used to inform better strategic decisions.

The demands of our local clinicians, and the vision of LHAC, are completely in line with that set out in the Five Year Forward View. When selecting InterSystems HealthShare we were clear that any system needed to support and facilitate the creation of a 7-day NHS, powered by data.
But the Five Year Forward View isn’t just a set of guidelines, it’s a shift in focus and one of culture. When we spoke to clinicians, they were already there, challenging us as leaders to provide the support – managerially and technologically – to enable them to change.

On its own the Care Portal is unlikely to completely transform the way we work. But we view it as an important first step toward achieving our shared vision for LHAC.

Our ultimate aim is to involve patients within their own care.

Patient involvement
We want patients to do more than just consent to their information being shared by healthcare professionals. The Care Portal democratises data, sharing it across systems – but its impact won’t end at the hospital or practice door. Our ultimate aim is to involve patients within their own care.

In the future, the new system will include an online portal that will allow all patients to view all their personal health information across multiple care providers, access test results, and see information about their medications. In time, they will also be able to share their records with friends, family, and care givers – putting patients in control of their own care.

Where the system can have a huge impact is in supporting shared care planning for conditions like diabetes, or end-of-life care where multidisciplinary teams are involved.

It’s easy to get carried away with possibilities. The history of the NHS is sadly full of stories of failed IT projects – but we are confident that the technology now will enable us to take confident steps towards establishing a more joined-up healthcare system.

In developing the Care Portal we’re investing in our system, our staff and our patients. In so many cases the drive to save money can result in declining standards of care. In Lincolnshire we hope to show it doesn’t have to.

Dr Graham Evans
Chief information and technology officer, North Tees and Hartlepool NHS Foundation Trust
Connecting care across Fife’s acute, community, and mental health hospitals

NHS Fife’s Victoria Hospital, where TrakCare is making a difference to frontline care.

Proven technology in Scotland is now helping NHS Fife to deliver joined-up care for patients, writes Andrea Wilson.

NHS Fife made a big step last year in connecting the care we provide across our acute, community, and mental health hospitals.

When we switched on our TrakCare patient information system in April, it gave us unprecedented visibility of all our beds and the location of our patients across the health board. Crucial information has been moved away from the confines of pieces of paper and isolated legacy systems, to a point where vital details can be far better accessed online, in an appropriate and secure way, by those working to deliver the best for patients at the point of care.

The go-live, which happened across all 10 of our acute and community hospitals in a single weekend, was the result of a great deal of commitment, collaboration, preparation, and planning.

Importantly, this was not about activating a piece of software – it is about supporting our healthcare professionals to deliver the best care possible by providing them with the building blocks to change how information is used in real-time to enhance workflow and ultimately achieve better patient outcomes.

Meaningful real-time data for better care

The immediacy of real-time information is already having a significant impact. Real-time bed management provides staff with an accurate bed status across the health board’s acute, mental health, and community areas, helping to manage capacity and ensure patients are discharged in a timely manner.

This live bed status means that we no longer need to look at different spreadsheets to manage beds on wards. Instead, clinicians can access a visual plan of beds to help prioritise their patients. Clinicians in the emergency department are too benefiting from much better visibility of where their patients are.

We are also saving valuable time in areas like the emergency department, where TrakCare is eliminating duplication in data entry. Staff are consequently freed up to areas of the hospital where they are most needed.

And we are better managing patients with specific conditions through TrakCare. Electronic questionnaires around stroke and diabetes, for example, have been built directly into the system.
All of this is just the beginning. By consolidating once disparate information into TrakCare, we can do far more than we have ever done before with technology.

**Moving to paperlite gradually**

We are working closely with our clinicians and our technology provider to ensure that we get the most from the system. The TrakCare project has been a success to date because of buy-in at every level, right from our chief executive through to frontline staff, who understand the value of access to the right information when making decisions for and with patients. We engaged in creative communications ahead of the initial deployment, including the use of ‘pink ladies’—floor walkers dressed in hi-vis pink, who proved a valuable and visible resource during the go-live weekend.

Now we are continuing to support staff as we do more to remove paper from the hospital environment, moving forward paperlite ambitions in a gradual way.

Our next big milestone will be the digitisation of order communications, which will streamline the sharing of important patient results with clinical staff.

This will allow us to eliminate a lot of paper results, and take out manual processes. Currently we have a mixed economy of paper and electronic. Fully electronic requesting of tests from diagnostic departments like radiology will reduce the challenges that can be associated with paper—such as the possibility of tests going missing. We will have an audit trail, telling us when a result has been received and reviewed.

For the laboratory, we will have one system to manage appointments, and to highlight tests that have been requested, that are outstanding, and tests that show abnormalities requiring a clinical response.

Importantly, the system will also allow people in the acute setting to see when a request has been made from somewhere else. For patients, we will for example be able to see when they have had their blood test taken by their GP—meaning that we will not have to bleed patients unnecessarily.

**A closer community for co-ordinated care**

TrakCare is tried and tested in Scotland—with NHS Fife being the 11th health board to use the patient information system, provided by national technology partner InterSystems.

It brings us another step closer to a wider community of hospitals across Scotland, with which we can share learnings on how technology can be used to improve patient care. Unlike with our previous system, which was only used by NHS Fife, we can now collectively engage our technology partner to help us meet national healthcare objectives and to ensure we remain responsive to the needs of our own frontline.

TrakCare also means that we are better connected as a local healthcare community within the Kingdom of Fife, where we support 370,000 residents across a large rural area.

Having better, secure access to information is an essential part of delivering effective care. Our TrakCare deployment is a key component in modernising the hospital environment so that it can better respond to the needs of our clinicians and their patients.

*Andrea Wilson*
General manager for clinical support and access, NHS Fife

“Letting go locally, scaling nationally

Digital could no longer be about delivering systems in service of the institution, Gray told delegates. Scotland needed to work with national vision to attract global innovators.

“If any major supplier is going to develop something, they might develop for 5.5 million people. They are unlikely to develop it for 500. One of the things we need to let go of is the determination to implement a locally developed digital application that only nine people can use. We absolutely must have local solutions. But if we are really going to capitalise on digital we have to think about what is to be done nationally, regionally, and locally.

“If we are going to do [digital] well, we are going to need to partner with organisations who have expertise in this, and we are going to have to do it at national scale.”
NHS at 70
A key priority remained to provide people with their healthcare information in an interpretable way, said Gray. Shona Robison, the Scottish government’s cabinet secretary for health and sport, told delegates that the new strategy was an opportunity to address information sharing and access to records.

“NHS is a service that has changed so much over 70 years,” she said. “Digital represents the next change in the historic development of the NHS.”

Recognising an “increasingly online and digital world,” Robison pointed to the “need for effective and routine data sharing within health and care services”. “With proper safeguards this will provide better outcomes and user experience, not least in helping to shift the balance of care out of hospital and into the community,” she said.

With 90% of all contact with health and care services happening outside hospitals, the opportunity was now greater than ever to use digital to create joined-up, integrated services, the conference heard. But many challenges needed to be overcome first.

17 years to implement technology across the NHS
Christopher Wroath, director of digital transformation at NHS Education Scotland, told delegates it currently takes 17 years to fully implement an innovation across the NHS, which he insisted needed to be reduced to two or three years at most. “How do you do that? The answer comes from standards,” he said.

“We have to be a much better arbiter of what the environment is going to be like. We have an opportunity in the Digital Health and Care Strategy to outline that the technology component needs to fit ‘this’ architecture. It needs to be flexible, it needs to be modern and in the cloud. But once we have that standard we stand a chance.”

This needed to be combined with a “universally agreed charter for information sharing that we must develop in the next two to three years,” said Wroath, which would allow Caldicott Guardians to “look at a document and know they are safe to let the information be shared.”

Integration in action
Following the conference’s calls for greater consistency in information governance, Charles King, head of sales for Scotland at InterSystems told delegates that the national supplier would play a role in helping to tackle the “incredibly complex” IG piece, and that it was already working with health boards around health and social care integration.

There was a need to “start ratifying and consolidating approaches” and with the help of central direction to start breaking “incredible pieces of work” out of silos, he said. Scotland had done a lot of work to lay the foundations.

“In Scotland we are placed better for the future than our counterparts in England. We have two GP suppliers, almost one patient management system across the acute sector, four social work systems across 32 councils, one education system for the whole of Scotland and a myriad of other things.”
“The basis for information sharing in Scotland is already there, by this consolidation of systems and suppliers we have gone through. We have got to a manageable situation, now is the time to leverage that.”

Common language – mapping Scotland’s digital maturity
Mark Fleming, the national eHealth clinical lead at the Scottish government’s Nursing, Midwifery and Allied Health Professions Research Unit, said that adopting a common digital health and care language for Scotland would make integration easier.

“We need to map our pathways across partners, [and] across local systems and to speak a common language,” he said.

“There has been a lot of discussion in the strategy on common language and standards. A lot of work has been done on trying to understand what a digital maturity model would be in Scotland, it is not just about copying England’s.”

Speak to the users
Whatever digital language Scotland spoke, the conversation with users would be key. Speaking on a panel with four other chief executives, and with digital exclusion on the conference agenda, NHS24’s Angiolina Foster said many leaders still fear that digital risks distancing professionals from citizens. But NHS inform, a source for online self-help guidance, had demonstrated how engaging patients in a fundamental redesign, allowed monthly users to rise from approximately 100,000 per month to 1.3 million per month.

“The organisation let go enough to allow the user to really redesign that with us,” she said. This has allowed users and the provider to “redefine power in the digital space.”

In a conference that highlighted the need to engage both younger and older generations to ensure services meet user needs, Scotland’s opportunity now is to start redesigning health and care together.
Child Protection - Information Sharing: An integration mission to protect vulnerable children

Accredited by NHS Digital, InterSystems has been working with NHS trusts to enable streamlined adoption of Child Protection – Information Sharing. With urgency being placed on faster and wider uptake, pioneer sites could offer lessons for national acceleration, helping frontline staff across the country safeguard children.

Safeguarding children through connected information
For any health or social care professional, safeguarding vulnerable children in their care is one of the highest priorities. Providing staff with information to easily identify when a child they are treating may be at risk of abuse has consequently become a paramount objective.

Responding to concerns raised in tragic child abuse cases, and to findings from the Report of the Children and Young People’s Health Outcomes Forum, ministers first announced the Child Protection – Information Sharing (CP-IS) system in late 2012.

Set up to help save lives, CP-IS was created to provide frontline unscheduled care professionals with instant access to vital information – background that can quickly inform a decision to contact relevant social services when a child may be at risk.

Doctors and nurses are able to instantly see, via a flag on the child’s record, if the individual they are treating is subject to a child protection or a looked after child plan by the local authority. Through access to CP-IS, healthcare providers can configure their own systems so that professionals can also see when children have frequently attended emergency departments or urgent care centres. And, where appropriate, unborn children can even be flagged on a mother’s record.

Local authorities using the system have drawn on the NHS number, so that vulnerable children in their care can be flagged up and identified by health professionals, whether the child arrives at their local hospital or at any unscheduled care setting in the country signed up to the system.

Tangible results achieved – but UK-wide adoption needed urgently
CP-IS has started to enable important results for safeguarding. In some cases this means substantially faster notification of a child’s attendance in the emergency department.
In another case, recounted by a senior NHS official, a vulnerable young woman came into A&E. Subject of a child protection order, she was pregnant and her unborn child also had a child protection plan. None of this was disclosed by the woman, but because of CP-IS, the emergency team was able to alert child protection staff.

As of April 2018, approximately 126,000 children are so far covered by CP-IS, with more than 5,000 alerts now generated in a month. But more work still needs to be done to achieve the national picture necessary to protect children whichever part of the country they travel to and whichever unscheduled care provider they visit. In March 2017, only 14% of health organisations and fewer than a third of local authorities were using CP-IS. There has since been renewed vigour for widespread adoption, encouraged from the centre. Now 70% of local authorities are live, along with 62% of healthcare organisations and 56% of individual healthcare settings.

Good progress is certainly evident. But with repeated extensions to national deadlines and initial slow uptake, there are important lessons to be learnt from early adopters where CP-IS has been deployed with relative ease, to now help remaining health and social care organisations across the country protect children.

Where trusts have made deployment easy
Homerton University Hospital NHS Foundation Trust became the first NHS provider to go live with real-time access to CP-IS in 2014. Determined to spearhead national adoption, the trust concluded that it would be too costly and time-consuming to develop and certify integrations between its individual IT systems and NHS Digital’s centrally held CP-IS database. Instead the trust worked with InterSystems to connect to CP-IS, using the HealthShare informatics platform, accredited by NHS Digital.

In practice child protection information is transmitted securely from local authority IT systems to the central NHS Spine. InterSystems HealthShare is used at Homerton to access the Spine and incorporate CP-IS information into the hospital’s electronic patient record (EPR) to notify professionals when they are treating a vulnerable child.

Laura Stewart, named nurse for safeguarding children at Homerton, says: “If a child attends A&E having never done so before, and that
child is on a child protection plan or a looked after child plan, as soon as the record is created it is linked up with their NHS number, providing a flag that informs the health professional if there is a child protection or looked after child plan in place.

“Before we went live with CP-IS, there was a risk that the health professional would be unaware of this key information, unless parents disclosed and informed the professional their child is on a plan.”

The system means that this information is now available in a much more timely fashion from neighbouring local authorities and any social care provider using CP-IS. “The volume of patients in A&E would have made it impossible to call social care for every child that attended,” says Stewart.

“Having this system in place is much safer. We don’t rely solely on parents informing the staff that they are known to children’s social care. Before we would get information from our local authority, but an alert would be manually placed on the record. It could take at least 10 working days for the child protection plan to be updated on the record. What’s more, if a child lives in another area – such as Waltham Forest – we wouldn’t have had access to that information at all.”

Stewart stresses that only relevant and proportionate information is shared through the system, and only accessed by those involved in direct care. For example, the system might inform the clinician of a child protection plan, that there has been emotional abuse, that the relevant authority is the London Borough of Hackney and provide a phone number. But this is making a difference.

“In one case we had a child who hadn’t been to Homerton A&E before. The parents were adamant their child wasn’t known to social care, but a CP-IS alert informed staff they were known to Chelsea and Westminster Hospital on the other side of London, identifying a child protection plan. This allowed us to better safeguard that child.”

Having this information accessible in the EPR has been key. “I already have half a dozen systems that I use every day,” says Stewart. “To have another system requiring smartcard login would have been less practical. I’m happy about the decision to make this integrated.”

Anita Ghosh, IT enabler programme manager at Homerton, says integration has been made straightforward by drawing on HealthShare, making it unproblematic as more local authorities have come on board.

“Integrating this information into our EPR has made a huge difference”

She says: “Connecting to CP-IS in this way has offered the ability to use standard HL7 messaging. Because we are using standard messages, with standard architecture that connects to the Spine, it has made it very easy to take on board additional local authorities as they join up to CP-IS. Very little intervention was required at our end when the London Borough of Hackney connected to CP-IS. Integrating this information into our EPR has made a huge difference. Without it we would not have the adoption that we have.”

Using existing technology to connect to CP-IS with minimal disruption

Several NHS organisations have been working with InterSystems in similar ways to make CP-IS implementation straightforward, overcoming technical issues cited elsewhere as adoption barriers.

Some trusts have been able to quickly connect to CP-IS by drawing on existing technology. Unlike Homerton, Calderdale and Huddersfield NHS Foundation Trust, already had HealthShare in place when it embarked on its mission to connect frontline staff to CP-IS. It is now using HealthShare for a
real-time connection to the Spine 2 national patient demographics database, and direct access to CP-IS.

Bernadette Hepper, project manager at Calderdale and Huddersfield NHS Foundation Trust, says: “Protecting young people in our care system is of utmost importance. We were already using InterSystems HealthShare to track NHS Numbers, so upgrading to include access to the CP-IS was possible with minimal disruption to the current workflow.”

**Out of the box from regional leadership to national acceleration**

One trust has even started to drive CP-IS adoption throughout its region, following a go-live using HealthShare. The Pennine Acute Hospitals NHS Trust went live with CP-IS, flagging vulnerable children with a ‘Mr Bump’ lookalike on the trust’s Symphony emergency department system.

CP-IS is not replacing safeguarding responsibilities or the judgement of busy professionals, but it is making it that bit easier for busy staff to meet child protection obligations.

John Astle, development and integration manager at the trust, says: “CP-IS is proving much more effective than using smartcards, and is minimising the risk of important information not being shared. It allows clinicians to access information on the child they are caring for through our existing A&E system, advising them who they need to contact if they feel social services should be notified.”

The trust’s safeguarding team has been positive about the rate neighbouring care organisations have been responding to CP-IS. Following trust adoption, the team has actively driven local authorities to come on board, and entered into discussion with nearby trusts to encourage the same.

HealthShare has offered a means to deploy CP-IS “out of the box,” and Pennine is keen to see much wider adoption quickly to join up the dots for co-ordinated multi-agency care. Staff believe the more organisations that use CP-IS, the more effective it will be, and that this is about safeguarding children wherever they are in the country and making sure health and care professionals do pick up on the most vulnerable.

Policy makers, regulators, the NHS, local authorities, and the government can each play a role to make this happen.
Having visibility and access to the right data when it’s needed is essential to powering healthcare transformation and advancing for the greater good.

Take your organisation into the future with technology from InterSystems that offers intuitive workflow, embedded analytics, and a complete view of the health record. Our solutions provide interoperability between systems and ready access to data so organisations can make informed decisions about the populations they serve – and their business as a whole.

Learn more at InterSystems.com/Healthcare

The power behind what matters.

InterSystems
InterSystems House,
70 Tangier Lane, Eton,
Windsor SL4 6BB
+44 (0)1753 855450

@InterSystemsUK
www.InterSystems.com/uk