

A stylized map of the United Kingdom is shown in a light blue color, overlaid on a darker blue background. A white grid pattern is visible across the entire image. The title text is centered over the map.

Uniting Six NHS Regions

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West Midlands Shared Care Record

Introduction

- Everyone agrees shared care records are a good idea
- However...
 - Projects can be slow
 - Finding agreement and IG not always easy
 - Technical challenges
- Crossing organisational – and geographical boundaries challenging
- However it doesn't have to be this way...

MERIT

- High profile homicide
- Information sharing highlighted as an issue
- ISC HealthShare implemented between 4 MH Trusts
 - 4 EPRs, 4 regions, 4 boards...
 - Used in crisis for 'edge cases'
- Live since 2017
- GP data in BSol shared with 'Your Care Connected'



MERIT

Data sets

- Appointments
- Encounters
- Documents
 - Risk assessments
 - Care plans
- Mental Health Act dat

Primary use case

- Crisis and edge cases

Small population (50k)

- Limited uptake
 - Technical
 - Clinical

Concept proven

What happened next?

- Plans to extend MERIT to a wider system
- General interest but little urgency
- No identified funding
- National plans seemed to be happening somewhere else
 - LHCREs / SCRs
 - High profile schemes
- Then...

The logo for CD Day features the text "CD DAY" in a large, white, serif font. The letters are slightly tilted upwards to the right. The background is a solid blue color with a white grid pattern. On the far left, there is a vertical bar with four colored segments: light green, dark green, teal, and dark blue.

CD DAY

23RD MARCH 2020



Atrium entrance 1

the nec
birmingham

Nightingale Hospital Birmingham

NHS



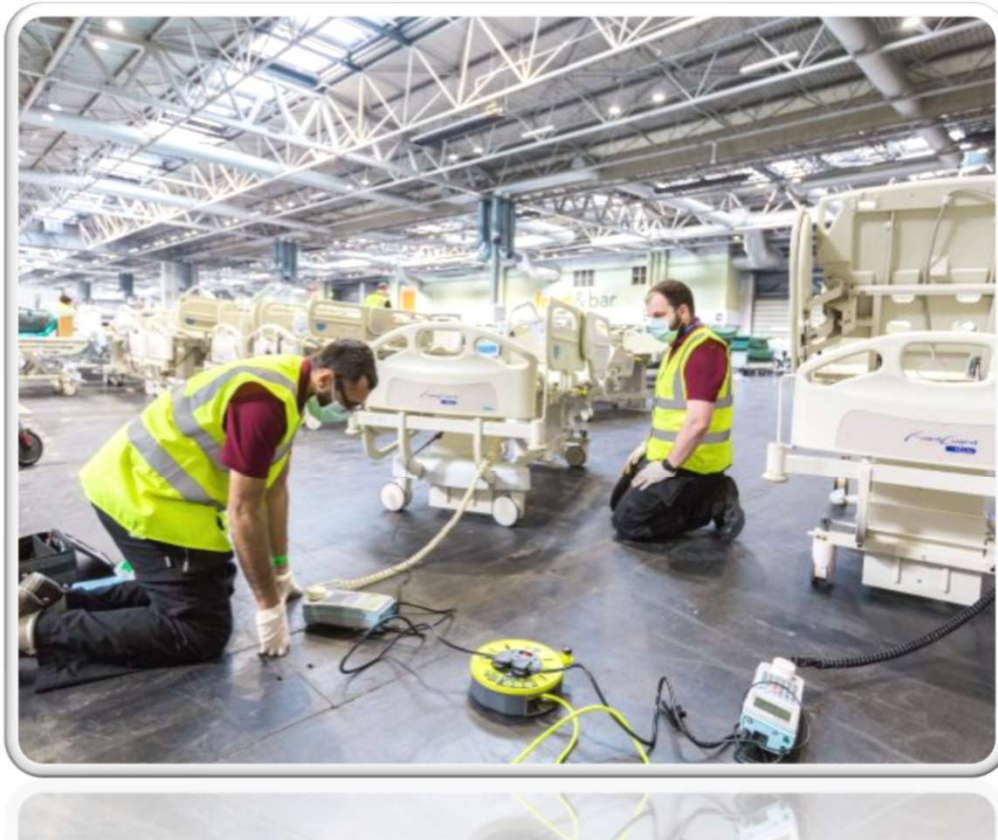
**THE
SIX MILLION
DOLLAR MAN**

Zero to Shared Care Record in 12 weeks

- Critical period of activity
- April–June 2020
- Multiple daily meetings
- Infrastructure provisioned and running
- Trusts mobilised and coding
- Barriers whisked away



But...



- Hospital completed and opened 16th April 2020

Then...

- Gradual realisation it might not be needed
- No patients treated by August 2020
- Formally closed in April 2021





Time to think

- Resumed conversations across the region
 - Coventry & Warwickshire
 - Herefordshire & Worcestershire
- Agreed to work together on a single instance
- Robust DSA drawn up and agreed
- Broadened ambition
 - Social care
 - Care Homes
 - Prisons
- Technical innovation
 - GP Connect
 - In-context launching

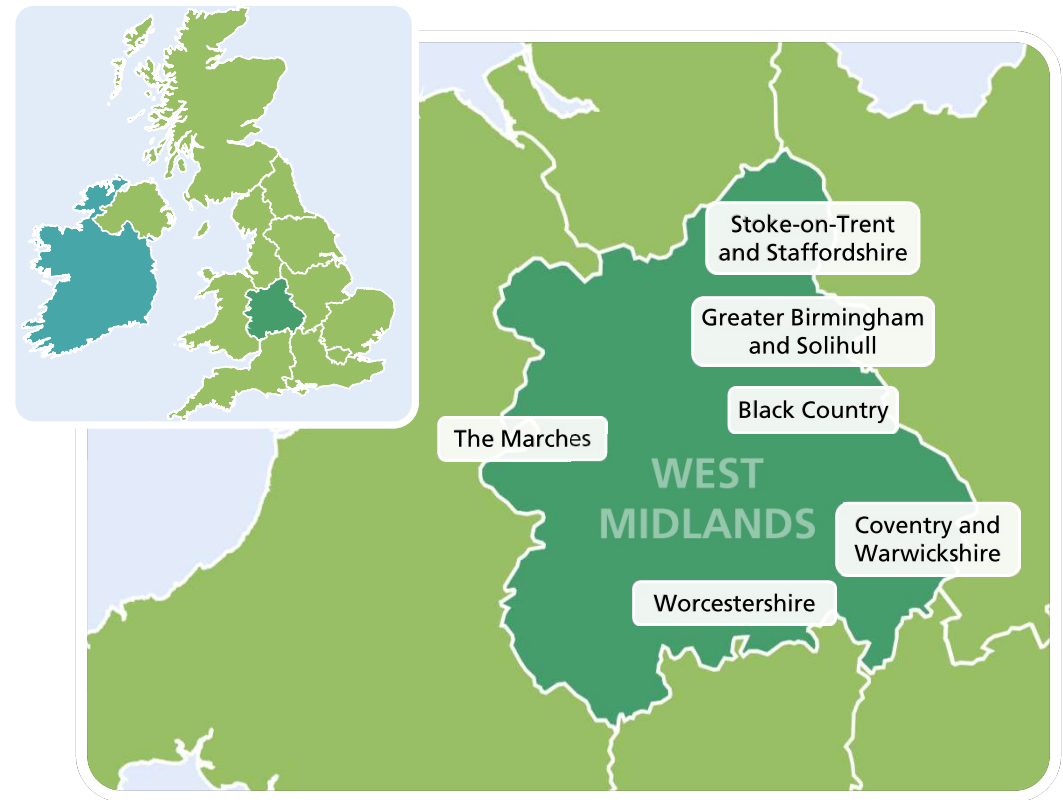


- System still under construction but fully operational
- Lots of data flowing
 - Health, social care, hospices, GPs...
- New interfaces being added all the time
- Breadth of technical approach
 - HL7 / FHIR / extract etc
- Specialist interfaces
 - Maternity (Badgernet)
 - Social care
 - Prison (SystmOne – view)



Completing the Circle

- Single instance for B&S, H&W, C&W with free flow of data
- Stoke-on-Trent, Staffordshire, Shropshire & Black Country on other systems
 - Graphnet
 - Cerner
- Opportunity to create a 'West Midlands Shared Care Record'

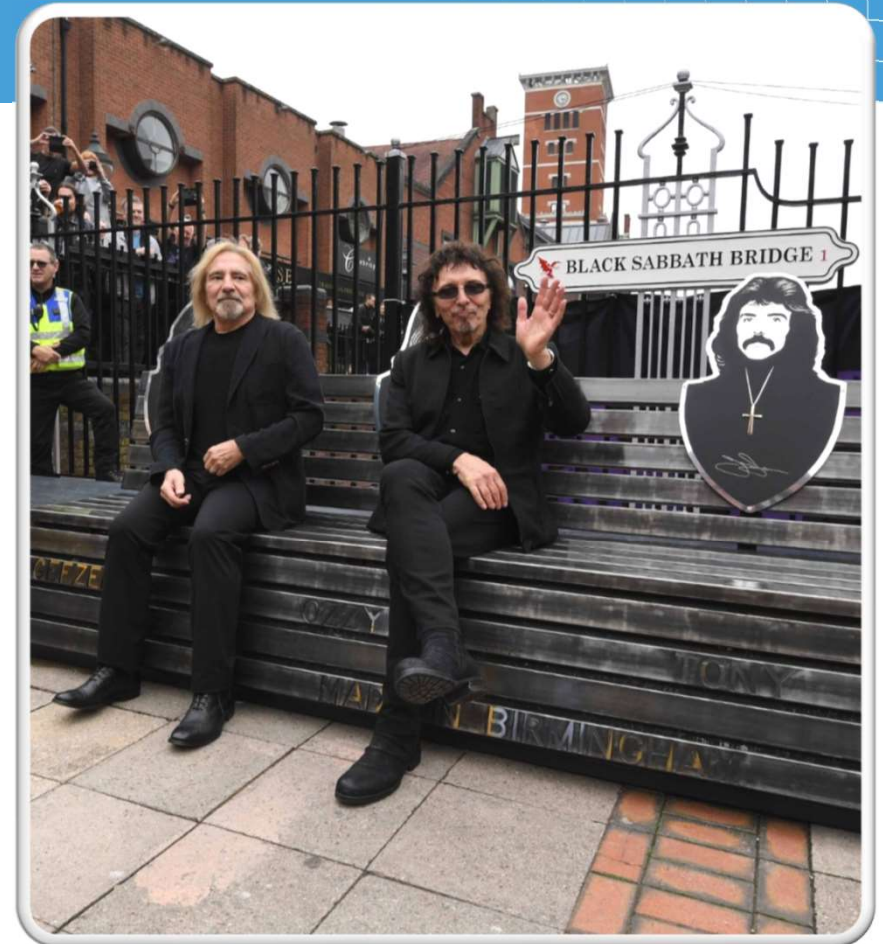


Challenges and Opportunities

- **Technical**
 - Approach
 - Views & queries
 - FHIR / HL7 / data
- **Commercial**
 - What is your population?
 - Cost per transaction
- **Strategic**
 - How big should these records be?
 - Where are the edges?
 - Diminishing returns
- **Practical**
 - How much is too much?
 - Is it worth it?
- **Extended reach**
- **Tertiary / quaternary services**
- **Possibility of federating further out**

Progress

- Technical feasibility work underway
- Test data moved in both directions
- WM DSA also in development
 - Consideration of Secure Data Environment
- General willingness to proceed
- Governance to be worked out
- Role for national systems
 - NRL / NEMS etc



Challenges / Lessons learned

Cross ICS / regional working

- Leadership and vision
- Priorities & expectations
- Funding streams

Where do you stop?

- Local vs regional vs national

Scope

- Social care, third sector, hospices, prisons
- Who to contact and where
- Local vs national

Challenges / Lessons Learned

GP Connect

- Replacement of legacy solution (eg MIG)
- Unstructured data
 - Available now
 - Unwieldy and opaque in places
 - Standalone
- Structured data
 - Some now, most 'not yet'
 - Bleeding edge, development ongoing
 - Conceptual / semantic issues

Challenges / Lessons Learned

Clash of culture / language / terminology

- The biggest challenge
- "A sector divided by a common language"
 - "Early intervention"
 - Gravity / parity
 - Encounters / referrals
 - Prescribing by product vs drug
 - Repeat prescriptions vs issues
 - Coded data

Getting visibility is the first step, but a lot of work is needed on interpretation

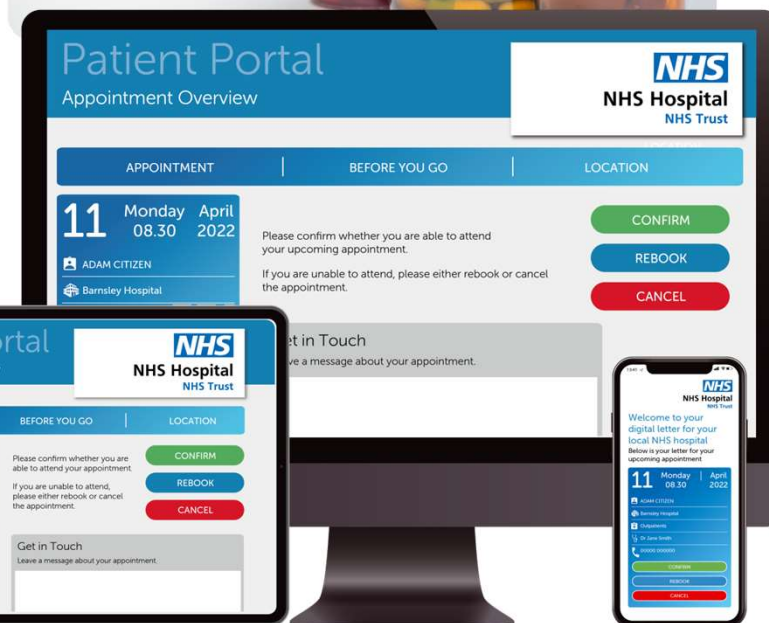
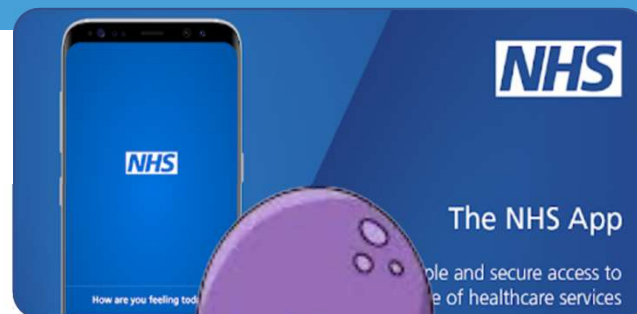
Plan for the peace as well as the war

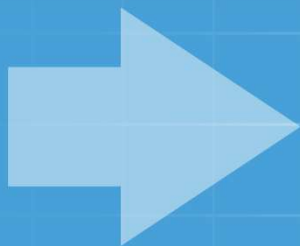
- Continuous improvement / optimisation needed

What's next?



Child Protection – Information Sharing service







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