

HEALTH AND WELLBEING BOARD: 20 JULY 2017**REPORT OF LEICESTER CITY CCG, WEST LEICESTERSHIRE CCG AND
EAST LEICESTERSHIRE AND RUTLAND CCG****ELECTRONIC RECORD SHARING PROJECT****Purpose of report**

1. The purpose of this report is to provide greater depth to the recent Leicester, Leicestershire and Rutland (LLR) Electronic Record Sharing project update to the Health and Wellbeing Board.

Link to the local Health and Care System

2. The LLR Sustainability and Transformation Plan is building on the Better Care Together programme that identified five key strands for change which contribute to closing the health, wellbeing and care and quality gaps:-
 - a. New models of care: to deliver more care and support in the community through Integrated Locality Teams (ILT)
 - b. ILTs will be responsible for joining up and coordinating the care provided by multiple professionals to patients within their defined place (locality)
 - c. Professionals will have access to shared records to improve the quality and outcome of patient care. The main shared record tool is the Summary Care Record (SCR)
 - d. All plans are built on a collaborative relationships and consensus
 - e. Access to summary care records by all relevant providers will be essential to achieve this

Recommendation

3. The Health and Wellbeing Board is recommended to note the update on the LLR Electronic Record Sharing project.

Policy Framework and Previous Decisions

4. The Health and Wellbeing Board received a report about the Electronic Record Sharing project at its meeting on 5th January 2017 and asked for an update at a future meeting. Further detail was requested following that update on 22nd June.

Background

5. The project aim is to facilitate quicker diagnosis and quicker treatment through quicker access to key medical information via electronic record sharing. Predominantly this is to be achieved via SCR, and / or SystemOne to SystemOne sharing (where applicable). The Medical Interoperability Gateway (MIG) has also

been used in LLR, but the updated SCR (v2.1) makes it the more attractive option going forwards, in terms of cost to benefit ratio.

6. Other options initially looked at included Patient Knows Best, Coordinate My Care and myrightcare, but ultimately it was felt that these created new silos as much as they facilitated record sharing.
7. The LLR Electronic Record Sharing project is funded by the Estates Technology and Transformation Fund (ETTF) to enable the delivery of shared electronic records across health and social care, subject to explicit patient consent.
8. The project has three distinct phases:-
 - (a) Phase 1 complete - the Integrated Care Planning template was successfully rolled out across primary care during March and April 2017. This feeds the patient's Summary Care Record with care planning information, when explicit patient consent is recorded. The template also enables the recording of that consent. Once consent is recorded, the SCR is updated in real-time every time the GP record is amended.

The ICP template will be updated on a quarterly basis (or as and when national guidance is updated); following the initial roll-out, development requests have been received and discussed, and version 2 of the template will be rolled-out in August 2017.

The aim is that by October 2017 more than half of LLR patients identified by the risk stratification and / or the recently released Frailty indicator in our clinical systems will have an enhanced SCR with additional information. As at the end of the June 2017, over 15,000 of our patients have given consent for an enhanced SCR.

By April 2017 the aim is that all LLR patients will have an enhanced SCR, other than the small number who dissent.

This vision of electronic record sharing is integral to the facilitation of Integrated Locality Teams providing the most appropriate care for patients across LLR.

- (b) Phase 2 is now live. This is centred around secondary and community care providers using the information shared as a result of the Phase 1 work. This information can be accessed through SCR directly, but (depending on the provider) will more commonly be via SCR links in other clinical IT systems (such as SystmOne or Siren). For those providers already using SystmOne, the enhanced Summary Care Record becomes an extra sharing tool supplementing existing SystmOne-to-SystmOne sharing. In many cases providers already have the facility to access SCR. But as more LLR patients consent to enhanced SCRs the more useful SCR will become to providers.

To this end communications and engagement are key aspects of the project. We are monitoring the uptake of patients consenting to enhanced SCRs, and the number of SCR views by provider. Our communications plan takes in case studies of patients and clinicians, for use in promotional materials. The most significant aspect of this communications drive is consent – hence the focus

on consent in the attached FAQs, Scenarios and our other promotional materials. We are also inviting senior staff members to champion SCR 2.1 by consenting themselves, and recommending that family and friends do the same. Our communications lead is developing a press briefing to further promote awareness.

Other Phase 2 workstreams are looking at streamlining the Special Patient Note (SPN) process, and maximising the benefits of SystmOne sharing in LLR; primarily through consistent flagging of records and SystmOne Views.

(c) Phase 3 is also now live. This is looking at sharing health records with Adult Social Care staff, through the SCR. NHS Digital are in the process of discussing this from a national perspective, and we recently presented a paper from our Phase 3 group for discussion at one of their strategic planning meetings. Following this next month we will be meeting with some of their SCR Clinical and Product Leads to progress the matter, and try to influence their national steer on social care sharing.

9. Because the project's primary sharing tools (Summary Care Records and SystmOne) are already used across LLR, the issues around Information Governance relating to Phases 1 and 2 are covered by existing LLR Data Sharing agreements. Access is via smartcard and role-based to ensure regulation. Furthermore both SCR and SystmOne are consent-based systems – the former requires explicit consent to be recorded for an enhanced SCR to be created, and then consent each time the record is viewed. The only exception to this is if a patient is unconscious or otherwise unable to communicate, then the healthcare professional can decide to access the record in the patient's best interest. All access is documented and audited by the organisation's nominated Privacy Officer. SystmOne requires both consent to share out and consent to share in to be in place between two respective SystmOne units for the second service to view information recorded by the first.

To ensure continued compliance the Project Team includes Information Governance guidance and support from Midlands and Lancashire CSU for all three project Phases. The Governance around Phase 3 is more complicated, hence why we are liaising with NHS Digital's SCR team as they work toward a national steer on SCR and social care. In addition to our CSU IG input, Phases 2 and 3 also include respective IG leads from UHL, LPT, and the three local authorities.

Proposals/Options

10. We would like to invite the Health and Wellbeing Board to become staff champions for enhanced Summary Care Records, to help promote the benefits of electronic record sharing.

Resource Implications

11. Funding is provided via the ETTF, as per paragraph 7. A further funding request has been recently been submitted to NHS England.

Background papers

Report on the Summary Care Record and Care Planning submitted to the Health and Wellbeing Board on 5 January 2017 - <http://ow.ly/3tT530cy69E>

List of Appendices

Appendix A - Project risk log

Appendix B - Frequently Asked Questions document (including Consent Scenarios)

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Relevant Impact Assessments**Equality and Human Rights Implications**

12. Due regard to equality, diversity, community cohesion and human rights in our decision-making process has taken place by NHS Digital on behalf of the NHS regarding the Summary Care Record.

Partnership Working and associated issues

13. Partnership working is undertaken with health and adult social care colleagues across LLR.