

▶ Information sharing
in Greater Manchester:
**Wigan's SharetoCare
programme**



A case study of Wigan's empowered partnership approach to system wide data sharing initiatives

Introduction

Devolution in Greater Manchester underpinned by information sharing

This case study is one of a series which explore information sharing in Greater Manchester. It forms part of the Centre of Excellence for Information Sharing's work to support 'GM-Connect'.

GM-Connect is new data commission, established in 2015/16 as a key enabler for integrated public service reform and devolution across Greater Manchester.

GM-Connect's role is to champion, co-ordinate, facilitate and deliver data sharing activity across GM, focusing on opportunities to:

- ▶ Add value and create insight.
- ▶ Help improve and re-design services, especially at points of transition.
- ▶ Deliver better outcomes, for the city region and its residents.
- ▶ Join up information silos and break down barriers to sharing data.

Greater Manchester (GM) has lead the way for devolution to local places¹ and aspires to do the same with information sharing. As a result, the devolved powers set out across a series of devolution agreements cover not only services such as health, transport, housing and skills, but also cross-cutting enablers such as governance and information sharing.

Information sharing is seen as fundamental to delivering Greater Manchester's public service reform ambitions, as transforming the way information is used, will empower GM's frontline workforce to make more informed decisions about how and when they work with individuals and families. It will also support early intervention and prevention, helping ensure that the appropriate services are delivered at the right time, supporting people to become healthier, resilient and empowered.

In this case study we focus on the role of information sharing in supporting health and social care integration, another area where Greater Manchester is leading the way – with devolved control over integrated health and social care budgets since 1 April 2016. A key strand of GM's devolution ambitions, health and social care integration aims to deliver not only improved health but also improve wellbeing, reduce worklessness and support people back into employment as a result.

Greater Manchester's vision for devolution
“...to ensure the greatest and fastest possible improvement to the health and wellbeing of the 2.8 million people of Greater Manchester.”



¹ In April 2011, GM established the first combined authority in the country (GMCA), and has since agreed a series of devolution agreements with central government in 2014, March and July 2015 and most recently March 2016.

Background – SharetoCare and healthcare reform in Wigan

Home to a population of 323,000 the borough of Wigan is located on the north-western edge of the Greater Manchester city region, bordering Merseyside and Cheshire. Due in part to its location, the majority of local people's health and social care needs are met by a small group of providers, four of which are based within the borough: Wigan Council; Wigan Clinical Commissioning Group; Wrightington, Wigan and Leigh NHS Foundation Trust (hospital trust); Bridgewater Community Healthcare NHS Foundation Trust (community healthcare provider); 5 Boroughs Partnership NHS Foundation Trust (mental health services provider).

Uniting these organisations are a number of strategic plans, shared objectives, and partnership governance structures, in particular the Wigan locality plan - 'Further, Faster Towards 2020'.² Shared objectives set out in the locality plan, include an ambition for a radical upgrade in population health and prevention, and plans to transform community-based care through the creation of a "wellness" organisation – the Wigan Integrated Care Organisation (WICO).³ A key enabler of the locality plan objectives and the WICO itself, is the Wigan SharetoCare programme,⁴ led by the cross-borough Information Management and Technology (IM&T) partnership group.

Technology focused, but purpose-led, the SharetoCare programme aims to deploy technologies at scale which will offer local people greater control of their lives, their records and their care - supporting Wigan's integrated care reform objectives, including strategic priorities around self-care and integrated working across multi-disciplinary teams (MDTs) and localities.

Established by the borough-wide IM&T group, the SharetoCare programme is focused on using the existing Medical Interoperability Gateway (MIG) and Electronic Document Transfer (EDT) systems, to ensure that the right information is in the right place at the right time to support direct patient care.

In order to do this effectively, the SharetoCare programme involves not only the creation of a common set of information governance arrangements, but also establishing shared data management principles (for sharing and analysis of pseudonymised data), digitisation and infrastructure development, and the creation of a detailed care record.

Facilitated by the MIG, and taking the primary care record as the master, the development of a detailed care record has been critical to Wigan's progression of sharing patient records for care purposes across the system, whilst individual organisations are at different stages in the delivery of their own transformation and digitisation programmes.

This approach has meant that a range of healthcare providers, across primary, secondary and community health, have access to a structured, read only, real-time view of the GP record via either an integrated or standalone portal viewer. Subject to role-based rationales, practitioners in Wigan are able to see information about a patient's diagnosis', problems, allergies, medication, encounters, examinations, events, investigations (for example, blood tests) and demographic details.

² 'Further, Faster Towards 2020' The Wigan Locality Plan for Health and Care Reform, October 2015
www.wiganboroughccg.nhs.uk/your-ccg/improving-our-local-nhs/gm-devolution

³ The Wigan Integrated Care Organisation, Briefing Note, April 2016
www.wiganleadership.com/storage/app/media/Wigan%20Council/The%20Wigan%20Integrated%20Care%20Organisation.pdf

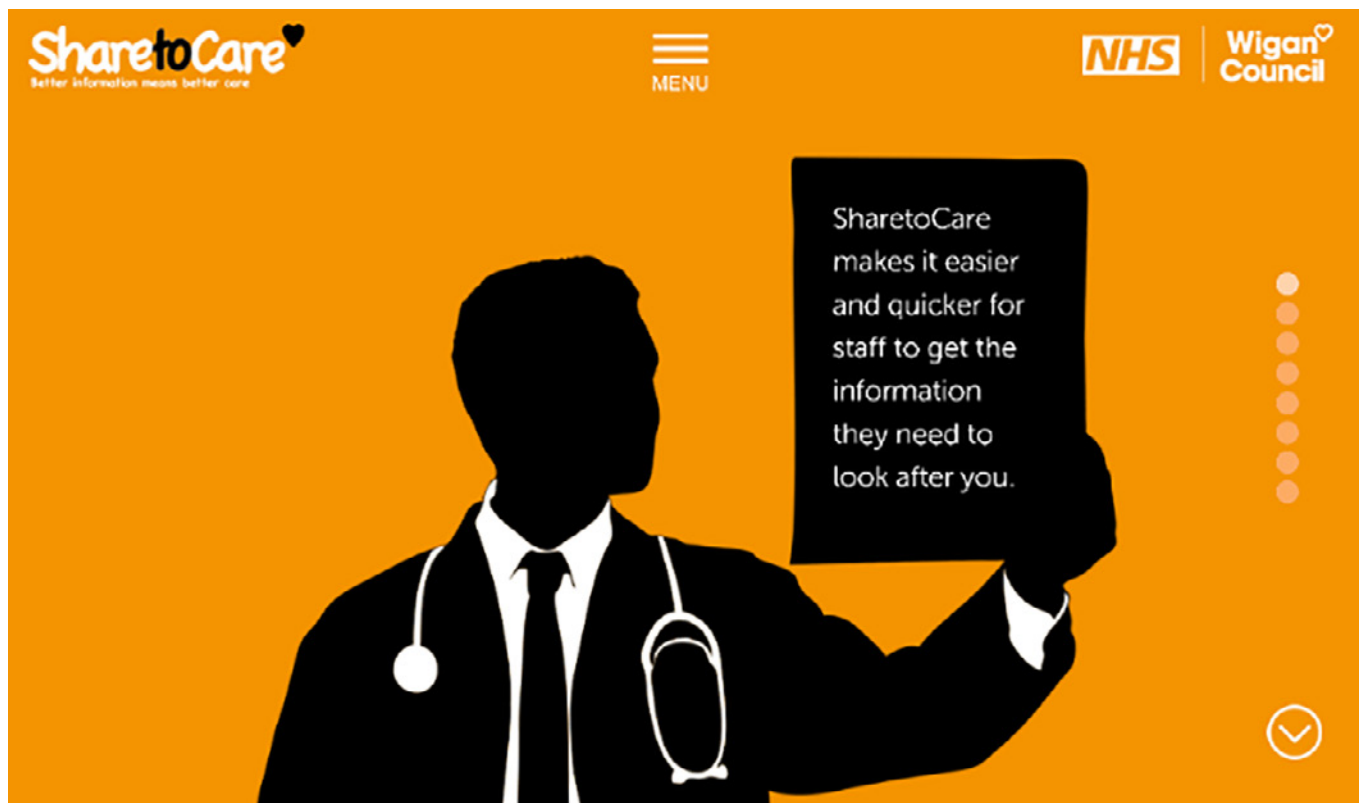
⁴ Share to Care programme - for more information see www.wigansharetocare.nhs.uk

By July 2016, shared access to the detailed care record had been deployed to 32 separate services, including:

- ▶ The Wigan GP alliance (consisting of 63 GP practices).
- ▶ Pharmacy teams (community and hospital-based).
- ▶ A range of hospital-based services – including emergency care, palliative care, ward management, anaesthetics, and rapid mental health assessment (RAID).
- ▶ A range of community health services – including district nurses, community falls, podiatry, and musculoskeletal clinical assessment and treatment service.
- ▶ Wigan’s integrated safeguarding and public protection (ISAPP) team.
- ▶ A number of local hospices.

Access to the detailed care record is planned for further services, once locations are approved and technically configured. Demand for access to the detailed care record has been clearly demonstrated already, with records of over 10,000 accesses to the information being shared, averaging around 1800 accesses per month.

In addition to the SharetoCare programme outlined above, SharetoCare is also used as a shared brand for communication with local people and practitioners about information sharing. Used by all of Wigan’s health and social care providers the materials developed to date particularly focus on the shared, read-only access to GP records via the MIG, and access to other electronic patient records (EPRs) within a hospital setting which support the delivery of integrated direct care.



Aims and expectations

Lead by the Wigan IM&T group, the aim of the SharetoCare programme is one of enabling integrated healthcare reform in Wigan by:

“Ensuring that the right underpinning technologies are in place to ensure staff and patients alike have access to the right information, in the right place and at the right time.”⁵

The role of information sharing as an enabler of reform is recognised in both Wigan's locality plan and the integrated health and care strategy - where the SharetoCare programme is referred to as an 'enabling framework'.

Underpinning this aim, for information sharing to support reform, is a borough-wide IM&T strategy which supports:

- ▶ Flexible and shared working.
- ▶ Access to appropriate information to support the delivery of care.
- ▶ Better commissioning based on a better understanding of local populations.

In addition to the aim to enable reform, there is also a clear desire for information sharing to deliver benefits for local people. This is demonstrated by the existence of a specific 'citizen empowerment' work area within the SharetoCare programme, and again clearly articulated in key strategic plans:

- ▶ Wigan integrated care strategy - “Fundamental in the development of a more integrated system is that organisations across the economy can share information easily in the interests of citizens”⁶
- ▶ Wigan locality plan - “We must embrace genuine shared decision making and co-production in service delivery, giving people far greater control of their own care – and the records relating to that care. Only then will we empower our population to take greater responsibility for their own health and well-being.”

⁵ SharetoCare Programme Wigan Borough IM&T Enabling Group Corporate Governance Committee 2015/16 Year End Update April 2016.

⁶ Wigan's Integrated Health and Care Strategy, 2014-2019, Section 9.4, p.29.
www.wiganboroughccg.nhs.uk/component/phocadownload/category/6policies?download=113:integrated-care-strategy

The approach

Bespoke 'whole borough' approach – shared objectives, agreements and branding

Noticeable in the SharetoCare programme, and in the approach to information sharing more generally in Wigan, is a clear desire to for all partners to work together for the benefit of the local community – developing something which is made in Wigan, for Wigan, and supported by all.

“It helps that the approach has been Wigan borough doing it for Wigan borough.”

Jonathan Kerry, Assistant Director of Technology and Integration, Wigan Borough CCG

This 'whole borough' approach stems in part from a desire to communicate clearly to local people about how and why their information is being shared in a way that distinguishes it from national initiatives. As shown in the Wigan information governance framework, which states:

“We will be clear in Wigan that this is a local initiative and for the specific purposes of direct care. Work is already underway across the local communications teams to develop a single message and strategy for informing patients. This will then be used in all locations, both health and social care based.

A benefit of such solutions as the MIG is that patient consent is requested at the point of viewing the record. This is a fundamental difference to the schemes in operation nationally and so we need to ensure that it is communicated appropriately.”

This 'whole borough' approach can be seen in more than the development of a shared SharetoCare brand. As Wigan's innovative approach to information governance also reflects this 'whole borough' ethos, with the development of both a borough-wide Information Assurance Contract (IAC) and a borough-wide tier 1 Information Sharing Agreement (ISA).

Signed off by the chief executives from all five key healthcare partners⁷ and local GPs, the creation of the holistic IAC and ISA are regarded as a great success of Wigan's economy-based approach, facilitating the use of information for care purposes, with patient consent at the point of care.

The ISA was also signed off by each of the partners' Caldicott Guardians - who, along with the chief executives play a key leadership role. In signing these overarching borough-wide agreements, these senior leaders are not only publicly demonstrating their support for information sharing, but also giving it a 'stamp of approval' which creates confidence to share information across the whole workforce.

Building on these overarching partnership agreements, is the 'whole borough' design of the SharetoCare programme itself. A collection of data sharing activity (within and between individual partner organisations) facilitated by a single agreement, this “connect all” rather than “replace all” approach, provides a flexible framework that enables the IM&T leads in each organisation to drive their own projects, whilst working together to coordinate activity across the borough. Ensuring that resources are used to support both local organisations' individual programmes and to progress “cross economy initiatives”.⁸

⁷ Five key partners - Wigan Borough CCG, Wigan Council; Bridgewater Community Healthcare Foundation Trust; Wrightington, Wigan & Leigh Foundation Trust; and 5 Boroughs Partnership Foundation Trust.

⁸ SharetoCare programme Wigan borough IM&T enabling group corporate governance committee 2015/16 year end update April 2016.

Purpose and collaboration

With health and social reform as the central driver for the SharetoCare programme, this also becomes the overarching purpose for data sharing, as stated clearly at the start of the borough-wide ISA.

The purpose of sharing - Wigan borough integrated care partners (tier 1), borough-wide ISA

"The borough of Wigan is progressing with an integrated care model to improve the quality and effectiveness of services to our local population of 320,000. To facilitate this, the members of the Wigan borough integrated care partners have identified the need develop and implement robust information sharing ethos that will ensure that we have the right information available to support the delivery of care and commissioning decisions."

However, Wigan's purpose lead approach to data sharing continues at the operational level, with every individual data sharing scheme that forms part of the SharetoCare programme required to develop a clear rationale for sharing data.

A partnership SharetoCare programme manager was put in place to manage the rationale process (funded initially by the joint commissioning group),⁹ creating additional capacity available to focus on understanding 'why' information should be shared, rather than just on 'how' it can be shared.

Wigan's rationale approach also includes support being given by local IM&T teams in each organisation, who work alongside healthcare practitioners to develop their ideas. They do this by supporting them through the rationale process, not only helping their colleagues to complete the necessary 'rationale' forms, but also facilitating discussions to help unearth the fundamental reasons for sharing, and the benefits expected as a result.

This type of collaboration between technical/information experts and the people directly involved in providing or receiving care is also central to the creation of the SharetoCare practitioner reference group. A multi-disciplinary group, involving clinicians, social care managers, information governance leads, patients and carers, the reference group review the rationale of the information sharing proposals submitted. They provide a sense check, and ensure a shared agreement on the appropriateness of the data to be shared and its use, giving a clear direction ahead of any technical specifications being drawn up and or work carried out.

Meeting roughly monthly, the reference group have been reviewing 3-4 information sharing rationales each time. The debates taking place amongst the group members provide a robust basis on which to revise and take forward agreed projects. Feedback from the reference group proposed regarding information sharing schemes meetings has included:

- ▶ Requests for more information, to give improved understanding of the reasons for needing to access specific data.
- ▶ Flagging up data which hasn't been included in the request, but needs to be (e.g. patient demographics) in order to fulfil the stated purpose.

⁹ The joint commissioning group provided initial funding for the 'Share to Care' programme of a £450k, 3-year package to cover the cost of 1 F/T equivalent programme manager, plus the cost of shared technical solutions, e.g. MIG license (as individual organisation's technical costs already embedded into their own transformation programme budgets).

Collaboration and support - rapid assessment interface and discharge (RAID) team

RAID team - who are they and what do they do?

- ▶ A multi-disciplinary team involving nurses, doctors, psychologists, specialist pharmacists, and administrators, based on a national RAID model.
- ▶ Based at Royal Albert Edward Infirmary (part of the Wrightington, Wigan & Leigh Foundation Trust) but employed by 5 Boroughs Partnership Foundation Trust.
- ▶ Providing 24/7 specialist support to services within the hospital to help manage patients with a suspected, or known, mental health problem.
- ▶ Patients seen more than once by the RAID team, have their case discussed by the RAID Board, who may also liaise with other multi-disciplinary teams such as care home liaison.

Example: A 20yr old, who has self-harmed comes to A&E. They get a medical assessment by A&E doctors, then A&E make a referral to the RAID team (by fax, phone or pager). The RAID team carry out a mental health assessment, and develop a care plan with the patient and hospital clinicians. Actions in the plan may include, signposting to other services, referral into mental health services, and/or assisting the medical team to manage mental health issues on the ward.

What information is being shared and how?

- ▶ Sharing of patient data between the acute emergency department and multi-agency mental health support team (RAID) based in the hospital.
- ▶ Three systems are used by the RAID team to view relevant patient information (read only access):
- ▶ MSS – A live admission system used by the emergency department and assessment areas, used for early identification of people in need of assessment prior to formal referral.

Electronic patient records (EPR - the hospital's internal patient records system), used to look for relevant test results (blood, CT scan etc.) and more detailed admission record.

Medical interoperability gateway (MIG) which provides read only access to GP held patient records, where the patient gives their consent the RAID team, used in particular to review medications to support safe prescribing.

How was this developed? What support did they have?

- ▶ As part of the SharetoCare programme, the RAID team were approached by one of the IT team within the Wrightington, Wigan & Leigh (WWL) Foundation Trust and asked if access to GP records via the MIG would be beneficial.
- ▶ Visit arranged for the RAID team to view how access to GP records via the MIG was being used to support the hospital's pharmacy team and hear from pharmacists about its benefits.
- ▶ RAID team worked with IT officer to develop the sharing proposal and develop associated processes, such as consent agreements, training, service level agreement.
- ▶ RAID team met with the WWL IT and information governance teams to discuss the reasons for access (benefits), and to map out risks and data flows.

How long did it take?

- ▶ Getting access to the hospitals existing MSS and EPR systems was fairly quick (a few months), and has been actively used by the RAID team since Summer 2015.
- ▶ Access to GP records via the MIG took 6-9 months from the request being made, with the RAID team using the system since Oct/Nov 2015.

What have been the benefits?

- ▶ The information sharing taking place is improving patient experience (they are seen quicker) and patient outcomes (assessments are based on a more complete picture, and medication can be safely prescribed in hospital).

- ▶ These benefits are being achieved as the information sharing enables the RAID team to:

Prepare notes, and patient history in advance of formal referral, by viewing live admissions data (via MSS) and cross referring this with their own records to check if people admitted to the emergency department are known to MH services already (and pull up their notes in advance of being asked to do an assessment).

Plan allocation of resources to cases in advance, by reviewing summary (key word) data on the admissions as they're logged, helping to meet assessment targets.

Complete gaps in referral forms, by drawing on data from the hospital Electronic Patient Record (EPR).

Have more effective risk assessment / case management discussions, informed by a much wider range of information which gives a better picture of physical health and, medication, alongside the mental health notes (improving quality of assessment and patient safety as a result).

- ▶ More integrated working and everyone taking responsibility for patient care – alongside co-location, sharing information has also supported the integration of the RAID team (mental health issues) into hospital activity. For example, focusing on people with frequent admissions to hospital as part of a multi-disciplinary group.

Empowerment

In addition to strong strategic links between the SharetoCare programme and Wigan's integrated care reform plans, it is clear that there are also strong links between the IM&T group delivering the programme and Wigan's leaders. The strength of these links are in part due to leaders' recognition of SharetoCare as central to local reform activity, but are also a result of ongoing and proactive engagement.

Engagement of the Wigan leaders group by the IM&T leads delivering the SharetoCare programme has been driven by the leads belief that gaining 'buy-in' at the highest level is key to the success of SharetoCare. As a result, the IM&T leads are using a number of approaches to engage senior leaders:

- ▶ Having lots of conversations about SharetoCare/data sharing with leaders in their own organisation, for example medical and financial directors.
- ▶ Regular presentations to key boards/strategic groups (for example the governors of the Wrightington, Wigan and Leigh hospital trust).
- ▶ Regular reports and discussions at a partnership level with the Wigan leaders group, aided by existing governance structures. Namely a direct link between the Wigan IM&T programme board and Wigan leaders, via the tactical programme board (see appendix one for diagram).

The IM&T leads have used these opportunities not only to set the scene for this new way of working, but also to share successes and struggles, clearly articulate links to strategic priorities (such as the locality plan, and digital roadmap), and to request feedback and check the overall direction of the SharetoCare programme. The resulting leadership buy-in and endorsement, has created a sense of empowerment within the IM&T group to drive forward the SharetoCare programme locally.

The empowerment of the IM&T group to deliver the SharetoCare programme, on behalf of Wigan's leaders, combined with its design as an umbrella programme linking a range of initiatives through a common, overarching programme aim (access to the right information, in the right place and at the right time),¹⁰ has led to a real sense of self-empowerment for individual IM&T leads.

This sense of self-empowerment is further strengthened by the existence of a joint, borough-wide, ISA and Information Sharing Assurance Contract. Which, along with the leadership buy-in, and shared vision, has given individual IM&T leads the confidence to invest in the development of their own information management systems and information sharing initiatives, safe in the knowledge that they will be able to link up to partner's systems (for example through the MIG) and add value to partnership integration projects by linking up separate information sharing initiatives (as they are all grounded in the same context, purpose, language and culture).

Share to Care programme update (April 2016)

"The SharetoCare programme is working to support each organisation to progress the borough wide initiatives, taking into account these local programmes to ensure that all aspects are progressed as quickly, safely and effectively as possible."

The sense of self-empowerment within the IM&T group has also resulted in the confidence to seek ideas for new developments and/or requests for access to the detailed care record from front-line practitioners themselves. This has been done through proactive communication with practitioners about the progress and success of the SharetoCare programme, through meetings and internal communication channels, such as email and newsletters.

Practitioners who make a request for access to the detailed care record, or agree to work with the SharetoCare programme team on a new information sharing initiative, are themselves empowered to focus on articulating clearly the reasons for the sharing proposed and the operational processes needed, as they are supported by an IM&T team member within their own organisation to complete the required 'rationale' forms, map data flows and identify technological solutions.

Supporting and empowering colleagues – mortuary manager, WWL Hospital Trust

"[Asking for access to the detailed care record] is worth doing as it provides you with a lot of the information you don't always get, helping improve the safety of our staff and giving us a better understanding of the patient's medical issues.

The delivery of the MIG training online meant it was much easier for my colleagues and I to do it quickly, and at the same time.

I would like to thank [the SharetoCare team] for taking us on board. We're very grateful they took the time to listen to us and gave us access."

¹⁰ SharetoCare programme Wigan borough IM&T enabling group corporate governance committee 2015/16 year end update April 2016.

Empowering and encouraging – information sharing with hospital-based mortuary services

WWL mortuary service - who are they and what do they do?

- ▶ Working with the hospital pathology service, the mortuary team is made up of senior pathology technologists and pathology technicians.
- ▶ Carry out post-mortems on behalf of the Greater Manchester west coroner (one of a number of coroners who cover the Greater Manchester city region), 7 days a week.
- ▶ Part of the Wrightington, Wigan and Leigh (WWL) Hospital Trust, the team carry out post-mortems on people who die in the hospital or are brought to the hospital by the ambulance service after dying at home (in the Wigan area).

Why did they want to be part of the SharetoCare programme?

- ▶ The mortuary team don't always have all the details they need to carry out a post-mortem (such as, the medication the person was taking, if they had a medical implant, such as a pacemaker which would need turning off/ removing, any past medical interventions outside of the WWL hospital trust which needed to be considered).
- ▶ Getting hold of the information needed was a time consuming and lengthy process involving lodging an enquiry with the coroner's office, who then contacted local GPs, and passed on the response to the mortuary team (once they received it from the GP).
- ▶ Waiting for information was causing delays to some post mortems taking place, a potentially distressing event for the person's family as it delayed the body being released.
- ▶ So, when the mortuary manager heard about the SharetoCare programme via a district/general nurses email message, she approached the team for support to give the team appropriate, role-based access, to local GP records.

What information is being shared and how?

- ▶ Sharing of GP patient records between Wigan GPs and WWL hospital mortuary service.
- ▶ GP records are only accessed when it is deemed necessary by the hospital pathologist.
- ▶ Only the mortuary manager and one other member of staff (a senior technician) can access the records via the MIG on behalf of the pathologist.

Example: After a post mortem, the pathologist needed to find out if the patient was on anti-coagulant medicine. The pathologist asked the mortuary manager to check the patient record on the MIG for this information. Without this information it would have been hard to be certain about cause of death, and an inquest might have been required (causing time delays, stress for the family, and more cost to the public sector system).

Example: Before post-mortem the pathologist might feel that more information was needed (beyond the initial coroner's report, and/or hospital report). The pathologist can ask the mortuary manager to look for on the MIG for details of occupational health hazards/illness in the patient's GP record (like asbestos in the workplace). Having this information quickly means that the right tests can be carried out as part of the post mortem, and as the tests can take place quickly the quality of the results are improved.

What have been the benefits?

- ▶ Less delays – mortuary staff can see GP records via the MIG as soon as they are needed.
- ▶ Better quality test results – for example, time delays can impact on toxicology.
- ▶ Reduction in the time families are waiting for the body to be released.
- ▶ Reduction in unnecessary sample taking and testing (e.g. if known to have been affected by work place asbestos, don't have to take and test samples).
- ▶ Improving safety of working/compliance with appropriate methods of working - for example, if the patient is known to be an IV drug user but it isn't known if they have Hepatitis B or C, the GP records can be checked for this information. If this information isn't available, they have to assume the worst case scenario and take lots of extra safety measures (adding time and cost).

As well as empowering practitioners to make the most of the information sharing available through the SharetoCare programme, the IM&T group also see access to information as a way to empower practitioners to deliver care in the locations and at the times which work best for patients. The work of the SharetoCare programme to support the delivery of extended primary care services is the key example of this. Not only empowering GPs to deliver services to patients at evenings and weekends, through the existing federations, but also supporting the creation of a borough-wide GP alliance. The successful implementation of this information sharing project has helped to develop a strong relationship between the IM&T group and local GPs, and improve how data sharing is viewed by GPs. Putting in place a solid foundation for planned future developments to empower patients through access to their own records (building on the national Patient Online scheme).



From **1st July 2015** you can book an appointment to see a GP or Nurse until **8.00pm weekdays and between 10.00am and 4.00pm on Saturdays and Sundays**

 **How to get an appointment**
Registered Wigan Borough Patients telephone
01942 482848 and book yourself an appointment

Only go to A&E if you have a serious illness:
Blacking out / Bleeding you can't stop / Severe chest pain / Choking
/ Loss of consciousness / Stroke These are all emergencies and you need urgent hospital care.



Empowering practitioners and patients – information sharing enabling extended primary care

Extended primary care services - who is involved and why are they doing it?

- ▶ Delivered locally through 63 GP practices, linked together in federations and under the banner of one overarching group – the Wigan GP Alliance.
- ▶ Funded by a Prime Ministers challenge fund bid (secured by Wigan GP Alliance in March 2015), as helping to deliver government commitment to 7-day health services.
- ▶ Enabling provision extra GP appointments, seven days a week, for the people of Wigan borough – providing local people with the right care, at the right time.
- ▶ Extended Primary Care Service being offered to patients at nine local 'hubs'.

What information is being shared and how?

- ▶ GP practice to GP practice sharing of patient records.
- ▶ Data shared includes test results and medical history.
- ▶ Access to detailed care record available to GPs in the extended services 'hubs'.
- ▶ GPs request the patient's consent as part of the consultation, and can then (if consent is given) access to the patient's GP record in real time.
- ▶ Sharing of patient records is made possible by use of Healthcare Gateway's MIG which can draw through records for any patients registered with a Wigan-based GP practice.

The role of the SharetoCare programme

- ▶ Initially focused on getting GPs signed up to the Data Sharing Agreement.
- ▶ Engaged GPs through locality groups (GP clusters) and LMC - to understand and respond to GP's concerns, such as what data would be shared, would people see too much information, would it be read or write access?
- ▶ Gained 'buy-in' from GPs by developed 'use cases' outlining when information sharing would take place (for example, to support palliative care), and highlighting benefits (such as, reducing time spent on finding information / responding to requests for information).
- ▶ Strengthened GP engagement by involving them in decision making about the purpose for, and appropriateness of data, being shared (through the practitioner reference group).
- ▶ Supported GPs to communicate with patients:

Developing material which built on the expectation that data is already shared (for direct care), avoiding phrases such as 'starting to share records'.

Production of fair processing notices and use of screens in GP surgeries to display share to care messages.
- ▶ Provided assurance to GPs through use of a legally binding Information Assurance Contract (rather than just an agreement), and liaison with LMC.
- ▶ Brought forward technology discussions at the right time – for example, waiting until 50% of GPs were engaged until investing in technology, bringing them along on the journey.
- ▶ Ongoing liaison with technology providers – the IM&T group are working with TPP & EMIS to feedback issues they become aware off whilst working with GPs to inform development of systems with/for GPs.

Benefits

- ▶ Helping GPs develop confidence in information sharing.
- ▶ Increasing GPs interest in new models of care.
- ▶ Improving access to services for local people.

"This service is really helpful; I have been able to make an appointment at 19.00, after work meaning, I didn't have to leave work early. I travel to work with a colleague using a car share scheme, this has not been disrupted as I can book in before work or at the weekend."

Comments from a patient
(Healthcare Gateway case study, Oct '15)¹¹

¹¹ See www.healthcaregateway.co.uk/case-studies/wigan-gp-access-alliance---prime-minister-s-challenge-fund---live-in-just-3-months.

Challenges faced and approaches to tackling them

Wigan has undoubtedly been successful in engaging partners about the SharetoCare approach, getting buy-in from residents and convincing local leaders to trust the direction of travel. Yet they have encountered some challenges along their information sharing journey.

In this section we look at two of these challenges:

- ▶ Sustaining leadership endorsement of priorities.
- ▶ Managing differing levels of 'digital maturity' across the system.

These challenges, and the approaches which the SharetoCare programme have used to tackle, are set out in the table below.

Sustaining leadership		
Challenge	Approach	Outcome
Sustain leadership endorsement for the programme's priorities to ensure their work continues to align with changing strategic priorities (locally or regionally).	<p>Winning the backing of local healthcare leaders has become a stated priority for the SharetoCare group, so that the approach would get vocal backing across the borough.</p> <p>The group have approached this by maintaining strong, two-way connections with leaders through a combination of story-telling to engage leaders, sharing success and struggles, and clearly articulating links to strategic priorities (for instance in the locality plan and digital strategy).</p>	The IM&T group has secured and sustained the endorsement of Wigan leaders. This has helped leaders to view the technology that supports information sharing as an enabler of change, and encouraged them to vocally support SharetoCare proposals.

Managing differing levels of digital maturity		
Challenge	Approach	Outcome
<p>Partners have different levels of digital maturity across the system. The IM&T group realise the need to anticipate the future needs of partners who currently don't have a fully interoperable system, in order to encourage them on their information sharing journey and help them to join the programme when appropriate.</p>	<p>The current approach of the IM&T group is to engage partners at a number of different stages in their 'digital maturity' – engaging organisations who could see the benefits on sharing records information even if they weren't at the same level of system development. An example of this is the hospices that have recently joined SharetoCare, by using their N3 network to access the shared record via an online portal.</p> <p>The IM&T group recognised that there will be a number of key milestones that different partners will achieve during their digital development. Therefore, the group took a pragmatic approach to managing relationships as the programme developed, and brought agencies on board by enabling them to have partial access to the system using bespoke information assurance processes.</p>	<p>Through the tailored approach taken, the hospices have benefited from being able to view some elements of the GP record to help them provide appropriate end of life care, such as making rapid changes to medicines, to save patients from potential adverse reactions.</p> <p>The ultimate aim is to bring all partners to the same level of digital maturity by educating and engaging with them.</p>

Success

As we have seen, Wigan SharetoCare has successfully gained the confidence of its partners and win public trust in the way patient data is accessed, handled and shared. In this section we look at some of the key reasons for the success of this approach, both in terms of the leadership and strategic direction that supported the programme's development, and in the communication and collaborative working methods used to inspire patient and practitioner trust in the system:

► Leadership and strategic direction:

Strong sponsorship and links with strategic plans.

Good governance to reassure GPs.

► Communication and collaborative working methods:

Communicating the SharetoCare brand.

How information sharing is driving change in ways of working.

Extract from Wigan's integrated health and care strategy

"Fundamental in the development of a more integrated system is that organisations across the economy can share information easily in the interests of citizens"

A local approach focused on people

SharetoCare has been positioned as a "borough-wide response" to information sharing challenges in primary and secondary care, focused on making sure that healthcare practitioners can access the systems they need (containing the information they need), in the places they need it to support patients. So far, Wigan IG leads have managed to develop their approach reasonably quickly, partly because local leaders have shown plenty of goodwill towards the programme, and partly because existing resources have been carefully deployed, with key IM&T leads carrying out SharetoCare work over and above their substantive role. Transformation and Better Care funding has also bolstered internal investment in technology and project management.

By positioning SharetoCare as a local response to the needs of Wigan's citizens, IM&T leads have found it easy to persuade partners that they all had a stake in supporting information sharing. Consequently, they managed to gain vocal and visible support from political representatives and senior leaders from the outset. For example, the Wigan Leaders Group has championed the approach as a fundamental part of Wigan's shared response to health and social care transformation demands.

The successful endorsement of SharetoCare by Wigan's leaders has been made easier partly by the consistency and focus of a small core group of people driving this forward (the IM&T leads), who have a breadth of skills and understanding to connect with and convince people from both a 'technical' background and those with a more strategic or operational focus. This has enabled them to develop strong working relationships and a shared sense of purpose over a number of years.

"What made SharetoCare work was the people"

- IM&T lead

As early adopters, the IM&T group members were critical in 'selling' the benefits of SharetoCare to their colleagues, and senior leaders. They acknowledge that it took senior leaders time to get up to speed with what was being proposed and get behind the programme's consent model, not just for direct but secondary care. For this reason, strong sponsorship from the tactical programme board was required to persuade partners that this approach to information sharing would meet local needs, now and in the future. Programme leads therefore set about obtaining this sponsorship through regular progress briefings, inviting challenge and feedback and ensuring that outcomes were always aligned with current strategic priorities.

Bridging the gap between aspirations and reality

GPs are seen as leaders of integrated care in Wigan, with a key role in coordinating and leading care pathways. Successfully engaging practices to sign a borough-wide data sharing agreement was helped by the fact that all parties were starting from a point of all wanting to share in-principle. However, when the plans for sharing became more detailed it became clear that concerns weren't just about what data would be shared and how, as organisations concerns were also related to a lack of confidence in their own data sharing governance arrangements, so GPs welcomed the additional safeguard of the borough-wide information sharing assurance contract.

In Wigan, GPs also play a key leadership role in focusing the sharing which takes place, through membership of the practitioner reference group - both deciding on the data needed and ensuring there is a clear rationale for sharing the data. Through the reference group's work, governance of the information sharing arrangements started to improve, and - backed by a liability waiver from the CCG - reassured GPs that they will not be taking on sizeable risks to their practices by allowing additional sharing to take place. The fact that all 63 practices in Wigan have signed up to the data sharing agreement in itself provides assurance throughout the system that patients' information will always be shared appropriately for direct care purposes.

Communicating the brand

Engagement of partner agencies and patients in the development of SharetoCare has been key throughout the programme. The IM&T group took a pragmatic approach to developing the programme, recognising that "it won't be perfect on day one, it will be a process of incremental development and learning - a journey". They understood early on that they needed to continue to make practical improvements as the programme evolved, which they could communicate widely to partners and residents, allowing confidence to build in the system.

Communication of programme developments is supported by coherent use of the SharetoCare brand across the system. The brand is now well established and acts as a banner of trust for information sharing for healthcare purposes locally. Through clear and consistent communication of the brand to both patients and practitioners on a variety of channels, new use cases are being brought to light. For instance, Wrightington, Wigan and Leigh (WWL) Mortuary found out about SharetoCare via information provided to district and general nurses on an email about MIG training, and were able to use the contact details provided to present and gain support for their use case - namely accessing GP records through the MIG to avoid unnecessary delays to post-mortems caused by having to request records directly from individual GPs by phone/fax.

Driving change in ways of working

SharetoCare has been described by IM&T leads as a 'movement' which is about working smarter together, learning from each other, empowering staff and patients, and enabling the swifter sharing of care records. This movement is helping to power a cultural change in information sharing attitudes and behaviours right across Wigan. And it is happening in unexpected places. For example, the WWL Mortuary service have only had access to MIG for a couple of months. But they are seeing the benefits of sharing information through the gateway already, as they are now reducing unnecessary sample taking and testing when they know the deceased person had been exposed to work place health hazards, such as asbestos. This has led to improvements in health and safety compliance and appropriate methods of working.

Closer system integration not only allows better information sharing to happen, it also drives long-lasting changes to the way people work. 5 Borough's Partnership NHS Foundation Trust's RAID team feels that having shared access to IT systems to access patient records is driving cultural change and is changing attitudes to sharing information (making sure information is available to be shared). This has created a feeling of "togetherness" – staff can develop a shared understanding of the patient's needs as they can draw on information across systems when conducting or responding to a review. The IM&T group are sure that using their approach of involving everyone in the conversation about how information sharing enables shared outcomes they can replicate this success in other areas, supporting integration across the system.

Key learning

Wigan SharetoCare is a powerful example of how much can be achieved by a small group of dedicated information governance leads who understood the importance of focussing on the 'people aspects' of their information sharing plans from the outset. Key learning from this programme includes:

- ▶ **Importance of trust** - for the Wigan IM&T group their whole SharetoCare journey was about gaining trust: getting patient and GP buy-in and making sure that all partner organisations understand that the Wigan SharetoCare brand means that healthcare agencies will share information appropriately and manage risk effectively.
- ▶ **Proactive approach to consent and communication** - whilst consent to share information for the purpose of direct care isn't legally required, the team in Wigan always felt strongly that the opt-in model was a crucial element in establishing public confidence in the system, with the support of a proactive approach to communicate the model to local people.
- ▶ **Building relationships** - by repeatedly asking for consent, the group hope to be able to strengthen and move forward their relationship with the public and use these developed relationships as a platform from which to start more complicated conversations about information sharing, for example about data sharing for purposes beyond direct care.
- ▶ **Early engagement of GPs** - the Wigan IM&T group understood early on that the GP record was seen as the most stable, mature, up to date and detailed source of patient data. It was therefore vital to bring Wigan practices on board early on, to establish confidence in the system, and encourage other settings to join the programme.
- ▶ **Managing risk** - Wigan Borough CCG indemnifying practices against claims of illegal sharing was an important step to provide an extra level of protection in the system – especially important as in many cases GPs will be sharing with private organisations operating under the NHS badge.
- ▶ **Locally focused, partnership approach** - a 'whole borough' approach helped to underpin the entire SharetoCare journey, enabling local leaders to communicate the key message that this was a Wigan driven information sharing solution for the people of Wigan.
- ▶ **Step by step** - pragmatism has also been a key component of Wigan approach, with a focus on taking practical steps and learning from this incremental development allowing confidence to build.

“SharetoCare technology will enable us to bring together your information and present this to the professional caring for you, but only once they have your permission.”

“Before any information is collected or displayed to a care professional, patient consent must be provided. Patient consent is recorded on the system in an audit trail so that we know exactly who has accessed what information and when. The audit trail is available to the people who hold the original record (for example your GP).”

Extracts from the SharetoCare webpage

Next steps for the programme

Wigan’s focus on gaining patient’s trust and confidence is not just about supporting delivery of the SharetoCare programme now, but also a planned approach to building the strong foundations for future development. The Wigan SharetoCare programme group have ambitious plans for the next stage of their journey. These plans include:

- ▶ Widening access to shared care record - continued roll out of access to the detailed care record to more locations and services, including Integrated Community Nursing and Therapies, and End of Life care.
- ▶ Developing two-way flows of patient records - with all 63 GP practices successfully signed up to SharetoCare, and starting to see the benefits of this approach, the SharetoCare programme team are now exploring two-way flow of records, for instance by allowing hospice records to be viewed by GPs (as well as hospice staff being able to see GP records).
- ▶ Working with GM-Connect to support the use of the Information Gateway tool (already in use in Wigan) as it is rolled out across Greater Manchester for information sharing agreements across the wider city-region.
- ▶ Empowering patients - enabling patients to access their own records is a key next step to further empower patients, and improve public confidence. The group’s update report from May 2016 states that “empowering the citizen through the use of technology, expanding the opportunities they have to feel in control of their personal wellbeing is a key component that will assist in the delivery of the Wigan Locality plan.”

“We’ve basically won the battle in terms of public perception [of the programme] in Wigan, but it still needs to be accepted as the right way to share information on a wider scale.”

- IM&T lead

Find out more

To find out more about our work in Greater Manchester visit www.informationsharing.org.uk/GM

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Appendix one - governance structures

