Integrated Digital Care Records
& the role of information sharing
in **Bradford & Airedale**

Summary

A number of partners worked together to develop an Integrated Digital Care Record (IDCR) for the Bradford and Airedale district. The IDCR integrates information from a number of local digital systems into a single, shared record.

Through the use of SystmOne and an integration system, the shared record can be accessed securely by partners across all the care settings to obtain a tailored view of an individual's information.

Information currently comes from 85 GP practices, Airedale Foundation NHS Trust, Bradford District Care NHS Foundation Trust, and Bradford Teaching Hospitals NHS Foundation Trust. Other information will be available from adult social care services following migration onto SystmOne, and also other care providers in the future.

Key partners: who is involved?

The IDCR programme brings together a number of organisations and has promoted excellent partnership working practices across primary, secondary and social care, including mental health and community services.

These have included:

▶ **Bradford District Care NHS Foundation Trust**

▶ **City of Bradford Metropolitan District Council**

▶ **Airedale NHS Foundation Trust**

▶ **Bradford Teaching Hospitals NHS Foundation Trust**

▶ **Three clinical commissioning groups (CCGs)**

▶ **Bradford & Airedale branch of the Local Medical Council (YORLMC)**

▶ **85 independent GP practices**

Information sharing: the key driver

Health and social care organisations across Bradford and Airedale district envisaged a health and care economy that would bring together primary care, secondary care, mental health and social care partners. However, it was acknowledged that it would be costly to achieve this vision.

The Safer Hospitals, Safer Wards Technology Fund provided the necessary resources for Bradford and Airedale to accelerate the delivery of their vision and implement an IDCR which would allow care professionals to access citizens' information when and where they needed it.

The project – called the Integrated Digital Care Record Programme for Bradford, Airedale, Wharfedale and Craven, aims to make the district one of the first in England to join up the health and social care information of residents.

The starting point: bringing partners together

Bradford District Care NHS Foundation Trust undertook a lead role in the major task of bringing together partners to implement the IDCR. Much work had already been undertaken to integrate acute message transfers, community sharing and the integration of mental health clinical systems with GP records. The first step was to establish partnership working, agree a principle to enable inter-agency agreements for the transfer of information and a governance group to coordinate the programme of work. Initially, provider organisations had begun to share information with primary care services and the bringing together of health and social care partners provided an opportunity to capitalise on local plans and turn this into a programme of work to achieve a 'pooled record'.

Next step: how does it work?

The IDCR brings together information from a number of health and social care organisations and the system that facilitates the shared record is TPP's SystmOne. This system was already implemented in many organisations across the district, including all 85 independent GP practices, Bradford District Care NHS Foundation Trust community nursing services and Airedale NHS Foundation Trust.

Mental health services in the district have recently been connected to the pooled record and e-referrals, e-discharges and electronic consultations are in widespread use so patient records are accessible by partner organisations.

Within acute services in Airedale, nursing documentation, bed management and patient management information is live across all wards and the community hospital. Patient medical records are accessible by partner organisations across all care settings including A&E, community health, urgent care and out of hours services.

In practice:
what information is shared?

The Bradford and Airedale IDCR gives the care providers that have a legitimate relationship with a patient, access to all available information provided by each of the contributing partners.

Information that is shared through the record includes patient name, address, GP details and telephone number, diagnosis, medications, allergies, care referrals, clinic letters, discharge information and physical health reviews.

The technology used also enables care providers to see who else is involved in providing care to a patient and ensures that they work together in wrapping necessary requirements around the service user, putting them at the centre of their care.

Next steps:
what does the future hold?

The long term goal is for each patient to have one record, regardless of the system.

The pooled record supports work being done to avoid preventable hospital admissions, long term residential care and unnecessary dependence on the health and social care system. The district is also reviewing existing consent models and information sharing agreements, to ensure optimal use of sharing opportunities.

Although the partner organisations involved in the IDCR are at different stages of integration, the district is now well underway to realising its vision. SystmOne is soon to be implemented in other partner organisations, including adult social care services following recent technology funding.

Once adult social care services are live with their deployment of SystmOne, Bradford and Airedale will be one of the first care communities with access to a real-time read/write two-way detailed care record. This differs from other examples as most are only able to exchange one way transactions of historical summaries.

The future will see clinicians being able to add and receive real-time notifications into care records to give GPs and other professionals advice on specific cases. Hospital outpatients will benefit from speedier and more efficient self-check-in services. By bringing together different schedules within clinical systems, telemedicine will become a viable and credible solution, enabling care providers to offer virtual, face-to-face care to greater numbers of patients, including those in remote areas.

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