Centre of Excellence for **Information Sharing**

# The use of Integrated Digital Care Records in **Hillingdon**

# Why establish an Integrated Digital Care Record (IDCR)?

**The ability to get different IT systems to work with one another, known as interoperability, is seen by the North West London (NWL) Pioneer partnership as a fundamental building block of its healthcare transformation programmes.**

The importance placed on interoperability comes from its role in making it possible to share information between different parts of the healthcare system in real time, as it offers a way to give GPs, and other relevant healthcare professionals involved in a patient's care, access to a Shared Care Record for their patient.

Within North West London, Hillingdon CCG and the Hillingdon Hospitals NHS Foundation Trust hold a leading position on interoperability and shared care records. Working together, these partners have delivered a number of pilot schemes including the development of Medical Interoperability Gateway (MIG) - a tool which supports sharing of the Hillingdon Local Care Record between primary care, unscheduled care settings, and hospitals.

The development of Hillingdon's Medical Interoperability Gateway, and the shared access to records resulting from it, was driven by the desire to support a number of wider transformation programmes, in particular:

- **The development and delivery of a major transformation programme across NWL – known as Shaping a healthier future – which included a focus on 'out of hospital' care**
- **The roll out of an electronic Summary Care Record by the CCG (in line with national objectives)**
- **The redesign of emergency care services in Hillingdon, involving the creation of an Acute Medical Unit and new Urgent Care Centre in Hillingdon Hospitals NHS Foundation Trust.**

Playing a supporting role in both GP and Hospital led services also meant that the Medical Interoperability Gateway (MIG) project was designed to support the delivery of good quality, direct care for patients across Primary and Acute care sectors.

As a result, the MIG enables access to a Shared Care Record by a number of different service providers, including Care UK (the providers of the local Out of Hours and NHS 111 services), Greenbrook Healthcare and the Ealing Integrated Care Organisation (who deliver the Urgent Care Centre based in Hillingdon Hospital) and various departments within NHS Hillingdon Hospitals Foundation Trust itself.

When Care UK was approached about the project they were very enthusiastic about the capability of the MIG to enable their system (ADASTRA) to link to GPs systems (EMIS). Before the introduction of the MIG, Out of Hours clinicians only had access to the information the patient provided during the course of their appointment.

To move beyond support in principle, to active involvement in the MIG project, Care UK have implemented a policy formalising the use of the MIG in Hillingdon, and introduced new pathways which include clicking on to a 'see patient records' tab in their system to access the Shared Care Record for patients through the MIG. Care UK deliver Out of Hours (OOH) services across wider area of NWL, so at present this policy and pathway are restricted to Hillingdon, but there is an appetite to use the MIG more widely (where other CCGs commission this approach).

# How did they go about doing it?

Hillingdon CCG has funded the implementation of Healthcare Gateway's Medical Interoperability Gateway (MIG) system, which supports integration between acute and primary health sectors. Specifically, the MIG enables patient's health care records to be seen by both their GP and clinicians delivering the following local services:

- NHS 111
- Out of Hours (OOH)
- Urgent Care Centre (UCC)
- Acute Medical Unit (AMU)
- Accident and Emergency
- Other hospital departments (including Pharmacy, Minor Injuries and Paediatrics)

The delivery of the MIG was phased across the different services, and partners involved. Implementation of the MIG started with the NHS 111 services (delivered by Harmoni, now part of the Care UK group), and was then rolled out to Out of Hours (OOH), the Urgent Care Centre (UCC) and then the Acute Medical Unit (AMU), Paediatrics, Pharmacy, Accident and Emergency and the Minor Injuries Unit at Mount Vernon Hospital. This phased roll out, and the order in which the MIG went live in different services, was mainly due to different technical infrastructures, and the differing speeds at which services were able to implement MIG.

Project Managers from different organisations came together to deliver the MIG, and meet regularly the whole way through the programme. This cross organisation project group looked at both the development of the MIG itself but also developing organisational structures that support the use of the MIG. Bringing together representatives from different organisations across primary and acute care in this way helped to build relationships between the project partners and the wider partnership, and ensured that problems could be shared and tackled quickly by the whole group.

Alongside the multi-organisation project managers group, the partners also developed a joint communications plan, which included a regular joint IT update. This approach worked quite well in raising awareness of what was happening when (for example, the primary care IT team knew when the new system would be deployed) and in managing clinicians' expectations about when the system would go live.

Engaging the clinicians who would be using / signing up to share data through the MIG was undertaken by Hillingdon CCG for the Primary Care sector, and the Hillingdon Hospitals NHS Foundation Trust for the Acute sector.

Hillingdon CCG's role involved providing the project team with a list of local GP practices, organisational structures, and usernames for people who were going to be using the system, as well as leading on the information sharing agreements with GP Practices.

As the responsible Data Controllers for their patients' health records, buy-in from local GP practices was key to the successful implementation of the MIG. The CCG led on the engagement with local GP Practices, as they wanted to make sure not just that GPs signed up to be part of the Data Sharing arrangement, but also that they were happy with it.

The Information Sharing Agreement (ISA) developed set out the arrangements for patient records to be accessible to clinicians in Care UK (the provider of NHS 111 and OOH services), the Hospital (who host the Urgent Care Centre and Acute Medical Unit) and Greenbrook Health (who deliver the Urgent Care Centre service). Around 90% of GP practices in Hillingdon have signed up to the data sharing arrangement following the successful approach carried out by the CCG. GP Practices were engaged individually, with time taken to explain the details of the scheme and the need to inform patients what the data sharing would mean

for them. In addition, workshops were run for GP practices on information sharing and patient consent, and a leaflet was developed to help doctors talk to their patients about the data sharing plans. Support was also provided to practices to ensure they were activating their agreements. This approach took some time to carry out, but has resulted in high levels of participation in the data sharing arrangement.

Engagement of hospital staff with the MIG was managed and delivered by the Hospital trust, rather than the CCG. This meant that the hospital took responsibility for getting their clinicians involved and trained, and to work through the consent process. This was supported by the CCG, who shared the documentation developed for engaging people in the Primary Care sector with the hospital trust. These documents were then amended slightly (to reflect the different audience, namely hospital staff), and the information sharing guidance developed for GPs was also used as the basis for a similar training programme for the hospital consultants.

**Clinical staff were excited to be able to view real time patient information such as recent medical history and current drugs and allergies at the point of care that was not possible before. The MIG allows clinicians to make better informed decisions, particularly when presented with an emergency patient.**

Minal Patel, Senior ICT Project Manager.

# What difference has the IDCR made?

Benefits which have been realised in Hillingdon as a result of using the MIG include:

- Each Service has kept using their own system, so level of change is limited by using MIG rather than getting everyone to swap onto a new universal system. It also makes it easier to use and to fit into the existing way of working (e.g. just an extra tab on the screen, not logging into a whole different system).

- Benefits of sharing (via the MIG) between GPs and OOH service include a quicker and smoother process for patients and staff, as OOH doctors can access medical history and request follow ups from the local GP.

- Hospital pharmacists and the AMU can use the access to patient's medication data to conduct a general review of their medication as a whole when they are admitted, as well as looking at specific medication needs for the immediate issue.

- OOH doctors can access the patient's records to check for allergies, existing medications and so on. The OOH clinicians can also see if the patient's GP has noted any existing concerns they need to take account of, or request a follow up from the GP. This makes the consultation quicker, more efficient and can help to provide patients with more joined up care.

- Access to patient's records for OOH or UCC practitioners supports a system of 'double assurance' which helps ensure patient safety. For example, whilst clinicians are trained to always ask patients about allergies, the ability to check patient records at the same time helps prevent problems.

In addition to these benefits, the implementation of the MIG in Hillingdon has also impacted on wider discussions and plans for further service redesign and information sharing. For example, as a result of the MIG in Hillingdon, Care UK is looking at opportunities to roll out the use of this system in other parts of NWL where they provide OOH services.

Acceptance and use of the MIG by clinicians is generating an appetite for further data sharing with other parts of the healthcare sector, the development of system capabilities, and a widening of teams with access to patient records to support their role in direct care. Ambitions voiced include specific changes such as:

- Access to social care and district nursing information – a development which would support NWL's Whole Systems Integrated Care approach.
- Access to patient data for the Rapid Response Team (RRT)

The presence of the MIG, and the sharing it facilitates, is generating demand for further sharing which goes beyond the original scope of the system. As a result, work is underway locally, and at a NWL-wide level, to look at best ways of doing this, by developing new systems and /or using existing systems.

# Challenges and Opportunities

In developing and implementing the Medical Interoperability Gateway (MIG) in Hillingdon, the partners identified a number of challenges and opportunities such as:

- Finding effective ways to embed and monitor uptake of training on information sharing / the use of the MIG system by a large network of Out of Hours Doctors. For example, by embedding training in the induction process for new staff and using an online training module to make it easier for GPs to fit in around other work commitments.
- The need for common standards / language to describe and identify different clinical events, so that when information is shared it carries with it a shared understanding of the patient's care plans / needs between different healthcare professionals.
- The potential to influence and incorporate NW London-wide and national NHS standards as they emerge.

### Paresh Mistry, AMU Consultant at the Hillingdon Hospitals NHS Foundation Trust

''The MIG has helped with acute care in the following ways:

- **Providing more comprehensive medical histories for our patients.** This is particularly useful for elderly, frail and confused individuals, most of whom have multiple conditions. Having this valuable information ensures we don't over-investigate or miss when a long-standing problem becomes worse.

- **Ensuring we have a complete knowledge of what medicines a patient is already taking when they are admitted to the hospital.** Through the MIG we can access this information immediately and perform a 'safe medications reconciliation'.. This is important when the average over 65-year old patient admitted to our unit is on at least 5 different medicines, so it can be very difficult for them to remember what drugs they are taking, and why.

- **Improving safety and speeding up identification / treatment of patients.** In particular, access to records about medications, adverse reactions and allergies is crucial for the 15% of all medical admissions which on average are linked to medicines related problems.

The only limitations I see with this system are:

- **Not all of our patients' records are available to view.** Anecdotally, about 20% of the time we see a 'no record found message' when searching for a patient's details, this is probably because they live outside of Hillingdon or have opted out

- **Letters sent from speciality clinics to the GP regarding their patient aren't included** in the information we can see. This is particularly useful to access if letters are from tertiary centre, e.g. Imperial College Hospital.

- **The read only nature of the system means that hospital staff can't directly attach hospital discharge information to a patient's records**. We do email PDFs of the discharge summaries to GPs, but it is not automatically populated onto the system.

# Lessons learnt

**In tackling these challenges and developing a local interoperability solution to support the sharing of patient data, the partnership in Hillingdon also captured the following 'lessons learnt.'**

- Start early and give it time – GP practices need to be engaged early on, and to get understanding and engagement from all GP practices you need to allow time to meet with them all in groups and/or individually.

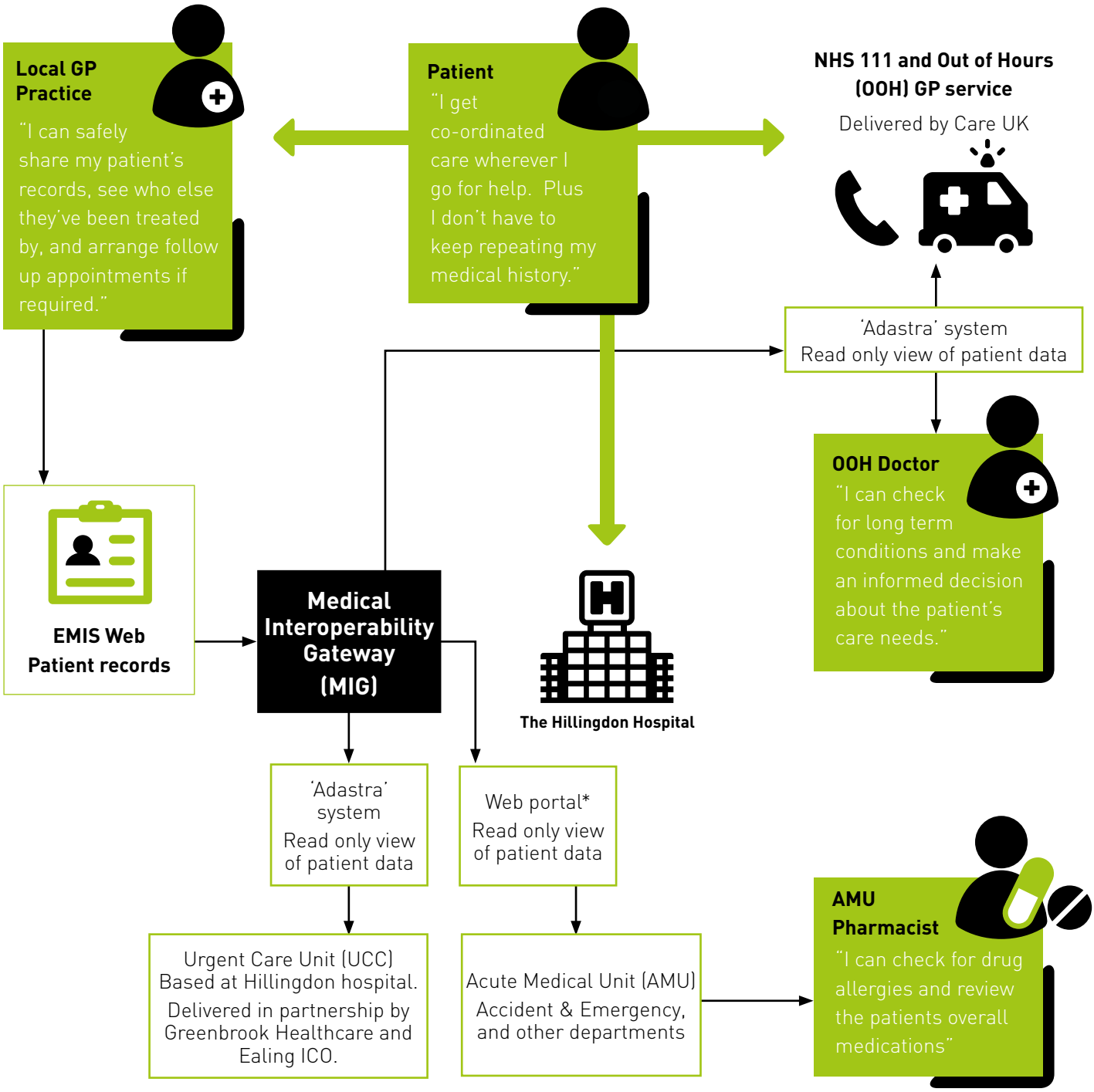
- Use of online training (that can be completed around other work commitments) and use of screen shots of the IT system in presentations were appreciated / seen as a good thing by clinicians, as it helped them to see what data the different agencies would be able to see and help them to visualise why and how they would be accessing the patient records.

- Need to educate the public to help them see OOH etc. as a continuation of their local GP practice rather than separate from it, and as a service which is held account to the same professional and performance standards as the rest of the NHS (for example they are assessed by the CQC). This will help gain understanding and acceptance of why data needs to be shared, and build confidence in how data will be used and looked after.

- Think about interoperability when procuring information systems, and encourage new providers to do this as well, so when you're ready to talk about / develop data sharing arrangements its one less thing to worry about!

# Hillingdon's Medical Interoperability Gateway (MIG)

## Information flows and benefits



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