

Information sharing stories





Graham Allen MP
Member of Parliament
for Nottingham North



"I knocked on the door of a constituent who answered with the statement, "Oh, you're 32". He wasn't guessing my age – it turned out he had been keeping a list and I was the thirty-second person from an agency who had knocked on his door to provide information, help and support. Would you tell your story 32 times?"



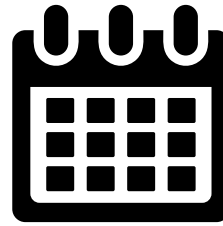
Joining up services and sharing information will mean service users no longer need to share the story multiple times.





Charlotte Buckley

Deputy Director People, Communities
and local government - DOH



“Faxing information between different parts of the NHS and social care system, or writing notes by hand means information is often delayed or may not be fully incorporated into individual people’s records. Few areas share directories or diaries either, which makes it very difficult to organise meetings or share information between health and care professionals involved in the direct care of individuals.

We know that people expect information about their direct care to be shared between the different people involved in their care – and that they get very frustrated when they need to tell their story over and over again. If we are to realise our ambitions for more joined up care and improved outcomes for individuals, families and carers, then we need to really improve information flows around the system.”





Karen

Wheelchair user and carer



“For years now it’s been like, who do you go to first? You end up with one person doing this job and another person doing that job, then sometimes there’s an overlap. The more you’re bombarded with information and questions, the more confusing it gets. I hope things will become less complicated in the future so that more attention can be given to the actual service.”



Working together to share information about service users will make their journey smoother and prevent them having to repeat their story over and over again.





► **Accommodation Officer**
Youth Offending Service



“When trying to re-house a young person on release from custody, I had to speak to 4 or 5 different services, relaying the same information each time, just to get an application form for housing, let alone a bed for the night.”



Collaborative and multi-agency working will mean more people receive help first time because the agencies they are involved with share their story and plan for their needs.





Helen Edwards

Deputy Permanent Secretary
and Director General Localism - DCLG



“Some elderly relatives of mine had contacted their local GP with a concern. The GP suggested they contact social services who referred them to a physiotherapist. The physiotherapist directed them to their local hospital which sent them back to their GP. The upshot of this was that my elderly relative was admitted to hospital later that day. She didn’t want to be there and her husband felt that all he needed was a bit of additional support to look after her at home.”



Read an example of how one area is exploring new ways to integrate services, in order to improve the quality of life for the most vulnerable in their community.



[Link to East Cornwall Case Study](#)





Patrick White

Director of Local Government Policy,
DCLG



“My wife is allergic to a wide range of antibiotics and, following complications after the birth of our first child, the NHS had to use a specialist pharmacologist to identify an antibiotic that was safe and effective.

Together with a note of exactly what she was allergic to, the safe drug was written in the hospital notes, but not on her medical record which our GP has access to.

Had there been a system in place for sharing this information, there would have been no need for the NHS to have to do the same thing again the next time she got ill and the GP would have had a record of what she was given and what she was allergic to.”





▶ **Kathryn Ward**
Engagement Manager, COEIS



“Following my Dad’s hip operation, I found myself repeating his story to ten different agencies when trying to arrange his support and aftercare. The agencies involved didn’t seem to share any information about his case with one another and none of them recorded his NHS number. As a result, I ended up going to a charity shop for a wheelchair and bath aids as we had missed the monthly council order. I was also advised to find someone myself who could administer his injections because the District Nurse had not been advised in time to add my Dad to her schedule.”

Had the agencies shared information, the transition from hospital to home for Kathryn’s Dad would have been smoother, his story would have been known without it being relayed multiple times by his family and his aftercare would have been planned in advance.





Evan Morris

Lead on Ageing Safely,
Chief Fire Officers Association

Share and Care: The Springboard dementia partnership keeps the most vulnerable people and the most in need safe and well.



See more about it at
www.vimeo.com/61711690





Criminal Justice Liaison & Diversion

Leicestershire Partnership NHS Trust

“A request was made to support the parent of a young person who was working with the Youth Offending Service. Although it was not a ‘traditional’ referral, we understood that a lack of support for the parent was impacting on the young person’s mental health and risk of offending.

Following a home visit, it transpired that the parent had a long history a mental health issues and should have been receiving medication but hadn’t been for the necessary blood tests. After a referral for long term support with Supporting Leicestershire Families, the parent had blood tests and ended up being referred to an Oncology Team.”



As a result of effective information sharing between agencies, Supporting Leicestershire Families is now helping the family to access the long term services and support they need.





Helen Edwards

DCLG,
Deputy Permanent Secretary



"I recently met a team of health and social workers who were working closely with vulnerable elderly people, making sure they had support at home so that if they were admitted to hospital, they didn't need to stay longer than necessary. With just one point of contact, the staff could really see the difference they were making and the elderly people were full of praise for them."

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► **[Link to East Cornwall Case Study](#)**





Ronan Browne

People and Place Manager, Melton BC



"A young man was referred to Me & My Learning due to his job search inactivity. He had health issues, a deep mistrust of service providers and felt let down by previous employment support programmes.

His Working Links advisor worked with him to build a network of support, established through his GP using a step-by-step approach and liaison with a range of providers. The support also meant that any relapse could be handled quickly, before it escalated.

The young man is now committed and fully engaged to employment support, which is more likely to be sustainable due to the new and positive outlook he has developed."

**working
links**

Progress was made possible for the young man due to his emerging trust in the service and allowing agencies to share information as part of his support plan.





Peter Jackson

Criminal Justice Liaison & Diversion,
Leicestershire Partnership NHS Trust

“A man came to the attention of police after he had been seen standing at the top of a railway bridge following an argument. He had previously received support from mental health services so, following a request for assistance from the responding officers, our triage car attended the scene. After assessment, the man accepted advice and support from the triage team and he was referred as an outpatient.”

By using the expertise and judgment of experienced staff who had access to shared police and medical information, the police achieved a safe and stable resolution to a difficult incident.

 **Link to more information about the work of the Leicestershire Triage Car**





Sue Fish

Deputy Chief Constable,
Nottinghamshire Police



“Through working with our Multi-Agency Safeguarding Hub (MASH), we received concerning information about the alleged abuse of a child who attended a local school. Our education colleagues in the MASH had identified the school through its logo on the jumper that the child had been seen wearing. As a result of sharing this information, enquiries with the school could be made and a child protection investigation was consequently conducted.”



Multi-agency hubs can help to significantly improve information sharing between agencies so that the most vulnerable children and adults are better protected in local places.



Find out more about Nottinghamshire's MASH





► My Daughter's Story



"My daughter has Type 1 diabetes and receives a regular prescription for medicine but also has a prescription for an insulin pump and its peripheral supplies. These come direct from a pharmaceutical supplier.

My daughter now lives in London and moving house and changing GP happens regularly. But almost every time the GP changes so does the Clinical Commissioning Group (CCG) who has to pay for the peripherals. However, because of a lack of effective and timely information sharing processes between the different GPs and CCGs, the peripherals are not supplied without my daughter having to mediate between the pharmaceutical company and the new GPs. She is reduced, effectively, to having to re-secure her NHS funding for essential medical supplies every time she moves house. The pharmaceutical company has experience of their invoices not being paid by the new CCG when patients move from one to another."

Better use of the individual's NHS number could make the process much easier for the patient. By adding an extra coded digit to the NHS number the pharmaceutical company would be able to recognise that this patient has their consultant's approval of NICE recommended medicine or equipment which carries NHS funding.





Alessandra Denotti

Intelligence and Research Officer,
Surrey CC

“Throughout my pregnancy, the midwife and doctors at the hospital collected records and information about all the problems I was experiencing (low blood pressure, high haemoglobin etc). Every time I met with my GP though, I had to re-explain all of it because the hospital and surgery did not share information and he could not access my records.”

Had the healthcare professionals involved shared information, Alessandra would have spent more time receiving care during her pregnancy, instead of re-telling her story. Her GP would have also been aware of issues as and when they occurred, rather than only when she met with him.





www.informationsharing.org.uk