

Hampshire Health Record (HHR)

Summary

The Hampshire Health Record (HHR) is an electronic local health and care record. It enables over 1,000 practitioners from hospitals, community care providers and GP practices to improve clinical decisions by sharing information about patients.

The HHR uses a similar approach to the national Summary Care Record, but it is a separate project and does not provide information to the national system. The record is also underpinned by a database of pseudonymised information which enables research and statistical reporting.

The project is now being developed to support the integration of health and social care services in Hampshire.

Key information

In 2005, the HHR was initiated so that information could be shared across a range of systems in order to improve the clinical care provided to patients.

The HHR creates an electronic record around an individual by pulling together coded information, free text entries, test results and discharge summaries from GP surgeries, hospitals and community care providers. The visibility of the record differs according to the profession or role of each practitioner.

Examples of how the record could be used and by who, include:

- A doctor in the Emergency Department of a hospital to access a patient's GP records when a complex case arises;
- A pharmacist to view the medications that a patient already takes, in order to prevent unexpected side effects;
- A GP to view the test results of a patient who has been discharged from hospital;
- A social worker to access the discharge summary for a patient in order to design a care package which meets their needs.

Database

The HHR also feeds into an analytical database which is managed by the NHS South Commissioning Support Unit. A patient's identifiable information (name, address etc) is either removed or their record is pseudonymised by the encryption of their NHS number.

The analytical database allows research and analysis to be conducted as required, for example, to inform commissioning of local services. All proposals to conduct research are reviewed by a clinical advisory group which is made up of representatives from the NHS South Commissioning Support Unit, clinicians, service providers and members of the public.

On the basis of implied consent, records are uploaded to the HHR and are de-identified for analytical use. Implicit consent is commonly used within the health context as the basis for information sharing.

Access to records is audited and practitioners must seek explicit consent from the individual in order to view the details of their care record. An exception would be in the event of an emergency, for example, if the patient is admitted to hospital in an unconscious state.

The ICO reviewed the HHR's approach to transparency and fair processing which reassured stakeholders that information governance is being implemented correctly.

Issues and resolutions

Q1. The Hampshire Health Record has seen take up from around 1,000 practitioners, but this number could and should be greater.

A1. The HHR initially tried to increase take up by publicising the project to practitioners and the public. Leaflets were produced, patients were written to when they registered with a GP and promotional material was placed in the council newsletter.

However, the HHR Board decided to make the service more clinically led and reconfigured the membership and objectives of the group. A GP Chief Clinical Information Officer was appointed to lead an advisory group of professionals who were able to build a connection between the development of the HHR and changes to service provision.

In addition, the NHS South Commissioning Support Unit (which leads the HHR) continues to build relationships with hospitals and care providers, in order to increase the number of data sources and users who could benefit from the HHR. For example, some contracts with care providers now include a requirement for their data to be uploaded to the HHR.

Q2. The record needed to evolve in order to support an integrated approach to care.

A2. The vision for the future of the HHR includes much greater integration of information between health and social care services.

The social care records of two local authorities have already been incorporated into the system. The team has also had to negotiate the role-based access provided to social workers in order to overcome differing cultural approaches taken by health and social care professionals.

In future, the HHR will put the service user in the driving seat by providing individuals with access to their own records. At present, access is provided via the Subject Access Request route which is administered by one full-time employee.

Q3. Changes to legislation meant that the legal basis on which the record's operation was founded, needed to be clarified.

A3. The Health and Social Care Act 2012 restricted access to patient-identifiable information, leaving many commissioners unable to undertake the analysis they had previously carried out. Staff in the HHR team needed to be seconded to the Health and Social Care Information Centre in order to continue working on the HHR system.

Lessons learnt

- Establishing a clear understanding of user requirements (in this case, the practitioners') enables a shared record of this kind to be designed to meet their needs and encourage use.
- Involving 'lay' members in the clinical advisory group ensures that all those involved in working on the system keep the priorities of the service users at the forefront of the project. It also highlights where service users might expect this information to be shared already.
- The benefits of the HHR are difficult to quantify and often rely on powerful anecdotes; the team is building a work stream to systematically capture the benefits of the record. These will include evidence of improved service quality and financial benefits.

Further information

You can read more about the Hampshire Health Record at the website:

<http://www.hantshealthrecord.nhs.uk/>