

COMMUNITY PARTNERSHIP FORUM

19 November 2015

Attendance

Name	Organisation/role
Karen Maskell (Chair)	PPI Governing Body member Bracknell and Ascot CCG
Mike Connolly	PPI Governing Body member, Slough CCG
Robert Cooper	PPI Governing Body member, Windsor, Ascot and Maidenhead CCG
Elika Saedi	East Berkshire CCGs
Ally Green	East Berkshire CCGs
Madeline Diver	Community and Voluntary Faith Sectors, Bracknell Forest and Patient Liaison for Bracknell Urgent Care Centre
Chris Taylor	Healthwatch Bracknell Forest
Sonya Lippold	Health Advisory Group
Pat Rodgers	Berkshire Healthcare Foundation Trust
Jacqui Brown	
Dr William Tong	Clinical Chair Bracknell and Ascot CCG
Hayley Edwards	Windsor, Ascot and Maidenhead CCG
Dr Adrian Hayter	Clinical Chair, WAM CCG
Clare Eddy	Commissioning Support Unit
Mark Sellman	Commissioning Support Unit
Apologies	
Peter Haley (Chair)	Chief Executive, People to Places
Ramesh Kukar	Involve – Slough and WAM
Cllr Lynda Yong	Royal Borough of Windsor and Maidenhead
Cllr Zaffar Ajaib	Slough Borough Council
Dr Onteeru Reddy	Public Health, Slough Borough Council
Margery Thorogood	
Cllr Sabia Hussain	Slough Borough Council
Phil Cook	Involve Community Services, Bracknell Forest
Nigel Foster	East Berkshire CCGs
Roger Battye	Healthwatch WAM
Sheila Holmes	Healthwatch WAM and Older People's Partnership Board for Royal Borough of Windsor and Maidenhead
Cllr David Coppinger	Royal Borough of Windsor and Maidenhead

Conflict of interests

There was no declaration of a conflict of interest.

Notes of meeting on 22 October 2015.

The notes were agreed with one correction to note apologies from Cllr Sabia Hussain.

Matters Arising

Ally to check that the presentations for the last meeting are on the websites.

Share your Care

Mark Sellby and Clare Eddy gave a presentation to the meeting about Share Your Care (previously known as Interoperability Project). This is a local project being led by the three east Berkshire CCGs. It is in line with national thinking.

We know patients get frustrated with having to repeat information to different people involved in their care and that they want to tell their story only once.

This project will use technology to ensure important information from a patient's medical record is available to those involved in providing care to a patient at the time they provide it.

This will not replace existing systems but will add a supplementary section that pulls basic information from existing records held in different parts of the system. This would include details of medication, allergies and long term conditions and would mean the patient would not be relied upon to remember important information at the time care is being provided.

This initiative will enable new ways of working that will mean care is integrated and focussed on the needs of the patient. It will mean that care is better, safer and more efficient.

A key benefit of the programme will be enabling patients to see their own records. At this stage it will be read-only but there is potential for this to be developed further.

The roll out is being phased and currently is being used by the GP Out of Hours (OOH) Service. Feedback so far has been very positive. Simple but important information such as allergies was not previously available to OOH Service and this has meant better care provided to patients.

There benefits are broad and include benefits for patients and staff in terms of operational and financial benefits. Simple efficiencies have been demonstrated where tests aren't duplicated will speed up care and save money.

The information can only be accessed by those involved in delivering care to a patient.

Different levels of access are included so that a social worker will have a different level of access to that of a GP.

The individual patient is asked for permission in advance about who can view their record and can change their mind.

Q: Are there any live models working elsewhere?

A: Yes, Northern Ireland and Bristol have a system like this.

Q: would voluntary organisations have access if they were involved in a patient's care?

A: Currently this initiative is focussing on NHS and other health and social care organisations but in time this could be expanded and with the right controls this might make sense.

Experience from elsewhere has highlighted some areas where the system caused frustration. For example, Northern Ireland had to ask every time if the patient would allow their record to be viewed. It would make sense for patients who are frequently receiving care to have the option of giving permission once.

Q: Would this allow my record to be viewed elsewhere in the country if I became ill?

A: No, this project will be compatible with the whole of Berkshire (including Frimley) but not outside Berkshire.

Q: Will we be able to join up to a bigger footprint in the future? Eg Oxford and London?

A: This would be possible for the future and there would be clear benefits if we could join systems up. Share you Care is the first in Thames Valley and so we will set the benchmark and neighbouring areas will want to make sure their procurement will ensure compatibility.

Q: Is there an expectation that this will develop so that GPs will be able to see both the primary care and the hospital record so that test results etc. are visible without waiting for a letter from the hospital?

A: The system will allow the care plan to be updated.

The project is working across three phases. Phase one is now operational and focussed on urgent care. GP Out of Hours now has access to some key data such as allergies and this has been tested. Patients have been asked if they give permission to look at their record. This has been operational since November 2014.

Small number of users are trialling this and good feedback has been received.

Phase two has started. A portal is being trialled with some community clinicians which gives access to some GP data. Feedback so far is positive. One benefit has been time saving when information is needed from the GP practice or a patient's condition has changed since the appointment was made.

Phase three is delivery of the full portal. Extending access to all local services whilst maintaining the need for patient consent.

Q: How much involvement has there been with patients so far?

A: We have a patient representative on the project group and in a separate communications working group. Patients have been involved in preparing for the procurement of the IT system and have supported the weighting of criteria to be used.

Q: Is this system bespoke or off the shelf where we can we get evidence of potential for it working?

A: We have been meeting with health and social care professionals to ensure we know what we need. We will have some off the shelf products that we know will work and have been tested in the NHS. Other products have been used elsewhere.

Q: How many sites are running across the country?

A: Five or six sites are operating elsewhere. We have been in touch with them and would be happy to facilitate visits to allow clinicians and patient reps to see how it works.

Q: Have we got any dummy displays to show what it looks like?

A: The local pilots are helping us understand some of the practicalities and some screen shots of dummy patient records could be shared.

Q: Have we futureproofed this project and thinking about what might be in the future.

A: Yes, as much as we can. We have had to specify what we think will be the case in five years' time, changing requirements etc. without knowing what NHS England or other changes might be ahead that are out of our control.

Q: What are the arrangements for training.

A: This is an important area that we are assessing in the pilots.

Q: Can we afford this? There are some bad stories of IT projects.

A: Can we afford not to do it? The issues of patient safety, bringing care closer to home, more personal care etc. If we don't invest now we will find it difficult to meet other requirements and will mean the inefficiencies in our current systems will persist. There will be many more following us. The investment is coming from all the organisations locally including local authorities, acute hospitals, CCGs etc. It is an investment we have planned for and it is affordable within the system. IT has transformed many areas of care on a local level, for example primary care.

We have had patient involvement to date but there is much that is still not decided and we are looking to work with a group of informed patients who want to work with us for the next stage.

Taking the information out to the community and to patient groups is going to be important. There will be different levels of involvement which will include information sharing, discussion, questioning and sharing ideas.

Care.data

The second part of the meeting focussed on the national project 'care.data' which is another information sharing project but is anonymised so patients are not identifiable.

The information being gathered relates to primary care and will be used in a similar way to the data that has been gathered from hospitals for some years.

Gathering data about care provided to patients and the outcomes of that care helps to identify variations and then best practice. For hospital care, gathering this data and sharing the results has helped to drive up quality of care in areas such as cardiac surgery and cancer.

There is little evidence currently available to demonstrate the variation in care provided in primary care.

The presentation slides from both presentations are available on the CCGs' websites.

Future meetings

Next meeting: 21 January 2016
 6.30pm – 8.30pm
 Holiday Inn Hotel, Maidenhead

Suggested topics for future meetings:

- End of Life Care – engaging community groups
- Patient engagement
- HealthMakers feedback
- Car parks and transport
- Suicide prevention
- Obesity and nutrition in hospitals
- Future of Heatherwood Hospital and the trust acquisition (Frimley Health FT) one year on
- Primary care and extended access
- Wheelchair services
- Reconfiguration of Stroke Services