CONNECTED CARE

PCCC Meeting Nov 2019
Public Question – Alan Brown

My knowledge in this area comes primarily from my attendance at the GP Council where there have been many discussions of the difficulties which arise from the different systems used in general practice and primary care trusts. This knowledge is secondhand, so please forgive me for any inaccuracies.

As I understand it, the GPs use DXS for the majority of their referrals, it is the workhorse of their consultation work. Responses from the trusts are not automatically delivered back via DXS and seem to rely on an array of interfaces, some of which are manual (including written correspondence).

The trust hospitals (Frimley, Wexham Park, Reading, Farnham, etc) use systems which are different from the GP software and are not always the same from to trust to trust. I also understand that there are individual specialisms which have niche applications that have no interface with other systems.

From a patient perspective this situation appears to have great potential for errors and miscommunication during the delivery of their healthcare, not to mention the obvious inefficiencies. The need for harmonisation speaks for itself, especially in the context of the ICS which, to function at scale, will include more interfaces between participating parties.

With services increasingly being transferred to primary care and to contract out certain services to external providers, I think these issues will become increasingly significant.

While I am not familiar with the nuts and bolts of NHS systems, I have worked in IT systems development for decades and have been involved in many projects with the same integration issues you are facing. i also follow developments in healthcare software via the BCS (British Computer Society) primary care special interest group.

I am sure the welfare of the patient is your highest priority. This is best served if all the patient's data is readily and securely available to all participating clinicians (including those contracted out) using appropriate user interfaces. If this is your goal, I am interested to hear how you aim to get there - hence my question.

Health and Care Systems Integration – The Challenges

Do health and care IT systems currently integrate and share data?

– Generally speaking no. IT system integration is relatively limited and there are a number of historical reasons for this:

- Health and care IT systems have been designed to be specific to particular needs. Whilst some of the patient record data is common across all services a majority is specific to particular care disciplines. For example, a patient's primary care record contains information that is very different to their social care record.

- Systems have been supplied by a variety of provider companies, which have historically, been operating in disconnected silos with their own proprietary software, priorities and funding pressures. Therefore not building integrated IT solutions that share information

- Historically speaking no commonly recognised standards have been agreed to share information between systems from different suppliers or across systems being used in different disciplines

- Few companies that supply these specialist systems offer solutions that work across multiple service types and designed to natively share common data

- Without agreed standards that suppliers have to adhere to the systems evolve that have different and incompatible datasets and structures

- All health and care organisation take data privacy and security extremely seriously. Building secure and robust solutions to share information is complex and costly

- In our area (Frimley ICS) we have approximately 150 provider services that employ dozens of clinical and care IT systems from several different suppliers

- Whilst a considerable amount of bespoke integration does exist it is not as wide reaching and comprehensive as we would like

Health and Care Systems Integration – The ICS View

What is being done to improve the situation?

- Internationally recognised healthcare interoperability standards have been established – FHIR
    - Modern health and care IT systems utilise common interoperability standards
- New primary care procurement framework
    - Suppliers must comply with interoperability open system standards to get on framework
- New national interoperability programmes exist such as GP Connect which enables the sharing of appointment books and patient records between authorised primary care practices and the 111 service

What are we doing as an Integrated Care System (ICS)?

- ICS Digital Board
    - Digital leadership of all organisations working together to define and align strategic priorities and initiatives
    - Prioritising systems integration and common solutions to build an ICS system that puts resident welfare first
- Frimley Health Foundation Trust is in the process of procuring a Trust wide Electronic Patient Record (EPR) system
    - Will facilitate integration and data sharing across the Trust and beyond
    - Open system interoperability standards adherence is a requirement
- Creating our own local record sharing solution that integrates new and legacy IT systems
    - Connected Care aggregates sources of data from disparate health and care organisations and systems
    - Provides health and care professionals with a single view of relevant patient information
    - Information datasets are agreed amongst all providers to ensure consistency of information
    - Making proprietary legacy systems fit for information sharing purposes
    - Over 20,000 patient records are currently being accessed monthly by health and care professionals in our area to improve the quality of care, improve responsiveness and ensure that the resident does not have to repeat their story