

SURREY CARE RECORD

SURREY HEARTLANDS

INTRODUCTION

The Surrey Care Record is the shared integrated digital care record for Surrey Heartlands and East Surrey CCG. It uses Patient Knows Best (PKB) technology to deliver a professional-facing portal, which will be launched in July 2018.

In Phase 1, GP, acute and pathology records will be made available to GPs and A&E professionals across four CCGs. Soon after, Phase 2 will see the record extended to cover mental health, social care, community, ambulance, and later pharmacy. Shared care plans will also be introduced. The solution includes a data warehouse to support analytics.

AT A GLANCE

SCALE

M

S = < 5 organisations
M = 5-10 organisations
L = 10+ organisations

MATURITY

2

0 – No planned programme for sharing data
1 – Sharing one data type or planning data sharing
2 – Sharing two data types (inc. GP) at read only
3 – Sharing three or more data types at read only
4 – Sharing three or more data types, with write capability

*for the purpose of comparison the data types are GP, Acute, Community, Mental Health, Adult Social Care, Child Social Care

HOW THE SURREY CARE RECORD IS BEING USED

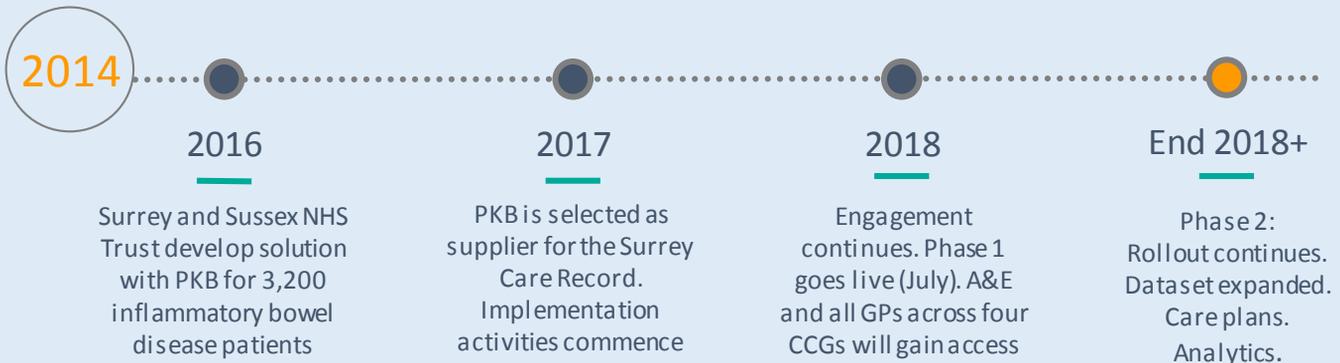
Individual Patient Care	Care Planning & Coordination	Health & Care System Management	Population Health Management	Research
IN FLIGHT	IN FLIGHT	FUTURE	FUTURE	FUTURE



Our platform allows data, communications and work to flow across the professional, organisational and geographical boundaries of the Surrey health and social care system.



TIMELINE



91% willing to share data*

>1000 users

Approx. 1million population

*Based on 577 respondents in Healthwatch Surrey's "If I've Told You Once" survey

LOCAL CONTEXT

- The Surrey Care Record is an enabler and a beneficiary of the priorities outlined in the [Surrey Local Digital Roadmap](#) (LDR), i.e. Devolution, Developing a Clinical Academy and Citizen Engagement.
- Surrey Heartlands patients frequently cross boundaries to access care provided by other organisations, for example around 50% go to Surrey and Sussex Healthcare NHS Trust (SASH), 20% go to Frimley Park (Frimley Health NHS FT), and a significant proportion receive specialist care (for example treatment for certain cancers) in London hospitals.
- The Surrey Care Record is based on technology provided by [Patients Know Best](#) (PKB). It uses a central repository model to bring together information from underlying clinical systems, and presents it through a professional-facing portal.
- The programme builds on a [smaller-scale deployment](#) of a PKB solution at SASH, integrating with the hospital's [Cerner](#) Millennium EPR, and involving 3,200 inflammatory bowel disease patients.
- PKB is considered to be a tactical solution and the Surrey team is keen to avoid creating dependencies on individual IT vendors. They wish to maintain flexibility, bearing in mind the STP operating model is likely to change, and IT industry is shifting towards subscription based purchasing models.
- As well as the professional portal, the Surrey Care Record comprises three key components, aimed at delivering Surrey Heartlands' long term strategic interoperability goals:
 - Central Integration Engine
 - Enterprise Data Warehouse (a pre-requisite for analytics and intelligence)
 - Clinical Data Store
- A patient portal is also on the roadmap but exactly what form this will take is still being decided. The aim is to have one point of access for patients – ideally a solution that factors in [NHS 111 Online](#), [NHS Pathways](#), eConsultations, and the [Directory of Services](#). There are still a number of questions to work through, which is another reason to remain open minded regarding vendors.

FOCUS ON: HEALTH AND SOCIAL CARE COLLABORATION



My background is in local government improvement, innovation and integration, so I bring a different perspective to the programme. Health has a good historic relationship with local authority in this area, at county, district and borough level, which helps us ensure we have a balanced agenda encompassing health and care.

I am really excited about the opportunities presented by the Surrey Care Record. Not only in terms of better coordinated care, but also in light of the discussions we're having in Surrey about the wider determinants of health. Once we start to add other data into the mix, aside from purely health data, we can start to do some powerful analysis.

There is a real appetite for this at a leadership level across the partner organisations, so things are moving forward at pace. We're working collaboratively to agree how intelligence can be used to improve population health and reduce inequalities in the region.



Kat Stolworthy, Associate Digital Director, Surrey Heartlands

THE SURREY CARE RECORD SUPPORTS...

INDIVIDUAL PATIENT CARE

- The aim with the Surrey Care Record is that it should be richly populated from as wide a variety of sources as possible, early on. It is felt that the more information it contains from the start, the more clinicians will be inclined to use it, and the more positive a reputation it will establish, which will drive further clinical uptake.
- Work has been completed with each of the partner organisations to agree the scope of the data to be shared and understand the opportunities to improve individual patient care through more informed decision making.



CARE PLANNING AND COORDINATION

- Standardised shared care plans will be introduced in the latter half of 2018, with Mental Health services and the South East Coast Ambulance Trust being the first to contribute. The care plans will be delivered using functionality within the PKB portal. There will be no facility initially to write data entered in this way to underlying systems, although the desire is to achieve this level of integration in the future.
- A major part of the exercise has been to establish the definition of a “care plan” across different organisations and service types, and to agree a common approach.



HEALTH AND CARE SYSTEM MANAGEMENT & POPULATION HEALTH MANAGEMENT

- There is currently a focus across Surrey on the “wider determinants of health”. The Surrey Care Record is being architected to support intelligence gathering and analytics in this context, and work is underway to determine the non-clinical datasets that may be needed in order to fully understand the individual, social and environmental factors which influence the health of the population.
- The Surrey team is working closely with Kent County Council in their development of the [Kent Integrated Dataset](#) (KID), which is being used to inform health and public health strategies and decisions, test what works and forecast future service pressures and outcomes. Surrey plans to implement the same solution.
- The Surrey team is also working with the support of a public health consultant to align related programmes such as [RightCare](#), NHSI initiatives, and benefits monitoring, and to understand what influences patients to seek care outside of the Surrey Heartlands area.



TECHNICAL SOLUTION



CENTRAL-REPOSITORY ARCHITECTURE

- PKB technology is used to provide a professional-facing portal
- The solution enables clinicians to “click through” from their clinical system into the portal
- Business intelligence and research are also part of the roadmap, and provision has been made for this within the technical architecture.

SOLUTION FEATURES

FEATURE	IN USE
Coded data	✓
Free text data	✓
Bi-directional	⊘
Real time	✓
Role-based access	✓
Mobile	⊘
Write access	⊘
Notifications	⊘
Alerts	⊘
Patient Portal	⊘

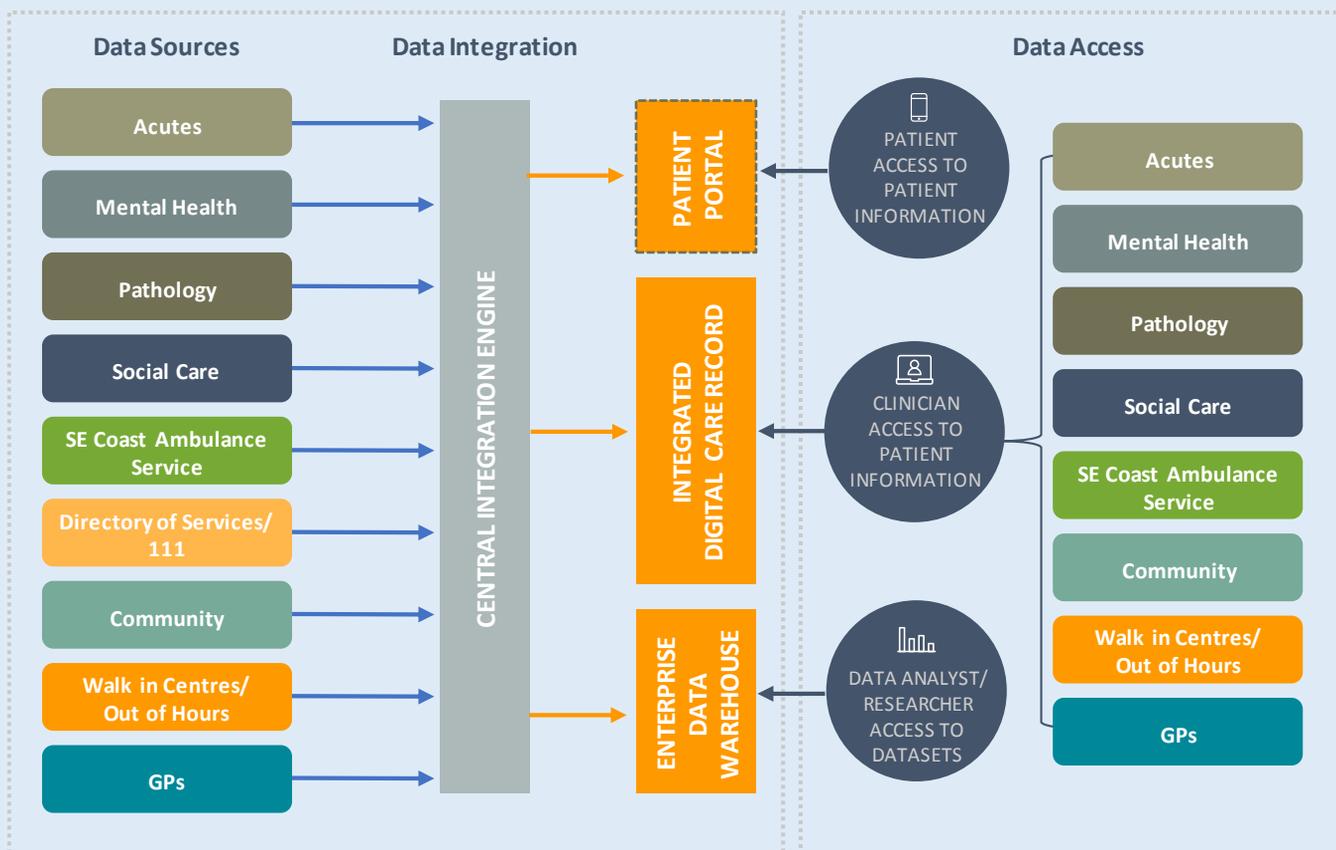
KEY SYSTEMS IN SCOPE (AS OF GO LIVE IN JULY 2018)

SITE	TYPE	VIEW	SHARE	IT SYSTEM
Surrey County Council	LA	Current	Current	LiquidLogic
East Surrey CCG	Primary	Current	Current	EMIS
Guildford & Waverley CCG	Primary	Current	Current	EMIS
North West Surrey CCG	Primary	Current	Current	EMIS
Surrey Downs CCG	Primary	Current	Current	EMIS
Ashford & St Peters Trust	Acute	Current	Current	Clinicom/ Patient Centre
Royal Surrey Trust	Acute/comm	Current	Current	APAS
Epsom & St Heliers Trust	Acute/ comm	Current	Current	RiO/ DXE (PAS)
Surrey & Sussex Trust	Acute	Current	Current	RiO
Surrey & Borders Trust	MH	Current	Current	SystemOne
Central Surrey Health	Community	Current	Current	RiO/ S1/ Cerner/ EMIS
SE Cast Ambulance Service	Ambulance	Current	Current	IBIS
Surrey Pathology Service	Path	Current	Current	ICE
Pharmacies	Pharma	Planned	Planned	PharmOutcomes

OPEN STANDARDS

STATUS	SNOMED	Read	dm+d	HTML	ITK	HL7	HL7 FHIR
IN USE	✓	✓	✓	✓	✓	✓	
NOT IN USE							
PLANNED							✓

HIGH LEVEL TECHNICAL ARCHITECTURE



IMPLEMENTATION

The rollout plan has been influenced by the priorities set out in the Five Year Forward View, with an initial focus on enabling positive change in urgent and emergency care and primary care.

Data from GP systems will be made available to professionals in the A&E departments and all GPs across four CCGs first. After this initial launch the number and type of data items shared will be increased (for example to include appointments, pathology and other test results). More contributing and viewing organisations will then be brought on board.

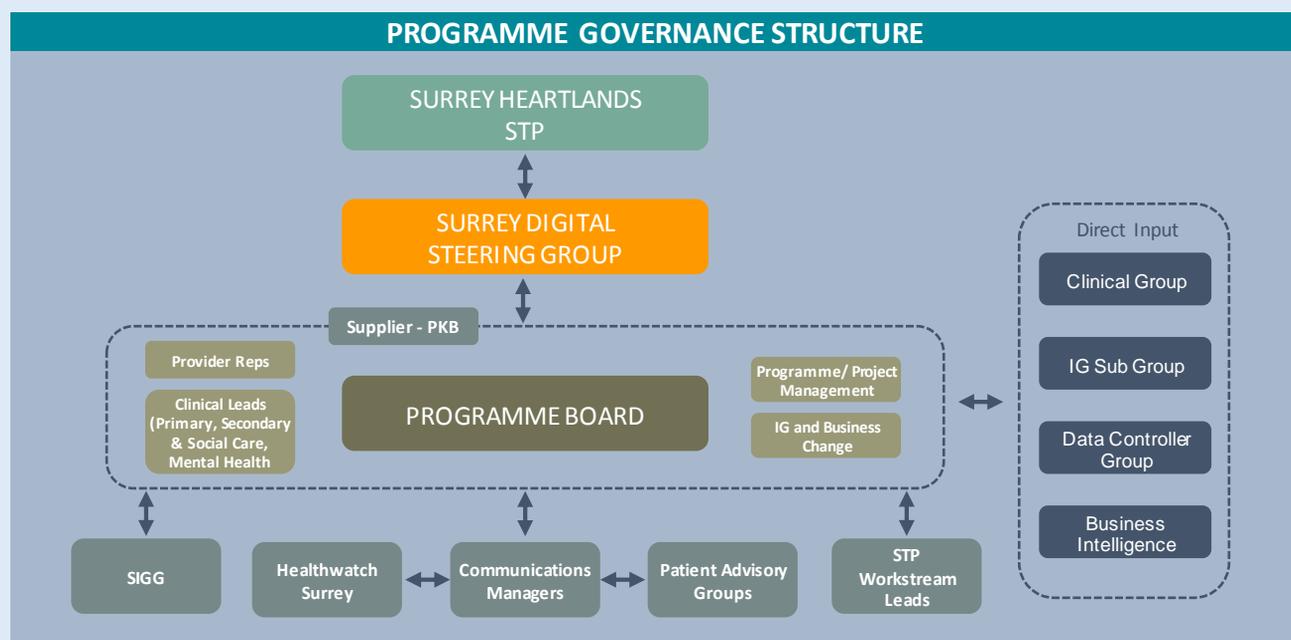
Planned implementation activities include mapping and embedding Standard Operating Procedures, delivering training and support through e-Training modules, virtual user networks and floor-walking, and evaluating the uptake and impact of the Surrey Care Record at three, six and nine month intervals following go live.

GOVERNANCE

At the centre of the Programme Governance structure is the Programme Board, which is made up of representatives from each of the partner organisations, plus clinical, IG and business change.

The Surrey Information Governance Group (SIGG) has developed a set of IG documents which form the Surrey Provision of Care Information Sharing Agreement (PoCISA). Organisations wishing to take part in the Surrey Care Record programme are required to sign the agreement.

The SIGG is exploring the use of the [Healthy London Data Controller Console](#), an online system that makes it easier and more efficient to store, update and track information sharing agreements.



CONSENT

Consent for data to be made available in the Surrey Care Record is implied for all patients, with explicit consent required at the point of treatment in order to then view the record. Patients are free to opt out. The PKB solution offers a level of granularity in terms of which data items are made visible in the record. This in part influenced the decision to adopt this solution.

A [Healthwatch Surrey](#) report entitled, "[If I've Told You Once](#)" was published in 2015. It captures public opinion on data sharing and was used by the National Data Guardian (Dame Fiona Caldicott) to inform her 2016 Review of data security, consent and opt-outs. The report was based on a survey in which 91% of the 577 respondents said they would share all or part of their records.

COMMUNICATION

Communications and engagement activity is supported by a core team of two strategic leads and a communications manager who coordinate with a virtual team comprising the communications and engagement leads for the Surrey Heartlands partner organisations. The communications and engagement team at East Surrey CCG has also been involved in the development of the campaign.



The focus initially is on five key stakeholder groups:

- GPs
- The LMC
- The public
- Clinicians
- Surrey County Council Scrutiny Committee



Experience across Surrey with prior transformations dictates that a collaborative, respectful approach to engagement and communication is required to bring about what are likely to be significant changes to the health and social care system for service users and their carers.

- Citizen-led Communications and Engagement Mandate



The Communications Plan establishes different approaches and objectives for each, ranging from GP training, visits and engagement sessions, to a one million leaflet drop, social media campaign, and a series of public events. Other stakeholders including Healthwatch are also being targeted, and the council has been closely involved throughout. Another related work stream for the programme is achieving compliance with the Equality Impact Assessment, which the team is working towards.

Citizen led approach

One of the priorities outlined in the LDR – and local strategies more broadly – is improving citizen engagement. Surrey Heartlands has initiated a programme of work which gives citizens the opportunity to get involved in shaping their health and care. The programme, which has received national recognition, focuses on:

- Research – understanding people's priorities
- Co-design – working together to create solutions

Survey panel

As part of the research element, an online panel of around 3000 people from across Surrey has been established to make it possible to conduct regular surveys. The Surrey Care Record team has found this particularly useful and has used it to gauge feedback and support decision making.



KNOWLEDGE SHARING

- The team used to use a SharePoint to share documents but this had limited functionality and didn't encourage collaborative thinking. They have recently started to use the FutureNHS (Kahootz) collaboration workspace as an alternative, and it is proving a valuable resource, both in terms of accessing and sharing knowledge.
- A Knowledge Management Lead has recently been appointed to help streamline knowledge sharing processes and minimise costs for separate sharing spaces.

SUCCESS FACTORS



LEADERSHIP

CLINICAL LEADERSHIP

- The Surrey Heartlands Clinical Academy is a virtual network that supports clinicians with the adoption and spread of innovation and best practice. It is one of Surrey Heartlands' distinctive strengths and something the Surrey Care Record team describe it as a resource they are lucky to have.
- The Kent Surrey and Sussex Academic Health Science Network is an asset which again the Surrey Care record team accesses to gain clinical support and leadership to help drive the local care record programme forward.



COLLABORATION

SENIOR LEVEL COLLABORATION

- One of the key success factors highlighted is the support for the programme from senior leadership and the willingness for leaders across the region to collaborate.
- Surrey's devolution status has helped facilitate this. It has opened doors and has perhaps encouraged people to be more adventurous and ambitious in their planning.



STRATEGY

STRATEGIC VISION

- The programme has been set up for the long term, with an acknowledgement that tactical solutions may be needed along the way in order to make progress, but the focus should always be on the bigger picture.
- The technical architecture has been designed to withstand organisational change, technology and service re-procurements, and shifts in the IT industry.

FUTURE AMBITIONS

As part of the future development of the Surrey Care Record, there are specific milestones and plans to:

- Introduce standardised care plans, starting with mental health and the ambulance service by the end of financial year 2018/19. The care plans will initially sit within PKB, with the aim of achieving a greater level of interoperability in future.
- Bring pharmacists on board.
- Confirm plans regarding population health management, kicking off with an event in May 2018 with key stakeholders.
- Use combined data to analyse bottlenecks and patient flows, and gain a better understanding of how the Surrey Care Record might start to influence behaviours.
- Develop and rollout a patient facing portal.

LESSONS LEARNED

CHANGE FATIGUE

Challenge: People have got change fatigue! There is so much change afoot within health and social care currently that staff are feeling overloaded and their capacity for change is limited.

Lesson Learned: There has to be an acceptance that people can only adapt positively to a certain level of change at one time. For changes to succeed, they need to be staggered, therefore it may be necessary to programme manage change projects to give people time for new approaches and ways of working to embed.

BOUNDARIES

Challenge: Boundaries throw up a number of challenges but the key examples in Surrey relate to people's nervousness regarding data ownership. E.g. Epsom Hospital and St Helier Hospital share an electronic record system but only Epsom falls within the Surrey Heartlands footprint. The issue is how (or whether) to split the data in their system for inclusion in the Surrey Care Record.

Lesson Learned: Begin to understand where organisational boundaries may have a bearing on decision making and involve the right stakeholders in discussions from the start.

FUNDING

Challenge: A programme the scale of a local integrated care record means obtaining funding from a variety of sources. This means dealing with the challenge of multiple disparate bidding processes, many with short turnaround times. The resource implications of these funding bids has been significant and has sometimes detracted from programme delivery and limited the team's ability to plan ahead.

Lesson Learned: This challenge has been mitigated by initially focusing on quick wins and developing work plans based on the funding available for at least the next 3-6 months. An overarching plan ensures delivery without committing all resource to one supplier or one project.

FURTHER INFORMATION

CONTACT

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INFORMATION CORRECT AS OF 27/04/2018

LINKS

Surrey Local Digital Roadmap

Patients Know Best

Citizen Led Engagement

Surrey Heartlands

Produced in collaboration with [NECS](#) and [Accenture](#)