MY CARE RECORD
HERTFORDSHIRE AND WEST ESSEX CCG

INTRODUCTION

The local programme team describe My Care Record (MCR) as a shared care record "model" rather than an IT solution. Their implementation approach reflects this, and they have invested heavily in branding, engagement, and governance.

MCR was designed by West Essex CCG, and is being adopted across the Hertfordshire & West Essex STP footprint. It currently allows hospital clinicians to access information from the GP record, and vice versa. Mental health, community, ambulance and social care will be added in time. The solution uses Graphnet and the MIG.

AT A GLANCE

SCALE L

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 MY CARE RECORD IS BEING USED

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

> "Patient empowerment is at the heart of what we hope to achieve with My Care Record. We developed the MCR brand with patients. We felt it was important to get the public involved and on board from the start."

TIMELINE

2015

2016
PAH A&E department is the first to use MCR. They can access data shared from 60+ GPs

2017
The MCR brand is established. The solution is rolled out at PAH and Whipps Cross (part of Barts Health NHS Trust)

2018
Bidirectional feeds go live at PAH and Whipps Cross. First cohort of GPs starts to view hospital data through MCR

Plan for 2018+
Expand hospital dataset. Rollout to all GPs. Broaden to other care settings. MCR adopted across the whole STP

Approx. **400** hospital clinicians able to access MCR

60+ GP practices contributing to the shared record

Approx. **700k** patient records made available so far

LOCAL CONTEXT

- My Care Record was developed out of the *My health, My future, My say* campaign during which the public stated a desire for better coordinated services.
- The Hertfordshire and West Essex Local Digital Roadmap featured the MCR as a key enabler of its top priorities, including interoperability, collaborative working, and joint business intelligence.
- The portal solution is delivered by Graphnet, using the Medical Interoperability Gateway (MIG).
- The data available in MCR at present is supplied by over 60 GP practices, as well as Princess Alexandra Hospital and Whipps Cross (Barts Health NHS Trust). The hospital dataset is soon to be expanded, giving GPs access to discharge, medication, radiology and pathology information.
- Access to MCR is designed to be as seamless as possible. Clinicians at PAH and Whipps Cross launch MCR by clicking on an icon in the patient record in their EPR, taking them into the same patient's record in MCR. GPs access MCR via a similar icon in their own system.

FOCUS ON: DELIVERING THE RIGHT MESSAGE

"We knew we wanted to tackle this as an engagement exercise first and foremost. We didn't want the public to think it was just another IT programme, so we deliberately don't mention the technology in any detail. People don't need to know about all that. They just need to know what it means for them. Hence we came up with the idea that the key messages should take the format, *My X was X* ***thanks to my care record***. It makes it very personal. And it needs to be personal because the vision, ultimately, is that people take ownership of their own record – and their care.

To get the message right, we sought the views of patients, staff, and the public through focus groups. These were invaluable and resulted in us having a complete change of heart from the original messaging to what we ended up with. We also got the independent view of the local patient reading panel.

You'll notice that My Care Record has been designed as a model which can easily be adopted by other areas. It could literally be lifted and used elsewhere with minimal rework. We are in the process of trademarking the brand. We want it to be reused."

Kay Odysseos, Head of Communications and Engagement

MY CARE RECORD SUPPORTS...

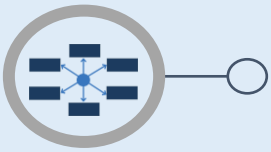
INDIVIDUAL PATIENT CARE

- Clinicians at PAH believe My Care Record is a great asset. In A&E, having a view of the information in the GP record allows staff to make informed decisions about patients' treatment and their subsequent course of care.
- Other clinicians see it as reducing the time taken to diagnose patients , improving the patient experience and saving resources by avoiding unnecessary tests.
- MCR also alleviates the administrative burden for GP practice staff, reducing the amount of individual calls, emails and requests for information from hospital colleagues, which in turn means they can focus on higher value, care-related tasks.
- Comments can be added to a patient's record in MCR, which can be seen the next time it is viewed. This has started to better connect clinicians across the care journey.

CARE PLANNING AND COORDINATION

- As more services come on board, the amount and quality of information available in MCR will increase, making it an ever more useful tool to support care planning and coordination. MCR will eventually facilitate the sharing of care plans between organisations.
- While the initial focus of MCR was on West Essex, the bringing together of Hertfordshire and West Essex under the STP footprint has provided the opportunity to extend the reach of the shared record, in the hope of achieving better region-wide coordination of services, bearing in mind that patients frequently receive care across boundaries. As well as including all Hertfordshire and West Essex STP partners in MCR, the scope also covers Addenbrooke's Hospital and Broomfield Hospital. Discussions are underway with these organisations to ensure the patients they treat – who often subsequently access care in Hertfordshire or elsewhere in the STP geography – have a seamless care experience.
- Social care datasets are still being defined, so it will be a while before social care data is made available in MCR, but the programme team are currently engaging with social workers to understand how they could benefit from at least viewing MCR in the short term, to help them coordinate care with other providers.

TECHNICAL SOLUTION



FEDERATED RECORD LOCATOR MODEL

- MCR is delivered through a portal solution based on Graphnet technology.
- It uses the MIG to provide a view of data from GP systems.
- The solution is hosted in a data centre at PAH.
- Information is shared in real-time and all access is audited.
- Clinicians can launch MCR through their own clinical system, in patient context.
- Access to the shared record is read-only.

SOLUTION FEATURES

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

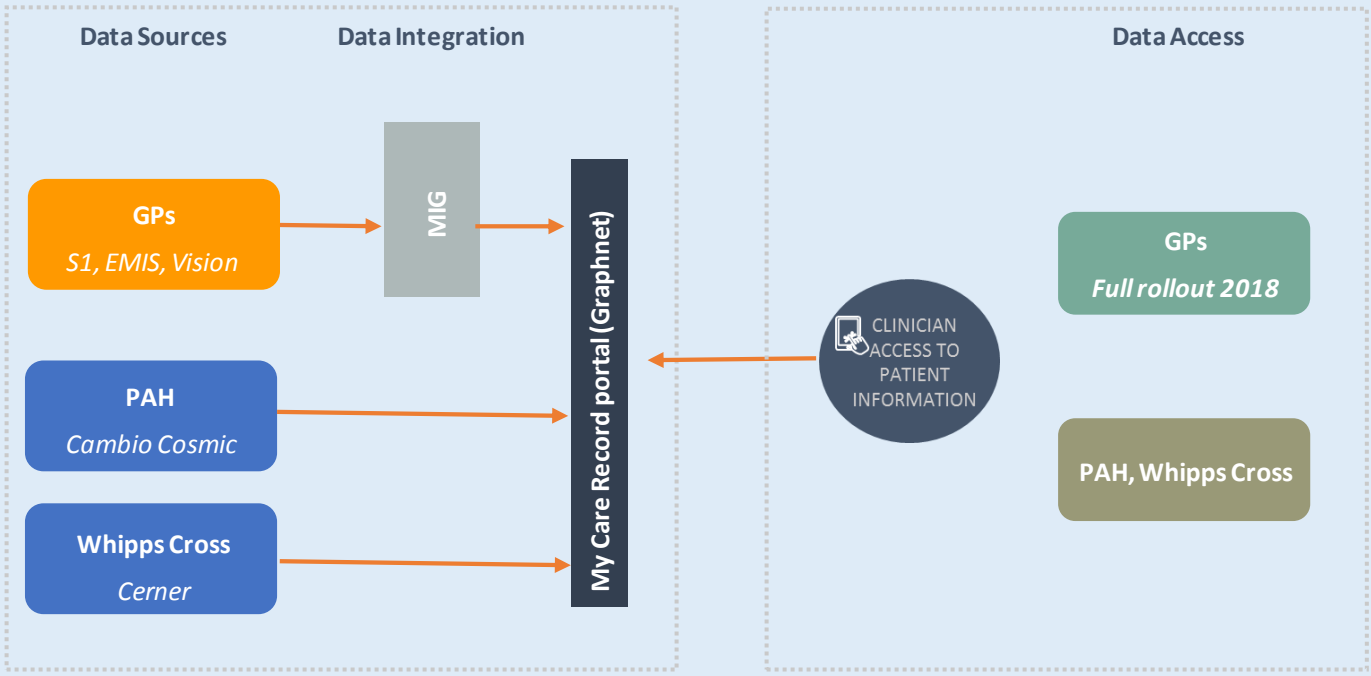
KEY SYSTEMS IN SCOPE

SITE	TYPE	VIEW	SHARE	IT SYSTEM
Princess Alexandra Hospital	Acute	Yes	Yes	Cosmic Cambio
Whipps Cross University Hospital	Acute	Yes	Yes	Cerner
3 GP practices (first PAH data release)	GP	Yes	Yes	S1, EMIS, Vision
15 GP practices (Epping Forest)	GP	Yes	Yes	S1, EMIS
60+ GP practices (full rollout)	GP	(2018)	Yes	S1, EMIS, Vision
Addenbrooke's Hospital	Acute	Planned	Planned	Epic
Broomfield Hospital	Acute	Planned	Planned	Lorenzo
Essex Partnership University Trust	MH	Planned	Planned	Mobius/Tiani Spirit
Essex Partnership University Trust	Comm	Planned	Planned	Mobius/Tiani Spirit
Hertfordshire P'rship University FT	MH	Planned	Planned	Civica/Paris
Hertfordshire Community NHS Trust	Comm	Planned	Planned	S1
East of England Ambulance	Urgent	Planned	Planned	S1
111 providers (IC24 and HUC)	Urgent	Planned	Planned	S1
Out of hours providers	Urgent	Planned	Planned	S1
Extended hours providers	GP	Planned	Planned	S1, EMIS, Vision
Essex County Council	LA	Planned	Planned	CoreLogic
Hertfordshire County Council	LA	Planned	Planned	LiquidLogic

OPEN STANDARDS

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

HIGH LEVEL TECHNICAL ARCHITECTURE



IMPLEMENTATION

The implementation has been phased according to priority and ease of deployment. The A&E department at Princess Alexandra Hospital was deemed to be a good test bed for MCR, as there was demand for access among the A&E clinicians. Lessons learned from the initial phase were used to inform the subsequent rollout across PAH, and to bring clinicians at Whipps Cross University Hospital on board, as well as the 15 Epping Forest practices which currently access MCR to view Whipps Cross data. The focus has been on building firm foundations – both in terms of the technical solution and the deployment methods used.

One of the big hurdles to overcome first was establishing single sign on access from EMIS and SystmOne to the Graphnet portal. Now that this is in place, access to PAH data is being piloted at one practice in each of the three areas covered by the CCG (Epping Forest, Uttlesford and Harlow). This will be extended to all GPs across the STP during 2018 on a practice by practice basis, to ensure successful uptake.

> **We went for the quick wins first. We wanted to properly test our approach, and refine it, before taking on the bigger challenges.**

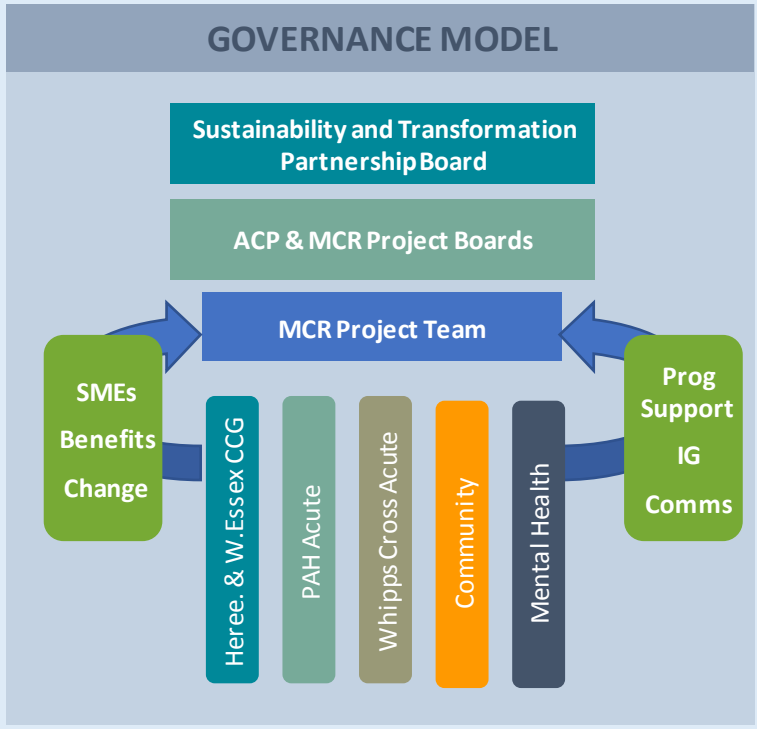
BUSINESS CHANGE

The underpinning premise of My Care Record is that it is not an IT programme. It has been approached as an opportunity to drive cultural and behavioural change and influence the way in which care is delivered. To this end, as well as the huge communications effort, the programme team have spent time working directly with key stakeholders to ensure MCR gets embedded and used to its full potential. A Change Analyst has supported this work stream.

CONSENT AND GOVERNANCE

When My Care Record was first developed, the consent model was the starting point. They agreed on a model in which consent for data to be made available in MCR is implied for all patients, with explicit consent required at the point of treatment in order to then view the record. In emergencies, access can be obtained without permission, in accordance with a strict set of guidelines. Full access audit trails are maintained.

Elements of the MCR communications campaign were designed to inform patients of their right to opt out. If patients had previously opted out of data sharing requests, a default opt-out was assumed and the CCG wrote to these patients (c. 9000) to give them the chance to opt in for MCR.



COMMUNICATIONS

Building the Brand

West Essex CCG wanted to get the public on board from the start. It knew it needed to develop a strong brand and clear set of messages in order to do this. Following a tendering process, the CCG appointed Nottingham based brand agency, Touch Design. They worked together to create the My Care Record brand, which they tested and refined through focus groups, before rolling out in print and online.

The suite of collateral included the My Care Record website, posters, an IG toolkit and a branding toolkit. Communication teams from partner organisations worked collaboratively to launch the campaign to stakeholder groups, with the first phase focusing on staff. At the time of the launch, MCR received coverage on BBC Look East as the headline news story. The campaign was shortlisted for several marketing industry awards.

ICO Commended

The CCG approached the Information Commissioner's Office (ICO) with their proposed communications and engagement plan, which included stakeholder maps covering patients, carers, service users, members of the public, public sector partners, stakeholder bodies, and the voluntary, community and social enterprise (VCSE) sector. The ICO not only approved the plan, but commended its best practice efforts to reach the wider population, noting that it made specific efforts to target those who are less frequently heard or who experience the greatest inequalities in health outcomes, including protected characteristic groups.

KNOWLEDGE SHARING

- The programme team's mantra is "reuse don't redo". Where possible they have sought to share their knowledge with colleagues in neighbouring areas and borrow ideas from them. This has been on an informal basis to date.
- There is scope for the materials, approaches, and even the My Care Record brand to be made available to other regions . West Essex CCG is keen to explore this further.

SUCCESS FACTORS

COMMUNICATION

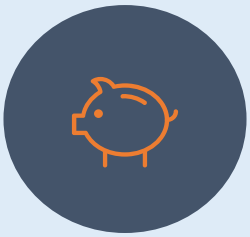
THE BRAND

- Establishing the brand was a major exercise but it is paying off.
- It provides a structure on which we can hang everything else – the technology, governance, and implementation approach.
- It has been successful in generating buy-in from key stakeholder groups and it also drives our thinking as a programme team.

DELIVERY APPROACH

FEET ON THE GROUND

- Implementation has proved more challenging than the technical development.
- The importance of face to face engagement can not be overstated. It is not always effective to rely on partners to disseminate information to staff and stakeholders, so having "feet on the ground" to go out and speak to people directly, and support them in their own engagement efforts, has been vital.



FUNDING

INVEST, INVEST, INVEST

- Investment in communications, marketing, engagement and robust governance arrangements have been key to the success of the programme.
- The cost of the technical solution is a relatively small component of what you should actually be looking to spend on the implementation. The more you invest in people, the better.
- Establishing and approving the Data Sharing Agreement took longer and was more costly than anticipated, however the benefits of having this properly established are now clear.

FUTURE AMBITIONS

The next phase of the My Care Record programme will focus on:

- Opening up access to Mental Health, Community, Ambulance and Social Care. Discussions are underway with these partners. For the social care data, they have a spec agreed for adult services, but the governance and sponsorship for children's still needs to be established.
- Agreeing an approach for extending MCR across the whole region (encompassing a further two acute hospitals, 80+ GPs, and an additional mental health trust and local authority). A business case to secure funding for this is currently being written.
- Carrying out an evaluation of work done to date and feeding learnings into the next wave of implementations.
- Giving patients access to MCR (this will happen in the latter stages of the programme).

LESSONS LEARNED

AWARENESS VS ENGAGEMENT

Challenge: The team realised that awareness of MCR was high among staff at PAH, but people were still not engaging with it.

Lessons Learned: Don't make the mistake of assuming awareness is the same as engagement. It is not. Just because you have spent time telling people about a solution doesn't mean they will use it. They need to know specifically what's in it for them. In the case of getting staff at PAH on board, the team designed and ran an eight week campaign, basing themselves at the hospital and talking directly to clinicians. This resulted in an additional 500 clinicians signing up for training.

TRAINING

Challenge: Staff were being trained to use MCR and then subsequently moving on, meaning the training was effectively wasted. This has been felt in particular in the last six months due to a high staff turnover.

Lessons Learned: The training strategy needs to take into account the cyclical nature of clinical staffing, for example associated with rotations or seasonal changes in staffing levels. The MCR team have been looking at how to tackle this in future and are keen to reduce the training burden by building knowledge of MCR into everyday life for clinicians. Fore example, they have been working with the hospitals to ensure it features as part of the staff induction process. They have also built contingency into training plans to ensure there is scope for repeat training if needed.

THE IMPORTANCE OF FACE TO FACE

Challenge: In West Essex, GP engagement was supported by face to face meetings. In East and North Herts, they took a slightly less direct approach by sending GPs collateral to read through and disseminate themselves, and not always following up with a visit in person. With hindsight, this was a less effective engagement method, which resulted in a lower uptake.

Lessons Learned: They have now assigned team members to practices, and their remit includes face to face meetings. While more resource intensive initially, this has had a positive impact on engagement, and has reduced the need for rework. The message is being delivered more consistently and the approach feels more collaborative.

FURTHER INFORMATION

INFORMATION CORRECT AS OF 27/04/2018

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LINKS

My Care Record
Herts & West Essex Local Digital Roadmap
A Healthier Future
Touch Design

Produced in collaboration with NECS and Accenture