

Integrating health, community and social care: How to join an established shared care record

Over the past ten years, Graphnet has deployed numerous shared care records across the country – we have around 50,000 registered users and hold data on some 17m people.

This fact sheet explains how you can join one of those established shared care records, and how a wider care-community record can help your staff deliver better patient care.

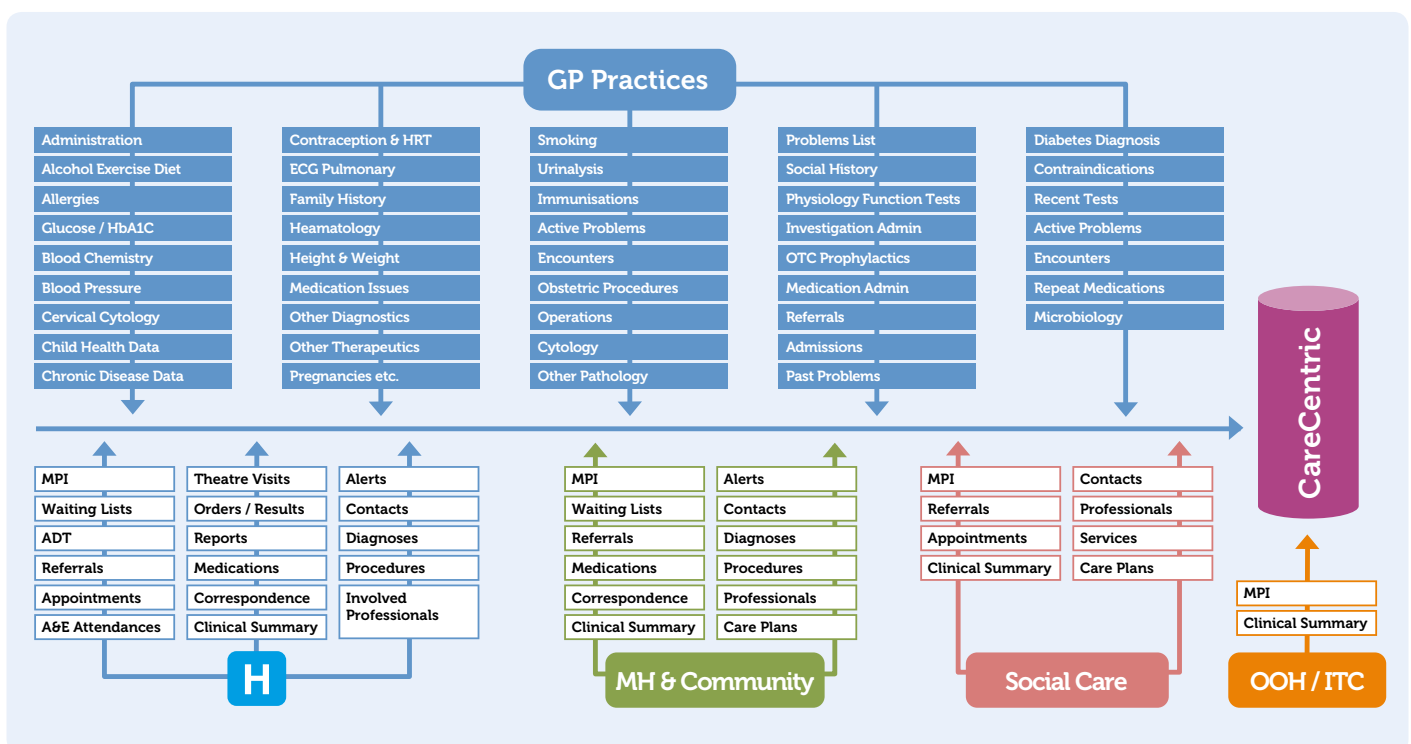


Our CareCentric shared record software accepts and shares information between every type of health and social care provider. So the benefits of information sharing are available to you

whether you are a GP, acute, mental health or community provider, an out of hours service, treatment centre, ambulance trust, nursing and care home or an adults' and children's social care provider.

Sharing information

The type of information typically shared between GPs, Acute Trusts, Mental Health, Community, Social Care, Out of Hours Services, and Treatment Centres



Shared records help your staff deliver better care

“Graphnet has connected most of the major health and social care products in shared records across the UK and these templates save considerable time and effort for new joiners.”



They provide:

- A complete, unified view of a patient, their needs and history. A person can say it once and all authorised clinicians and carers with consent can see that information
- A joined up view of medications – whether from the GP, acute encounters, or out of hours providers – saving considerable time and improving patient safety
- Access to clinical correspondence from all providers, usually giving a first rate history of every condition
- Access to test results and diagnostics from all providers, saving time accessing results and reducing repeat testing
- Lists of people and teams caring for a patient and the contact details for those carers, giving immediate access to the people who know or need to know
- Access to a wealth of detailed information such as health and social care management/care plans, personal and family history, allergies, alerts and social circumstances



Shared records will support your organisation develop integrated patient-centric care

They:

- Support the creation of fully-integrated care teams, where care-givers can work together on care plans across organisations, such as dementia plans
- Allow the use of pre-populated e-forms, ready loaded with relevant information pulled from the record. These reduce administrative time and improve accuracy
- Facilitate service redesign, by offering cross-organisational care pathways
- Allow care alterations to be instantly visible across care settings in a single plan, driving improvements in co-ordination of care, clinical safety and patient satisfaction
- Allow ambulance, Out of Hours and A&E staff to identify community patients with long term conditions, for example, or patients with mental health problems, and divert unscheduled admissions where appropriate
- Provide access to information when a patient or carer is unable/unwilling to give it, helping to safeguard children and vulnerable adults, or care appropriately for patients with an end of life care plan
- Reduce the resource and materials required to maintain and share paper-based records



Joining an established shared care record

To join an established shared care record you will need to agree the data you wish to contribute and the information your clinicians and carers would like to see. You also need to put in place data sharing agreements which define how data can be stored and accessed and by whom.

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Using the shared care record – consuming data

The shared care record can be viewed by authorised users using any modern browser. The viewer can be run stand-alone, direct from Internet Explorer or Chrome for example, or it can be embedded in local systems. This latter option allows a user to view the shared record for the patient that they are working on with a single keystroke or mouse click with single sign on and within patient context.

Viewing access is granted via an annual site licence per organisation. Additional licences are available to view the record on workstations, tablets and mobile devices.

Using the shared care record – contributing data

The data sets

Carecentric supports standard data sets for each type of care provider. Typically:

Acute Trusts contribute patient encounters such as outpatient appointments and A&E attendances, clinical letters, medications and allergies, test results and X-ray reports.

health alerts, community health data such as immunisations, diagnoses, medications, allergies, encounters and referrals.

Mental Health Trusts contribute care plans, alerts, diagnoses, medications, allergies, encounters and referrals, including clinical assessment of risk to self and Care Programme Approach episodes.

Social care providers contribute details of assessments, involvements and provisions for adult and children's services, and safeguarding alerts.

Community Trusts contribute community health care plans, community

GP practices contribute details such as medication, allergies, results, immunisations, encounters, referrals, admissions, family and social history, past and current problems, and child health data.



The technical detail

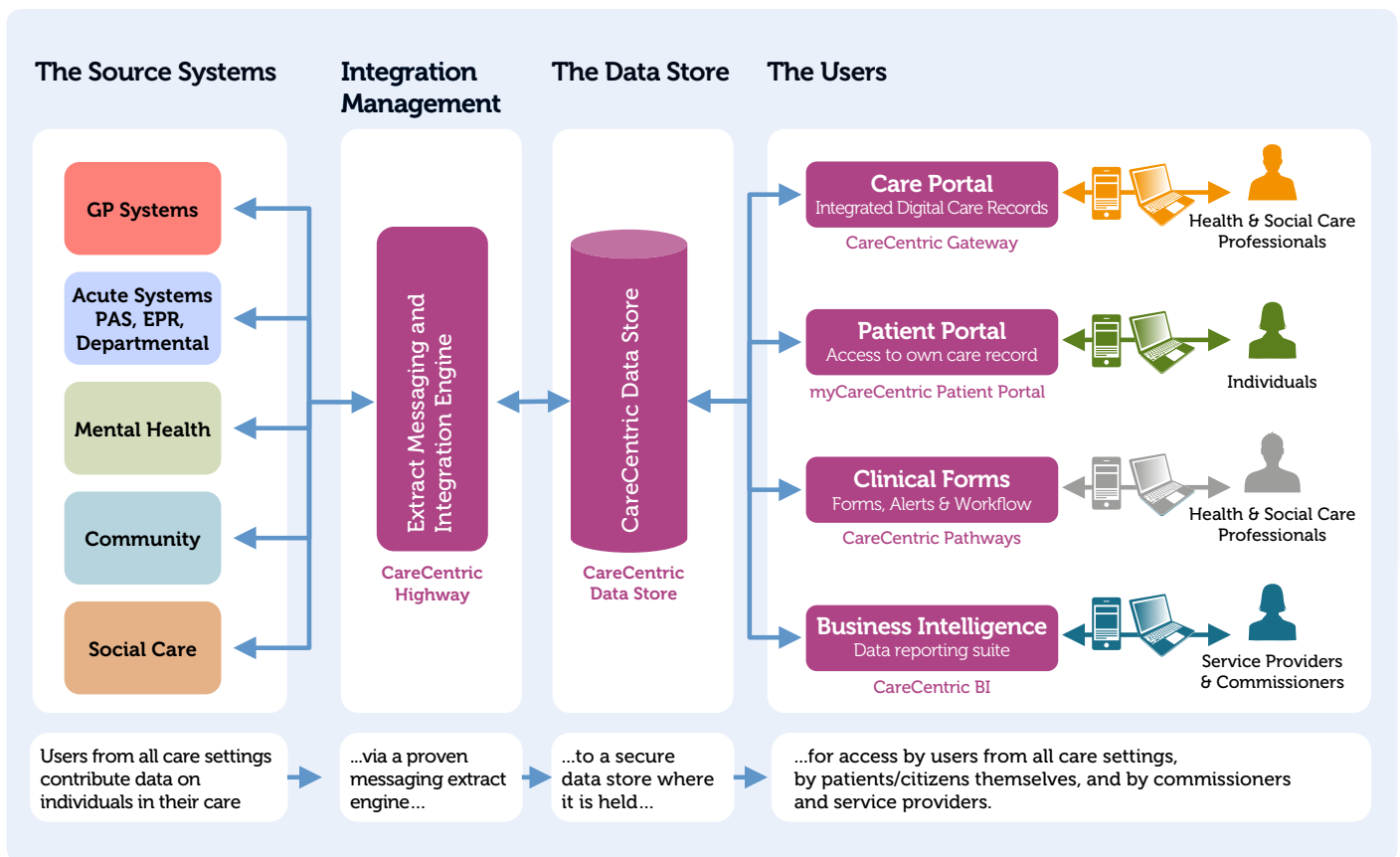
- Each organisation can publish information into the shared record easily using standard feeds and methods. We use established messaging standards such as HI7 or ITK. CSV and XML SOAP are also supported and feeds can be real time, interval-based or daily depending on the technology.
- CareCentric supports standard feeds from most health and social care records in widespread use. These include the Medway PAS, the Liquidlogic Adults' and Children's social care systems, the RiO mental health and community systems, numerous pathology systems, EMIS Web and InPS Vision.
- CareCentric can also accept data from new solutions. Each type of system has standard import file formats for each type of data and users can create a data feed by writing data in the prescribed format. Either the provider can do its own mapping or Graphnet can provide a service to assist or execute an end-to-end service.

The national case for integration

Integration of services across health and social care is a key part of the agenda for everyone working in social services and in the health care sectors.

- The new Centres of Global Digital Excellence programme focuses on the sharing of records and workflow across care communities
- The NHS strategy document 'The Five Year Forward View' makes it clear that boundaries have to be broken down between health, social care and community services
- Combined health and social care budgets are now in place country-wide under the Better Care Fund
- Greater Manchester has control of a £6bn combined health and social care budget
- Nationally, 29 new Vanguard sites and 25 integration pioneers are piloting new arrangements
- Patients are more discerning and expect care professionals to have appropriate access to their data and also want to be able to view their own combined records. Both are available to CareCentric users.

CareCentric solution overview



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