Shared record checklist

Graphnet Transforming Care

Six ‘must-haves’

when setting up a shared care record

In August this year, Simon Stevens, NHS CEO, wrote to all NHS leaders informing them that they need to put shared care records in place. This has now been backed up by central funding support from NHSX for systems purchased before March 2021. This paper looks at the six key things to consider when buying a shared care record.

1. To be effective you need all of the datasets needed to care for patients

A shared record must hold a complete health economy data set including primary care, acute, community, mental health, social care, 111 and 999 information. Although some users will focus on a small number of standard data sets, such as current medications and test results, records become really valuable when they hold extensive longitudinal records so that people can look up whatever they need whenever they need it.

The information you should expect to make available includes: diagnoses, procedures, medications, immunisations, contacts, carers and other involved professionals, results, reports, family history, allergies, alerts, specialist clinical summaries such as cancer and mental health, crisis plans, long term condition management plans, social care packages and emergency service contacts.

Check this information is held as raw data, not as documents, so that it can be filtered or aggregated and used for analysis and workflow.

2. Viewing the record needs to be simple, fast and intuitive

Every care economy will have many thousands of staff who will need to access the system and users include regular, occasional and locum staff. You need to select a system that is simple and intuitive to use and that supports role-based access to ensure the data is accessed by users with appropriate clinical need. It should also include single sign on so that users can view the record of the patient they are currently looking from within their local EPR, GP or social care system without having to log in separately or re-select the patient. Embedded links enable better, safer and faster clinical decisions based on timely access to the full record.

An attractive and simple user interface is essential for rapid take-up, which in turn drives benefits realisation. The same is true of patient access via a PHR. Usage of the record is also a critical success measure for central funding.

3. Proven expertise in deploying systems quickly and safely is a must

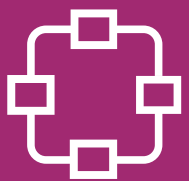
Timeframes are tight. Shared care records need to be deployed by September 2021, with all local health and social care providers contributing and viewing data, so it is important that systems can be deployed quickly and safely. To achieve this, look for robust deployment plans and supporting documentation covering areas such as information governance, training guides and benefits. Shared records need to link to hundreds of systems, so it is important that the supplier has Shared record checklist

20m people

Our shared care solutions hold records for 20 million people

37% of CCGs

Use CareCentric for shared records



2,300

We bring together information from over 2,300 NHS and social care systems

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demonstrable experience of integrating with the majority of systems in use in your care economy.

You should look for lots of experience in the UK market, with a good track record of rapid deployment. Knowledge-sharing between care communities is invaluable.

4. Systems need to store data, rather than just display it, and come with integrated population health and operational reporting
Operational reporting and population health are natural next steps once your shared care record is deployed. Because the data feeding into the shared record store is real-time and operational, it can be used to generate system-wide insight, analysing data in fast-moving situations such as the Covid-19 pandemic. Gold Command dashboards can analyse population case rates, hospital admissions and capacity across a whole system. A population health solution can also help identify and protect the most vulnerable from Covid-19 through tracking capability and enhanced case finding for shielded patients. Epidemiological dashboards can allow a system to understand how populations are affected differently by Covid, analysing infections and deaths by ethnicity, morbidity, deprivation, population density etc. Population segmentation, morbidity profiling and patient cohort identification can help with identifying populations at need, prioritising care and targeting interventions.

It is essential that your shared care record system supports the use of identified, pseudonymised and anonymised data to support a wide range of system-wide analytical, planning and direct care uses.

5. Shared care records need to support multi-disciplinary and multi-provider care pathways
Shared care records need to offer much more than record viewing. A central Master Patient Index for a whole care economy is a must in order to support co-ordinated cross community services such as single assessment processes, multi-disciplinary care plans, end of life care, and pathway management for people with long term conditions. Cross-provider task management, communication and alerting allows care teams from more than one care provider to communicate at a patient level and can be used to alert a community worker about one of their patients being admitted to hospital, for example.

6. Shared care records must be safe and secure
Shared care records hold extremely valuable and confidential patient information and it is essential that this information is cared for and managed correctly - a project will fail unless it can provide cast-iron reassurance that patient data is secure and managed appropriately.

Check that your supplier understands all the requirements of GDPR, is compliant with the Data Security and Protection toolkit, is certified to ISO standards 270001 and 9001 and Cyber Essentials Plus. A shared record should deliver role-based access, support full audit trails, encrypt data at rest and in transit and follow a program of independent pen testing.

Has your supplier got experience of how shared care record data can be used safely for analytics and research?

Graphnet
Transforming Care

20,000

Around 20,000 patient care encounters are assisted by the use of our shared record every day.

13 million

13 million citizens benefit from planned care using our population health management.

15,500 GPs

Over 15,500 GPs have access to Graphnet's shared record software for their patients

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