

Information Sharing Service Case Study

This case study outlines the development of a service to provide secure access electronic care records when care is shared across organisational boundaries.



Oxford Health 
NHS Foundation Trust

Informatics

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1 Defining the need

For a number of years, there have been a number of attempts to share information between organisations throughout Oxfordshire and Buckinghamshire. Usually these have been led by a collaboration of organisations, though the main driver has been integration of Health providers with Social Care organisations.

The need to share information is often mistaken with a similar process, of providing information to Social Care organisations to evidence delegated care provision. This is not covered in this document.

The need primarily surrounds the sharing of documents that make up frameworks such as the Single Assessment Process (SAP). Specifically Oxford Health (and the former organisations which now comprise it) has agreements with local Social Care organisations that the Mental Health Assessment is a “Specialist Assessment” in such frameworks.

The solution required is that all professionals involved in the care of an individual can access information about that individual, regardless of who originated it.

1.1 Previous sharing attempts

The functionality preferred is an information system or document management system that is hosted by a Social Care organisation, and which other organisations such as health providers contribute to.

A number of projects have been started in both Oxfordshire and Buckinghamshire over the last decade or so, though none have delivered a workable solution.

1.2 Modelling behaviour to be supported

Every solution suggested to make information available, was predicated on each information provider to push or upload information to a central source, and so added an additional step to each recording event. There are several issues with this approach, from secure access, to potential performance issues with the amount of users, and system loads involved.

The NHS Care Records Guarantee, first published in 2005, effectively discounted this approach as an effective method of sharing information.

The Trust considered the position and decided to investigate who actually accessed information, usually via telephone, which showed a much smaller group of people:

- Social care front desk/contact, teams

- Children and families teams
- Emergency Departments/Medical Assessment Units
- Specialist Police Liaison Officers

It was decided that a secure portal to access certain information would be highly effective for these partners.

1.3 Functionality required

The Trust had been using the electronic record for some time to retain clinical documents including assessments, risk assessments and plans of care; as well as progress notes aligned to the client record, but did not use a great deal of other structured functionality. There was also the need for end users to potentially print or save documents, for inclusion in other record systems.

And so a web based portal was designed where these documents and progress notes could be 'pulled' if required.

As the development occurred just after the provision of a view to Blackberry devices, some of the functionality used there was also used in the information sharing service:

- Client summary information, including demographics, workers and teams involved
- The ability to record a progress note and record activity was also made available to internal staff only

1.4 Future requirements

Though GP's did not emerge as a group of people who sought information out, it was thought that they may wish to access similar information too. However the most considerable group of people who could potentially access this service was patients themselves. Though this functionality was never rolled out, it was a design consideration that at some point it might be appropriate for patients and/or carers to be able to access their record securely, make their own entries, or complete assessments or tools, or register agreement for a care plan, thereby making the practice of signing paper copies redundant.

The model of access also simplified some home working processes, especially twinned with Blackberry access.

With a reported 82.5% of the UK population being internet users as of June 2010 (<http://www.internetworldstats.com/eu/uk.htm>) the potential benefits if patients and professionals can contribute to a single record at a patients home, could have significant implications for estate and IT strategies.

1.5 NHS Care Records Guarantee considerations

Part way through the original development and early pilot, the NHS Care Records Guarantee was published, which meant that the functionality needed to be reworked. The service was already secured by unique user name and passwords, and further restricted to the organisation of origin, but had to support access to the information in an emergency. All external users were compelled to record the reason for their access, or else could not proceed. Users had to give a qualifying reason such as they had concerns about the safety of the person or others, or that the person was not able provide consent, or that the person was able to provide consent to their access.

The Maracis Mental Health system helpfully provides the ability to tag documents as 'Confidential', and these documents were excluded from the service.

The setup of the service allows different types of user to be set up, which could further restrict access based upon organisation of origin. Social Care professionals were restricted by the LA Code associated with their home address, and similarly GP's could only view records associated with their Practice.

2 Technical delivery

The service is a web based service hosted on a server in the Trusts DMZ. Access to the service is via the Trusts public facing website (though is not specifically referenced). The webpage is simply inactive until the terms and conditions of use have been accepted, and then the page routes the user through to a masked secure socket layer encrypted https web address.

Maracis designed the service to display information such as the documents, in windows that opened with a one-time web address, therefore could not possibly be navigated to outside the service.

3 Conclusion

The service was operational until February 2011, when the information available to the service was no longer updated. The full impact of the benefit leveraged over the years in terms of clinical access to information, to support timely services and appropriate responses to clients, as only been fully realised since the service was switched off.

Communication with Social Care has reverted to a telephone service, placing considerable additional pressure on the out of hours coordination centre especially.



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