

Interoperability Workshop

Identifying and agreeing the vision and principles for interoperable IT systems to support U&EC system transformation



NHS 111 – Current Range of Crisis / Care Plan Partners

The mobilisation of Crisis / Care Plan suppliers has been a critical element of the Beta phase of the NHS 111 Patient Relationship Manager development. The current geographic spread of these partners with whom we are collaborating with to improve the patient experience are shown below. We are looking for more potential partners across the London region.



Care Information Exchange



Neuro Response



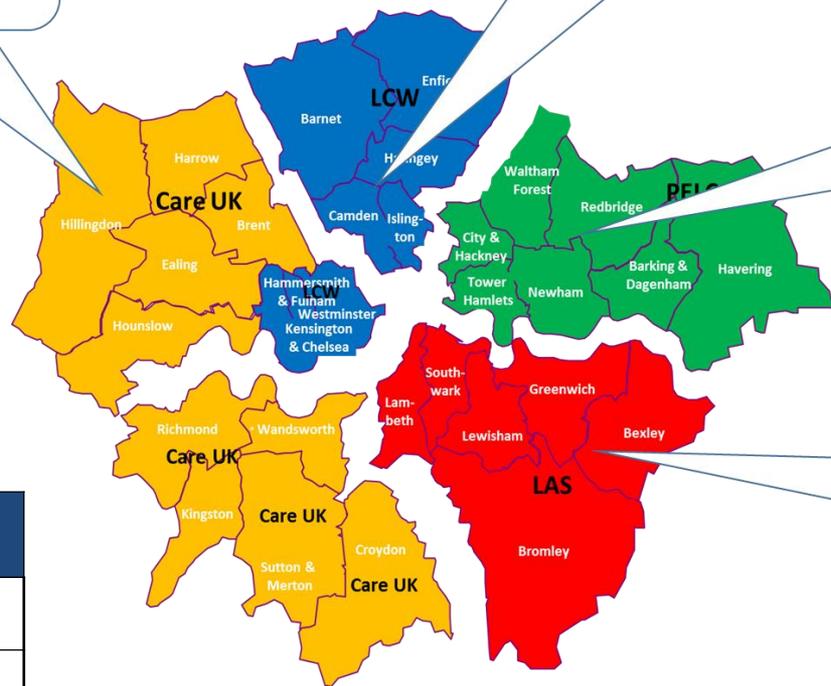
HealthAnalytics



MyBrainBook



coordinate my care (Across London)



| 111 Provider Key / Coverage | % of London population |
|-----------------------------|------------------------|
| Care UK | 34.6% |
| LCW | 23.3% |
| LAS | 20.3% |
| PELC | 21.8% |
| Total | 100% |

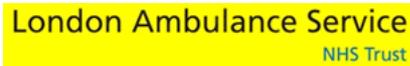
Benefits & Partners of the London 111 Patient Relationship Manager

The London 111 Patient Relationship Manager (PRM) uses innovative cloud technology to provide 111 callers with a more coordinated experience of NHS 111, greater personalised care by retrieving patient's crisis or care planning information and sharing with 111 clinicians in real-time.

Care or Crisis Information /Data Suppliers



NHS 111 London Providers



NHS 111 London GP OOH Providers



Bexley Clinical Commissioning Group



Expected benefits

- Clinicians in 111 will see in real time crisis / care plan information* to support their clinical decision making, information will be presented as part of the 111 call.
- The PRM will provide an improved level of 'personalisation' ensuring patient's care requirements are fulfilled, speaking directly to a clinician who is following the agreed plan of care.
- Patients calling back 111 will not be asked to repeat information given in previous calls.
- Ambulance crews will be able to access clear and concise crisis information from 111 referrals, en-route or at scene, via the ambulance mobile data terminals.
- Commissioners and EPRR will be able to monitor 111 performance in real time; supporting more resilient system management and introduction of early warning on system demand (including syndromic surveillance)

*includes end of life , complex, long term conditions, mental health crisis , vulnerable children/adults

Patient Scenarios

Scenario 1

Patient with a Care Plan calls 111 and is routed to a Clinical Advisor.

Scenario 2

Patient with a Care Plan calls 111, but cannot be identified immediately.



Scenario 3

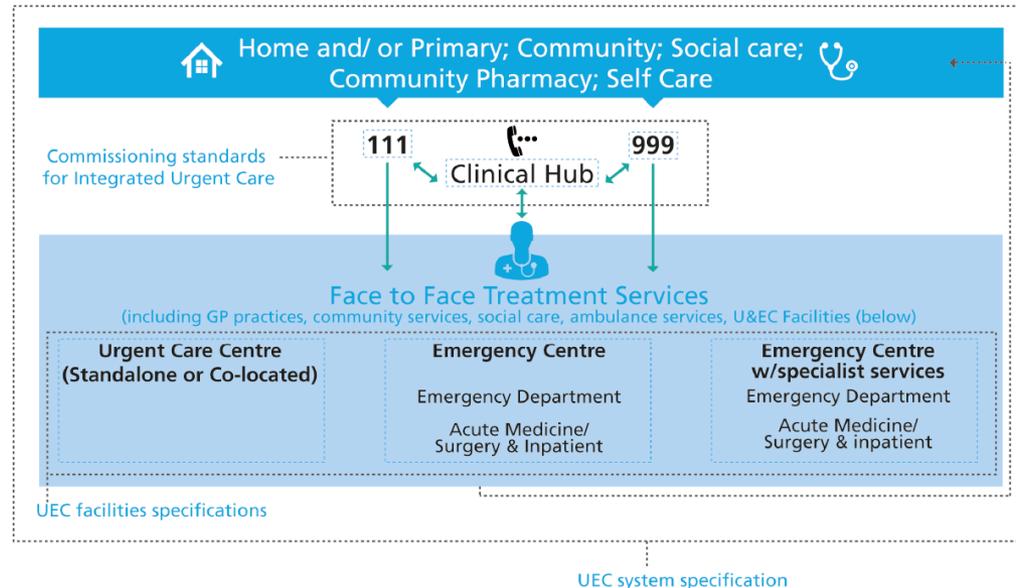
Patient calls 111 for a second time within a 96hr window (repeat caller).

Scenario 4

Surge in demand.

How can Interoperability support achieving the U&EC vision?

Enabling continuity of care and supporting effective clinical decision making by allowing patient information to be exchanged between organisations.



Interoperability will provide U&EC services with a mechanism that will:

- Support giving clinicians relevant patient information to allow effective triage
- Pathway management - inc. handover of patient information between clinicians and organisations during a transfer of care within an episode.
- Allow patients to be engaged and involved with the exchange of their information, e.g. to support their care in a crisis event.
- Provide alerts to clinicians and carers when a patient has an U&EC episode

How we can achieve this – the principles

- **Citizen account and value** – A single process allowing patients to define their preferences in advance of care. Utilising existing preferences expressed for sharing information through the summary care record. The design of interoperable systems should allow participation with patients and to make care accessible for them. Including the ability to reschedule appointments and upload telemetry data to monitor care.
- **Accessing and collating data** – Patient information held by different providers across London needs to be located and collated in real time, using a standards based approach, to support triage and the transfer of care between different providers across the pathway. Where possible information will be collated from existing systems and assimilated as required. This will not require information to be manually uploaded.
- **Creating alerts** – Clinicians will be able to subscribe to specific alerts for circumstances and patients' they define.
- **Delivery of information through existing systems** – Patient information is communicated directly to the clinician to support decision making, and does not require accessing alternative

Key Questions for discussion

- Is this the right vision for developing interoperable IT systems within Urgent and Emergency Care across London?
 - Is there anything missing?
 - Are there any specific patient groups/needs that should be identified and considered? Or specific local issues that need a tailored solution?
- Are the principles proposed for developing interoperable services across London correct?
- How can this approach support tailoring to specific local needs within networks where required? i.e. identifying specific patient groups/populations that may need consideration
- How do we ensure we join up and build on what is happening in linking and integrating IT systems within networks already?