

SWASFT Connector Programme: Discovery – Topol Project 2021/22

Sharing the right patient information with clinical staff in South Western Ambulance Service Foundation Trust

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1. Problem and Impact

SWASFT encompasses 7 Integrated Care Systems (ICSs), 6 separate local shared care records (ShCRs) and multiple versions of care plans. It is unrealistic and unsafe to expect ambulance clinical staff to access and remember how to navigate multiple ShCRs. Access to patient information is limited to previous ambulance attendances within their own Electronic Patient Care Record (EPCR), national Summary Care Record (SCR) for those with a working smartcard and Special Patient Notes (SPNs) emailed into SWASFT from other health organisations.

None of these three systems effectively enable the sharing of care plans e.g. treatment escalation plans which are therefore only available on paper in the person's home and often 'not found'.

Problem

Ambulance clinical staff in the South West do not have access to the patient information they need to support optimal decision making for/with their patients. Paramedics routinely cross ICS boundaries, accessing multiple ShCRs is not a safe, efficient or timely option.



2. Project Approach and Objectives

The approach for this project was User Centred Design, putting the people using the system, in this case ambulance clinical staff, at the heart of the design process. Discovery to fully understanding the user needs, tasks and environment BEFORE defining, designing and delivering a solution.

The objectives of the discovery phase were:

- Problem definition, evidenced by 'use case' examples
- Definition of minimum data set for urgent care information (ambulance clinical staff-defined patient information)
- Current state of sharing of ambulance clinical staff-defined patient information to all 11 Ambulance Trusts in England. What information? How shared?
- Current pathways for recording and sharing patient information with ambulance clinical staff across the 7 South West ICSs
- AS IS of how direct care information currently reaches SWAST ambulance clinical staff to include Special Patient Notes and Summary Care Record
- A high level summary of the current teams/programmes already looking at this since 2019 (e.g. LHCR, Urgent Care clinical group etc -collate existing outputs)
- Understanding sociotechnical process and procedural barriers to information sharing
- Identify perceived benefits in advance of full benefits analysis, consider metrics for evaluation of benefits
- Engage with patient, carers and other Urgent and Emergency clinicians to discover their expectations around what information an ambulance clinician should have access to
- High level proposal of what good looks like (person centred)
- Recommendation for tactical quick wins if appropriate

2. Methodology

- Online questionnaire to 3200 ambulance clinical staff- 12% response rate
- Structured interviews with clinical and digital leaders and frontline staff across South West
- Literature review
- Gathering of existing discovery work from across region and other ambulance trusts
- Business Analyst activities- e.g. detailed process maps created

3. Stakeholders Involved and Resource

- South West digital and clinical stakeholders from across the 7 ICSs
- SW CXIO Network
- SW CNIO Network
- SWASFT Clinical Leads
- Attendees of ReSPECT virtual workshop
- Respondents of SWASFT Online Questionnaire
- Respondents of SWASFT Face to Face Questionnaire
- Quality Assurance Sub-Committee- SW Ambulance Collaborative Commissioners
- South West Urgent and Emergency Care Clinical Leads
- South West Integrated Personalised Care Team
- NHS Digital Live Services Team
- NHS X PODAC Team

Resource was provided to build a 'task and finish' project team by:

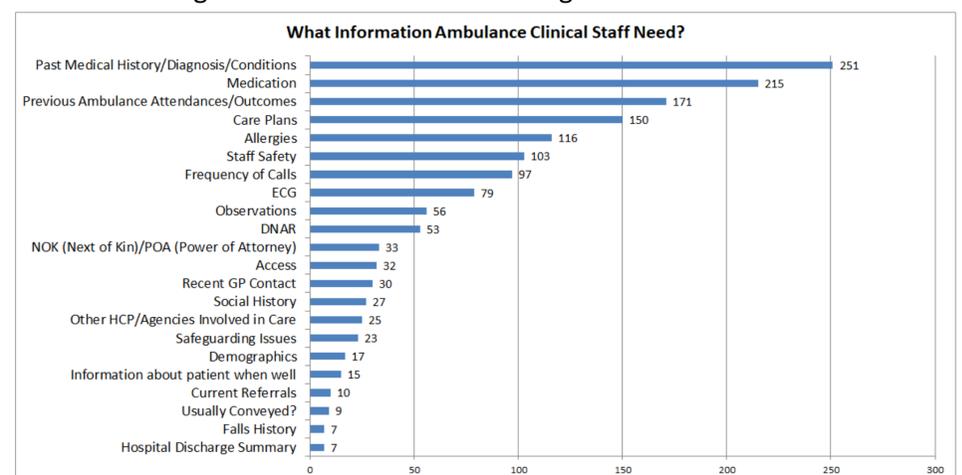
- West of England Academic Health Science Network
- One South West, Shared Care Records Programme
- Wessex Care Record, Shared Care Records Programme
- NHS England and Improvement South West
- South West Ambulance Service Foundation Trust

4. Findings and Recommendations

The key output is a 42 page discovery report (available on request).

Findings (sample)

- Quick win opportunity identified to improve access to Summary Care Record- funding sought and delivered to SWASFT to enable this.
- Questionnaire results- example below, analysed and presented in report.
- Perceived benefits identified
- Cross Border Working- paramedics routinely cross ICS boundaries supporting the project problem statement.
- Evidence Review
- As Is Process Maps of patient information flow through system.
- Use Case Examples
- Understanding of the sociotechnical challenges.



Recommendations (sample)

- Implement identified quick win to improve access to patient information.
- Articulate need across region to ensure 'care plans' are digitally ready- multiple factors to consider.
- Take discovery work forward to next stage. Discover-Define-Design-Deliver.
- Maintain momentum and regional collaboration achieved so far to deliver a solution.

5. Future Plans

- It is expected (to be confirmed) the SWASFT Connector Programme discovery work will be adopted as a principle use case for the Shared Care Records Programme.
- This discovery work is informing NHS Digital's own discovery work on the national Summary Care Record (SCR) Application to create an Urgent and Emergency Care view of the SCR. This will have particular benefit for patients when accessing emergency care outside their local area and for ambulance clinicians whose areas span multiple ICSs and local Shared Care Records across England.
- The plan is that ambulance clinical staff in the South West will get the access to patient information they need to deliver optimal care to our citizens.