Summer Schools 2023
a digitalhealth event
27–28 July

Professional Record Standards Body

#DHSS23

Focus on getting the basics right – transfers of care

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Improving transfers of care

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Better records for better care

Why is it important?

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1.5m

People use NHS services every day

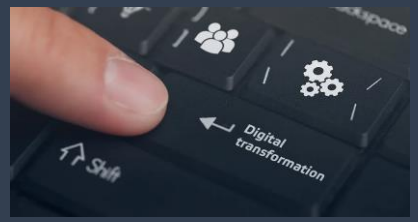
100k+

ToC episodes from acute care back to primary care/ day

40-80 ph/wk

Processing discharge summaries

82%



Respondents felt there was opportunity to reduce administrative burden

Clinical time saved can be used to offer increased **quantity** and **diversity** of appointments

ToC Standard

- reduces **duplication**,
- avoids **transcription errors**,
- saves **administrative** and **clinical** time in primary care
  improves patient **safety** and **experience**

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The challenge of effective **transfers of care** has been consistently under-estimated when in reality, they are **fundamental** to i**ntegrated, person-centred care** and **interoperability**

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DAPB4042: Transfer of Care – Acute Inpatient Discharge Standard

Better records for better care

Session may be recorded for analysis purpose only

DAPB4042: Transfer of Care – Acute Inpatient Discharge Standard Background

- **ISN** published in **February 2022,** conformance date October 2022
- **Information standard** that supports **coded information** and **auto-population of inpatient** and **day case discharge documents** from acute trusts to **GP Practice systems.**
- **Encourages** the **use of standards** and NHS defined **Application Programming Interfaces (APIs)** to achieve **interoperability** of **systems across different care settings**.
- Focus is on structured **discharge** and **clinic attendance documents** sent from secondary care to primary care.
- Vision
  - When **secondary care suppliers** correctly implement against the **Transfer of Care APIs** for **discharge and clinic attendance**, the resulting correspondence will be compatible with
  - the **receive capability** that GP Foundation IT suppliers in England are obliged to provide.

ease our
ience and put
good use

Transfers of Care Adoption

- e**Discharge** standard was first developed in **2015**
- We now have a **suite of TOC standards** including **discharge from emergency departments** and **mental health inpatient units** and **outpatient letters.**
- Despite inclusion in the **NHS Contract in England**, the rate of adoption has been disappointing.
- To date there has been limited implementation of this national standard and sending of FHIR messages.
- The **anticipated system wide benefits** of sharing high-quality, timely Transfer of Care information digitally are very significant

So what is going wrong and what can be done about it?

If we think it's all about the tech, we'll fail

Professor Dame Jane Dacre, Chair of the Expert Panel to the House of Commons Health and Social Care Committee:

"The aspirations to transform the NHS, supported by the right digital foundations, are to be applauded, however, our report finds evidence mainly of opportunities missed."

National Audit Office:

"insufficient understanding of, and support from, key stakeholders such as clinicians and the need for adaptive change (changes in the way people work), alongside technological change"

"But national programmes are still more focused on **technology than adaptive change**"

"little national support available for local implementation of systems and the corresponding adaptive change required by trusts' workforces…..trusts felt they lacked central support to implement"

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We need meaningful **clinical engagement** that addresses **technical challenges** and promotes **collaborative working** across care settings

Discussion

What is your experience? How big is the problem?

Why hasn't it been cracked?

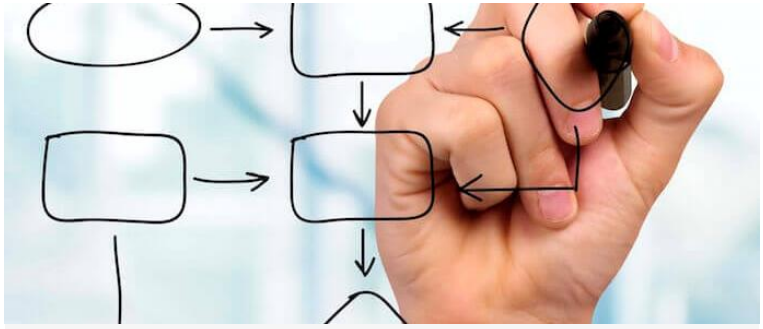
What is the scale of the opportunity if we can fix this for patient care?

Improving transfers of care

The primary focus needs to shift to **clinical care co-ordination** and **patient outcomes**

People

Workflow changes in **acute trusts**
Workflow changes in **primary care**



Process

Primary/ Secondary Care Interface
SNOMED CT
Clear **Actions/ Follow-up** arrangements

Technology

Complex legacy of standards Assurance

Uplifting systems to conform to the ISN

Failures to treat this as a whole systems problem has resulted in it being very difficult, slow and costly for organisations to make progress and the opportunity to improve care is lost

What we found – people

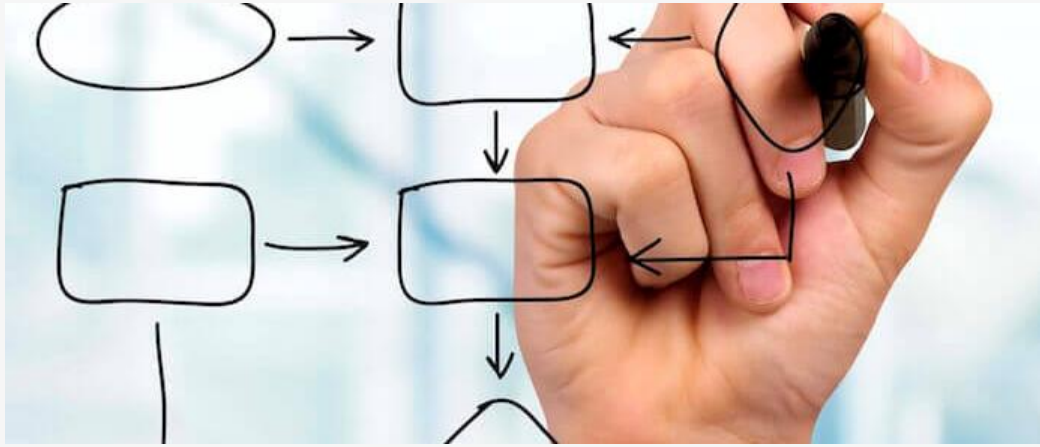
- Variable **quality** discharges commonplace and **information transferred to GPs** of **limited value**
- Correspondence does not meet **GP workflow needs**
- Discharge correspondence to **patients** does not happen **consistently** and **quality/usefulness** is variable
- Suppliers and developers need **clear guidance** and **consistency** on what is expected of them

Discussion

- Does the picture of secondary care and its challenges resonate with you?
- If you work in general practice what are the implications of sharing unstructured, uncoded information of variable quality? What is the impact on your workload?
- Or is your experience positive and if so why?
- Do people receive discharge information and can they use it to self-manage?
- For suppliers and providers what would help you unblock the logjam?

What we found - process

- ToC approached as a **technical problem** and **piecemeal**
- Need to improve patient care and outcomes across an Integrated Care System
- Use of **SNOMED CT is universally poor**
- **Unstructured or inappropriately coded data** is shared that makes it difficult to work with
- Benefits need refreshing based on needs and context



What we found - technology

Complex legacy and mixed economy of standards (semantic, terminology, technical)

Implementation guidance and architectures is hard to navigate.

Assurance of technical implementation is overly complex and time-consuming.

Both primary and secondary care systems need to be uplifted to reflect user needs for discharges.

A perspective from the sharp end
Lee Rickles, Y&H CIO

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How can we make it happen?

Clinical care co-ordination and patient outcomes

- Win **hearts and minds**, make the case for **automating discharges** with **accept/ reject/ amend levels of control**
- Not every discharge summary/ clinic letter received in primary care is reviewed by a clinician
- Focus on **medication (categorised)**, **diagnoses and procedures (coded)**, **follow-up actions (easily identified)**
- **End to end** review/**quality improvement** across 1ry and 2ry care
- **Learning health system**.

ICS Local ownership and co-ordination

- **Business case** and **schedule** for **local adoption**
- Local (ICS) co-ordination and facilitation
- **Pilot end to end review process** between **acute trusts** and **PCNs**
- Testing, assurance and data quality
- Scale up

Programme clarity and foundations

- **Comms and Engagement**
- National levers and incentives e.g. supporting the **primary care access recovery plan**
- **Uplift** 2ry care/ GP IT systems
- Drive 2ry care **conformance with e-discharge** inc. **SNOMED CT**

Questions and comments

- Will this approach work? What are the challenges?
- What is missing that would help improve transfers of care?

Contact us

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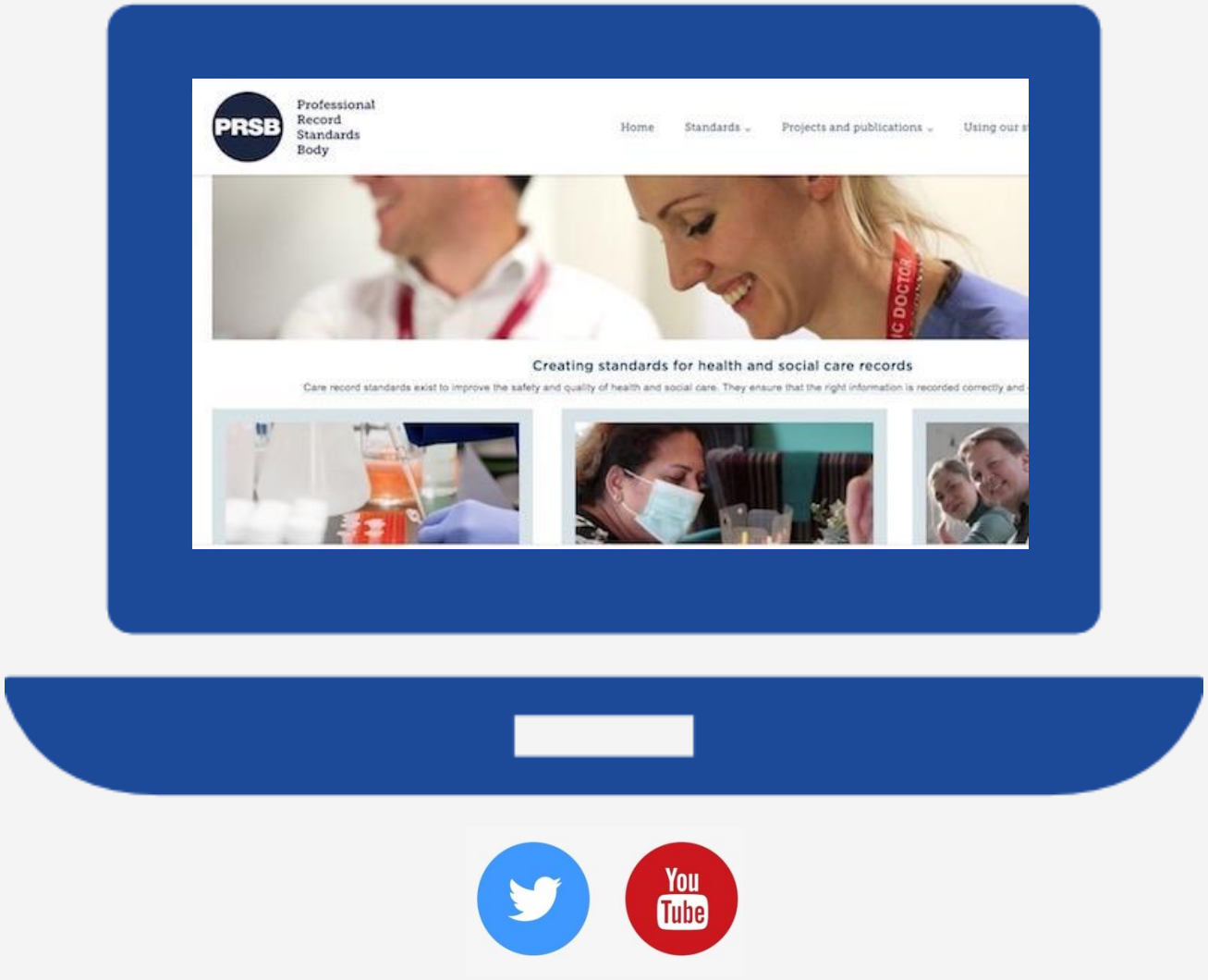

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