

**Developing Integrated
Health and Care**

North East and North Cumbria
Working for people from North Yorkshire
to the Scottish Borders

Join our journey...

Digital strategy for the NENE ICS – Enabling the transformation of care ...through the use of digital technology

Dr Mark Dornan

Digital Care Programme SRO

Join our journey...

PATIENT-CENTERED CARE



Concept by Sachin Jain, Art by Matthew Hayward © 2014 All Rights Reserved

Join our journey...

North East and North Cumbria STP/ICS Programmes

Delivery Programmes

Optimising Acute Services (inc.
Pathology, Radiology, Paediatrics etc)

Care Closer to Home
(inc. Frail Elderly Framework)

Urgent & Emergency Care

Cancer

Mental Health

Learning Disabilities

Prevention

Continuing Health Care

Enabling Programmes/Strategies

Workforce

System Development

Digital Care

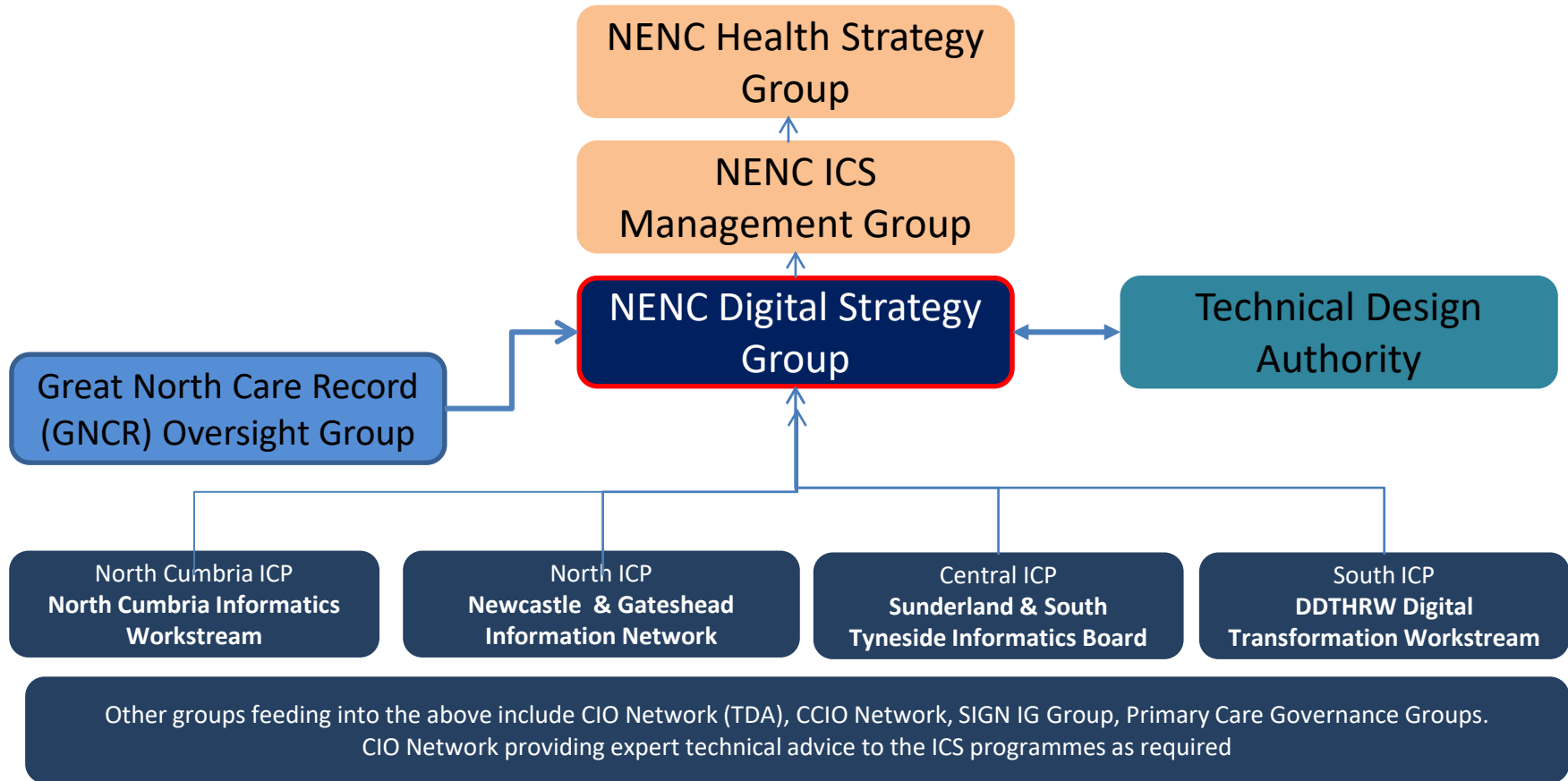
Demand Management

Estates

Communications & Engagement

Transport

North East and North Cumbria Digital Governance Structure



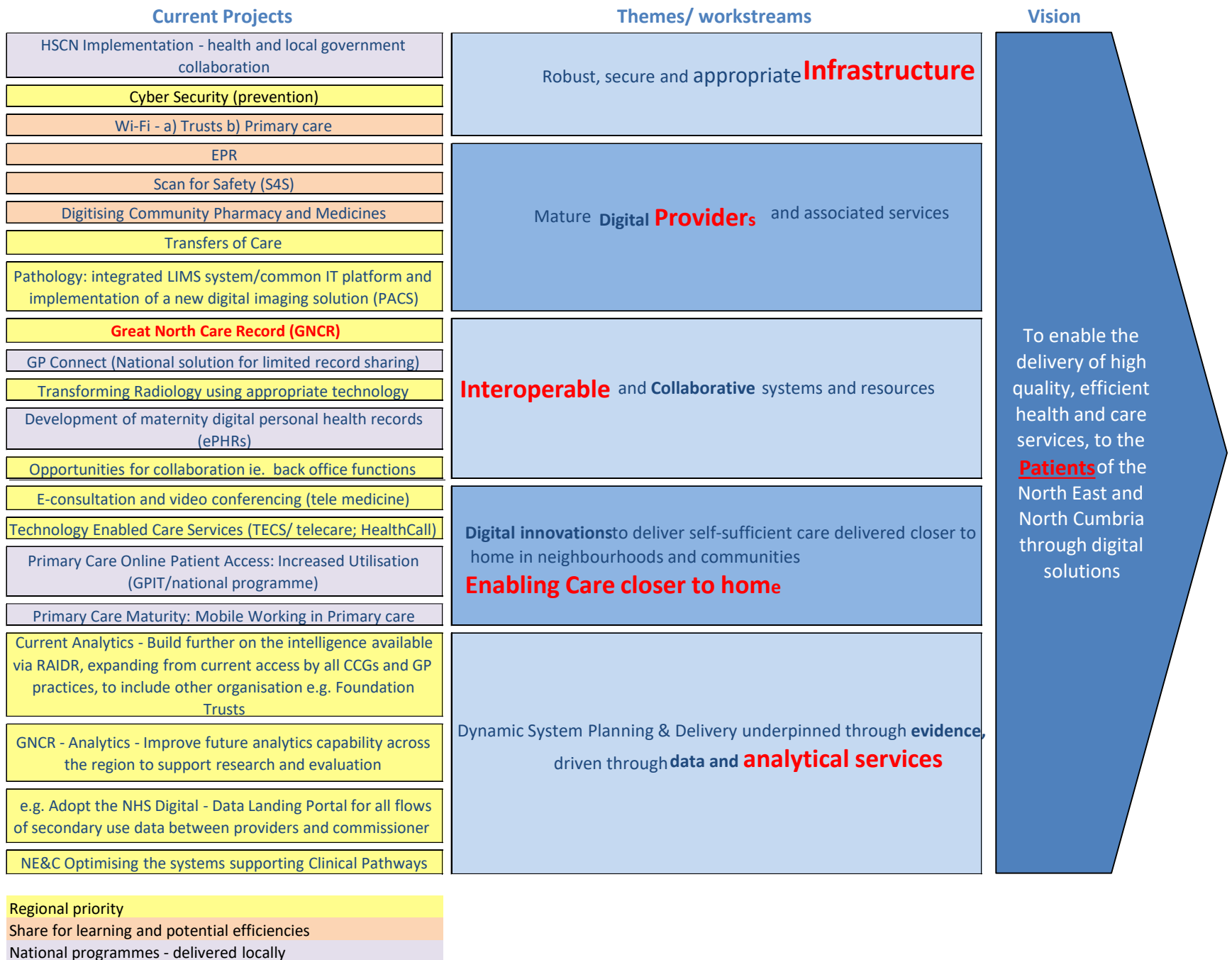
Attendees of Digital Strategy Group:

SRO Digital Care Programme
GNCR lead CCIO
CCIO network representative (FT)
CCIO network representative (CCG)
CIO Network chair
CIO Primary Care (on behalf of)
Digital Care Finance lead
Cumbria ICP
Durham and Tees Valley ICP
Northern ICP
Central ICP

AHSN/Academic link
Local Authority senior rep
SIGN group rep
NHS England/Improvement
NHS Digital
Patients and Public rep
Regional Health watch rep
Director of Clinical Networks
Programme Manager

Others invited as per agenda

North East and North Cumbria Digital Care - Strategic alignment



I- CARE: Involve

Patients

- Patient online portal
- E-consultation

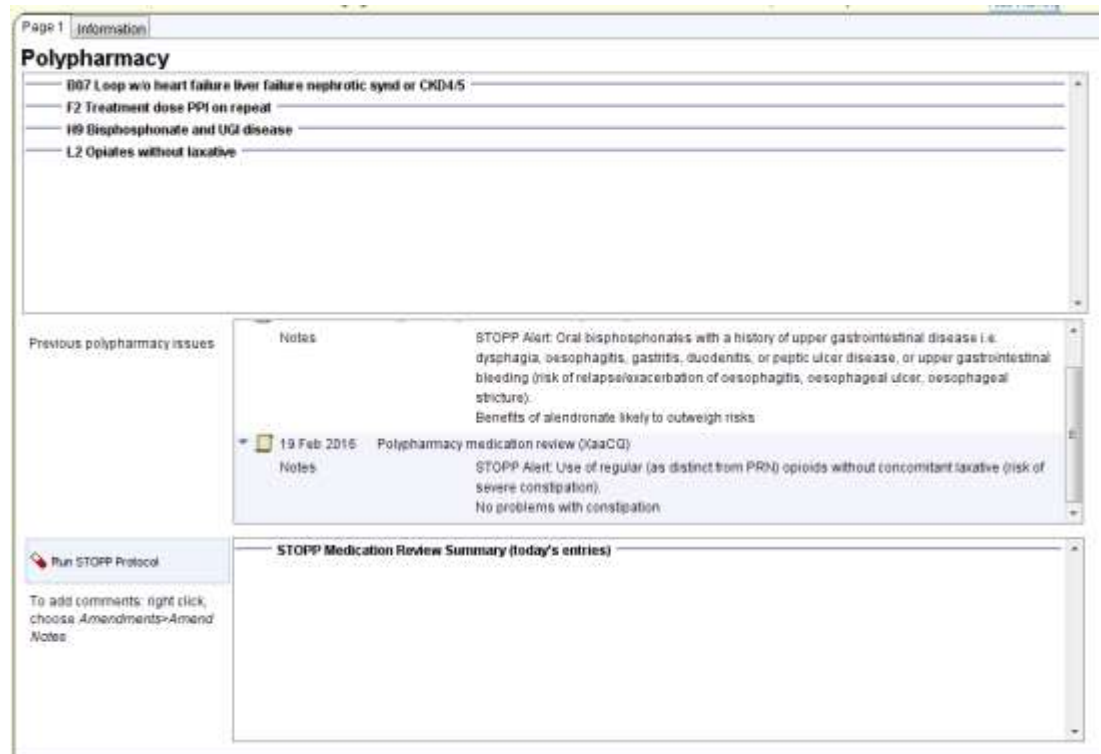
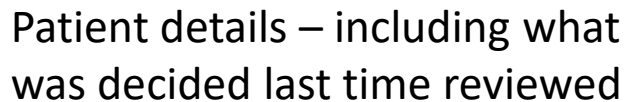
Staff

- Record access- MIG
- Communication

I- CARE: Consider

- Frailty screening tools
- SystmOne & EMIS integration - SLIP programme
- RAIDR – Population Health Management:
 - Using data from our existing systems & data flows
 - Risk stratification

Patient flag



STOPP

Or reporting at a practice level – for systematic GP or pharmacist review

* STOPP issued identified over 55	356 - 6.1 %	03 Sep 2018 16:50	
B01 (Dig NOT atrial fibrillation) NOT LVSD	0 0.0 %	03 Sep 2018 16:50	
B02 Diltiazem / Verapamil AND heart failure	2 0.0 %	03 Sep 2018 16:50	
B03 Beta blocker AND (verapamil OR diltiazem)	1 0.0 %	03 Sep 2018 16:50	
B04 beta blocker AND (HR < 50 Type 2 or complete heart block)	4 0.1 %	03 Sep 2018 16:50	
B05 Amiodarone WITHOUT past or present BB digoxin verapamil or diltiazem	0 0.0 %	03 Sep 2018 16:50	
B06 (Loop diuretic AND hypertension) WITHOUT (Heart failure or antihypertensive medication)	3 0.1 %	03 Sep 2018 16:50	
B07 Loop diuretic WITHOUT (heart failure, liver failure, nephrotic syndrome OR CKD 4-5)	38 0.6 %	03 Sep 2018 16:50	
B08 Thiazide WITH (Gout or hypokalaemia or hyponatraemia or hypercalcaemia)	13 0.2 %	03 Sep 2018 16:50	
B09 Loop diuretic WITH hypertension WITH urinary incontinence	15 0.3 %	03 Sep 2018 16:50	
B10 Centrally acting antihypertensives	6 0.1 %	03 Sep 2018 16:50	
B11 ACE or ARB WITH K+ > 5.5	3 0.1 %	03 Sep 2018 16:50	
B12 Spiro or eplerenone WITH K+ sparing drugs WITHOUT K+ in last 6 months	1 0.0 %	03 Sep 2018 16:50	
B13 Phosphodiesterase inhibitors AND (Heart failure WITH Systolic < 90 OR Oral Nitrate)	1 0.0 %	03 Sep 2018 16:50	
C01 Aspirin > 160mg	3 0.1 %	03 Sep 2018 16:50	
C02 Aspirin AND peptic ulcer disease WITHOUT PPI	0 0.0 %	03 Sep 2018 16:50	
C03 Antiplatelet OR anticoagulant WITH syst > 200 OR bleeding disorder	1 0.0 %	03 Sep 2018 16:50	
C04 Aspirin AND Clopidogrel WITHOUT stent in last 12m or carotid stenosis	5 0.1 %	03 Sep 2018 16:50	
C05 Aspirin AND oral anticoagulant in Atrial fibrillation	1 0.0 %	03 Sep 2018 16:50	
C06 Aspirin AND oral anticoagulant WITHOUT Atrial fibrillation	1 0.0 %	03 Sep 2018 16:50	
C08 Oral anticoagulant for single DVT > 6m ago	3 0.1 %	03 Sep 2018 16:50	
C09 Oral anticoagulant for single PE > 12m ago	0 0.0 %	03 Sep 2018 16:50	
C10 NSAID AND oral anticoagulant	3 0.1 %	03 Sep 2018 16:50	
C11 Antiplatelet AND NSAID without PPI	2 0.0 %	03 Sep 2018 16:50	
D01 TCA WITH dementia OR glaucoma OR conduction probs OR prostatism	29 0.5 %	03 Sep 2018 16:50	
D02 TCA without previous antidepressant	31 0.5 %	03 Sep 2018 16:50	
D03 Neuroleptics with muscarinic effects WITH prostatism or retention	0 0.0 %	03 Sep 2018 16:50	
D04 SSRI AND hyponatraemia in last 6 months	1 0.0 %	03 Sep 2018 16:50	
D05 long acting benzo on repeat	19 0.3 %	03 Sep 2018 16:50	
D06 Antipsychotics other than queti or clozapine WITH Lewy Body or Parkinsons	2 0.0 %	03 Sep 2018 16:50	
D07 Anticholinergics AND neuroleptics	4 0.1 %	03 Sep 2018 16:50	
D08 Antimuscarinics AND dementia	1 0.0 %	03 Sep 2018 16:50	
D09 Antipsychotics AND dementia	0 0.0 %	03 Sep 2018 16:50	
D11 Ach inhibitors AND HR < 60, Heart block or drugs as listed	6 0.1 %	03 Sep 2018 16:50	
D12 Phenothiazines except prochlor, chlorpro and levomep	0 0.0 %	03 Sep 2018 16:50	
D13 Levodopa OR DA AND Essential Tremor WITHOUT PD	0 0.0 %	03 Sep 2018 16:50	
D14 Repeat of 1st generation antihistamine	36 0.6 %	03 Sep 2018 16:50	
E1 Digoxin on repeat > 125mcg AND GFR < 30	0 0.0 %	03 Sep 2018 16:50	
E2 Dabigatran AND eGFR < 30	0 0.0 %	03 Sep 2018 16:50	
E3 Rivaroxaban OR Apixaban WITH eGFR < 15	0 0.0 %	03 Sep 2018 16:50	
E4 NSAID AND egt < 50	0 0.0 %	03 Sep 2018 16:50	
E5 Colchicine AND eGFR < 10	0 0.0 %	03 Sep 2018 16:50	
E6 Metformin WITH eGFR < 30	0 0.0 %	03 Sep 2018 16:50	
F1 Prochlorperazine OR metoclopramide AND Parkinsons	0 0.0 %	03 Sep 2018 16:50	
F2 Treatment dose PPI on repeat	208 3.5 %	03 Sep 2018 16:50	
F3 Constipating drugs in patients with constipation coded in last 2yr	30 0.5 %	03 Sep 2018 16:50	
G1 Theophylline monotherapy	0 0.0 %	03 Sep 2018 16:50	
G2 Oral steroids, no inhaled steroids in COPD	5 0.1 %	03 Sep 2018 16:50	
G3 Antimuscarinic inhalers with narrow glaucoma or bladder outflow	0 0.0 %	03 Sep 2018 16:50	
H1 NSAID And PUD / GI bleed without PPI	2 0.0 %	03 Sep 2018 16:50	
H2 NSAID with heart failure OR hypertension	55 0.9 %	03 Sep 2018 16:50	
H3 NSAID without paracetamol	88 1.5 %	03 Sep 2018 16:50	

STOPP

Or reporting at
CCG/federation
level

B01 (Dig NOT atrial fibrillation) NOT LVSD	18	0.0 %	03 Sep 2018 17:07	
B02 Diltiazem / Verapamil AND heart failure	30	0.0 %	03 Sep 2018 17:07	
B03 Beta blocker AND (verapamil OR diltiazem)	68	0.1 %	03 Sep 2018 17:07	
B04 beta blocker AND (HR<50 Type 2 or complete heart block)	259	0.2 %	03 Sep 2018 17:07	
B05 Amiodarone WITHOUT past or present BB digoxin verapamil or diltiazem	13	0.0 %	03 Sep 2018 17:07	
B06 Loop diuretic AND hypertension) WITHOUT (Heart failure or antihypertensive medication)	146	0.1 %	03 Sep 2018 17:07	
B07 Loop diuretic WITHOUT (heart failure, liver failure, nephrotic syndrome OR CKD 4-5)	2054	1.5 %	03 Sep 2018 17:07	
B08 Thiazide WITH (Gout or hypokalaemia or hyponatraemia or hypercalcaemia)	329	0.2 %	03 Sep 2018 17:07	
B09 Loop diuretic WITH hypertension WITH urinary incontinence	441	0.3 %	03 Sep 2018 17:07	
B10 Centrally acting antihypertensives	324	0.2 %	03 Sep 2018 17:07	
B11 ACE or ARB WITH K+ > 5.5	92	0.1 %	03 Sep 2018 17:07	
B12 Spironolactone WITH K+ sparing drugs WITHOUT K+ in last 6 months	123	0.1 %	03 Sep 2018 17:07	
B13 Phosphodiesterase inhibitors AND (Heart failure WITH Systolic <90 OR Oral Nitrate)	8	0.0 %	03 Sep 2018 17:07	
C01 Aspirin >160mg	20	0.0 %	03 Sep 2018 17:07	
C02 Aspirin AND peptic ulcer disease WITHOUT PPI	20	0.0 %	03 Sep 2018 17:07	
C03 Antiplatelet OR anticoagulant WITH syst > 200 OR bleeding disorder	52	0.0 %	03 Sep 2018 17:07	
C04 Aspirin AND Clopidogrel WITHOUT stent in last 12m or carotid stenosis	196	0.1 %	03 Sep 2018 17:07	
C05 Aspirin AND oral anticoagulant in Atrial fibrillation	34	0.0 %	03 Sep 2018 17:07	
C06 Aspirin AND oral anticoagulant WITHOUT Atrial fibrillation	25	0.0 %	03 Sep 2018 17:07	
C08 Oral anticoagulant for single DVT >6m ago	118	0.1 %	03 Sep 2018 17:07	
C09 Oral anticoagulant for single PE > 12m ago	0	0.0 %	03 Sep 2018 17:07	
C10 NSAID AND oral anticoagulant	26	0.0 %	03 Sep 2018 17:07	
C11 Antiplatelet AND NSAID without PPI	23	0.0 %	03 Sep 2018 17:07	
D01 TCA WITH dementia OR glaucoma OR conduction probs OR prostatic	496	0.4 %	03 Sep 2018 17:07	
D02 TCA without previous antidepressant	436	0.3 %	03 Sep 2018 17:07	
D03 Neuroleptics with muscarinic effects WITH prostatic or retention	2	0.0 %	03 Sep 2018 17:07	
D04 SSRI AND hyponatraemia in last 6 months	20	0.0 %	03 Sep 2018 17:07	
D05 long acting benzo on repeat	509	0.4 %	03 Sep 2018 17:07	
D06 Antipsychotics other than quetiapine or clozapine WITH Lewy Body or Parkinsons	16	0.0 %	03 Sep 2018 17:07	
D07 Anticholinergics AND neuroleptics	96	0.1 %	03 Sep 2018 17:07	
D08 Antimuscarinics AND dementia	79	0.1 %	03 Sep 2018 17:07	
D09 Antipsychotics AND dementia	100	0.1 %	03 Sep 2018 17:07	
D11 Ach inhibitors AND HR < 60, Heart block or drugs as listed	104	0.1 %	03 Sep 2018 17:07	
D12 Phenothiazines except prochlor, chlorpro and levomep	15	0.0 %	03 Sep 2018 17:07	
D13 Levodopa OR DA AND Essential Tremor WITHOUT PD	7	0.0 %	03 Sep 2018 17:07	
D14 Repeat of 1st generation antihistamine	773	0.6 %	03 Sep 2018 17:07	
E1 Digoxin on repeat >125mcg AND GFR<30	0	0.0 %	03 Sep 2018 17:07	
E2 Dabigatran AND eGFR<30	0	0.0 %	03 Sep 2018 17:07	
E3 Rivaroxaban OR Apixaban WITH eGFR<15	2	0.0 %	03 Sep 2018 17:07	
E4 NSAID AND eGFR<50	28	0.0 %	03 Sep 2018 17:07	
E5 Colchicine AND eGFR<10	0	0.0 %	03 Sep 2018 17:07	
E6 Metformin WITH eGFR<30	8	0.0 %	03 Sep 2018 17:07	
F1 Prochlorperazine OR metoclopramide AND Parkinsons	0	0.0 %	03 Sep 2018 17:07	
F2 Treatment dose PPI on repeat	6115	4.5 %	03 Sep 2018 17:07	
F3 Constipating drugs in patients with constipation coded in last 2yr	495	0.4 %	03 Sep 2018 17:07	
G1 Theophylline monotherapy	1	0.0 %	03 Sep 2018 17:07	
G2 Oral steroids, no inhaled steroids in COPD	48	0.0 %	03 Sep 2018 17:07	
G3 Antimuscarinic inhalers with narrow glaucoma or bladder outflow	20	0.0 %	03 Sep 2018 17:07	
H1 NSAID And PUO / GI bleed without PPI	6	0.0 %	03 Sep 2018 17:07	
H2 NSAID with heart failure OR hypertension	797	0.6 %	03 Sep 2018 17:07	

Other Polypharmacy Tools

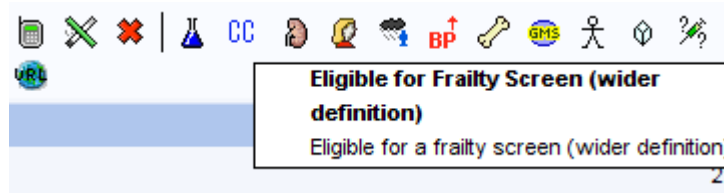
- MHRA alerts available
 - E.g. statin/calcium channel blocker interaction
 - Citalopram and the elderly
- Anticholinergic burden score – beta version being tested
- Anticoagulation prescribing safety system – beta version being tested

Frailty

Flags to identify patients who might be frail.

Can be set to different thresholds.

More sensitive and specific than eFI alone



Or reports to use at whole practice level

* Eligible for frailty screen ('severe' eFI 13/36 cutoff) based on eFI alone	20 0.3 %	03 Sep 2018 17:18	
* Eligible for frailty screen - wider definition	39 0.7 %	03 Sep 2018 17:15	
* Frail but frailty not categorised	0 0.0 %	03 Sep 2018 17:18	

Frailty

Support for diagnosing and categorising frailty

Changing the consultation date will affect all other data entered. To avoid this, cancel and pre


HomeFrailtyDiagnosisResourcesReports

Diagnosing Frailty


For some patients the diagnosis is very clear and screening tests are not needed. For others use the PRISMA 7 score and/or Timed Up and Go Test


A diagnosis of frailty should be considered if the
Timed up and go test result if >10s OR
PRISMA score is >=3

The TUGT involves rising from a chair, walking three metres then walking back to the chair and sitting down
Clinical judgement must be applied e.g. where slow gait speed is due to isolated knee arthritis.

 Launch Prisma Calculator

imed up and go mobil... ...






Most Recent Frailty Code


Frailty Screening

New Diagnosis

Click the box below to categorise the severity of frailty and add the frailty code to the patient's record.

 Categorising Frailty Severity

Click here if the patient is clearly not frail

 Apply Not frail

Categorising Frailty Severity

The GMS contract requires primary care to record frailty severity.
Do not use the eFI to categorise frailty severity.
Although the GMS contract only requires falls assessment and medication review in those categorised as 'severely' frail, all frail patients will benefit from a frailty assessment.

Frailty Severity	
Mild	These people often have more evident slowing, and need help in high order IADLs (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.
Moderate	People need help with all outside activities and with keeping house. Inside, they often have problems with stairs and need help with bathing and might need minimal assistance (cuing, standby) with dressing.
Severe	Severely Frail - Completely dependent for personal care, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).

Frailty













Dashboard/overview
for complex patients:

Integration of similar
pathways e.g.
dementia, frailty,
palliative care,
housebound, care
homes.

Home	Virtual Ward	Rels	Profs	Problems	Summary	Relatives Discussion	Hospital Discharge Review	Resources	Cohorts
Coordinated Care									
Finished by FORBES, Gareth (Dr) (General Medical Practitioner) [11 Jun 2018 14:19]									
Coordinated Care Summary									
Coordinated Care Summary									
Has radiological diagnosis of bowel and kidney cancer. For conservative management only due to his comorbidity and frailty. Lives in difficult home circumstances. Is the sole carer for his demented wife.									
Coord Care Recall									
Discussion									
This patient is in the virtual ward OR GSF Amber or Red OR End of life									
Dementia									
NOT Diagnosed with DEMENTIA									
MILD FRAILTY - Review within 11m									
NOT housebound									
On PALLIATIVE CARE REGISTER - Blue									
CPR Status not recorded									
No record of anxiety or depressive disorder									
NO record of current safeguarding concern									
Frailty									
MILD FRAILTY - Review within 11m									
Housing									
NOT housebound									
Palliative Care									
On PALLIATIVE CARE REGISTER - Blue									
Resuscitation									
CPR Status not recorded									
Safeguarding									
No record of anxiety or depressive disorder									
NO record of current safeguarding concern									
Data Sharing									
SCR Core data is shared (explicit consent)									
SCR Additional Data is shared (explicit consent)									
NO personal welfare attorney recorded									
No record of IMCA									
NO record affairs under court jurisdiction									
Not currently recorded as subject to a DOLS order									
PPC									
Preferred place of care preference not recorded									
PPD									
Preferred place of death preference not recorded									
EHCP									
No information about EHCP									
Carers									
No Record of ADRT									
No recorded information about carers									
Cog Screen									
MUST									
Falls									
Depression / Anxiety Sc...									
Polypharmacy									
06 Aug 2018 Medication review done (XaF8d)									
Malnutrition universal ... 2 26 Jun 2018									
No STOPP issues identified									
12 Mar 2018 Depression screening using... QOP									
Notes negative									
12 Mar 2018 Initial memory assessment (Xa...									

Frailty

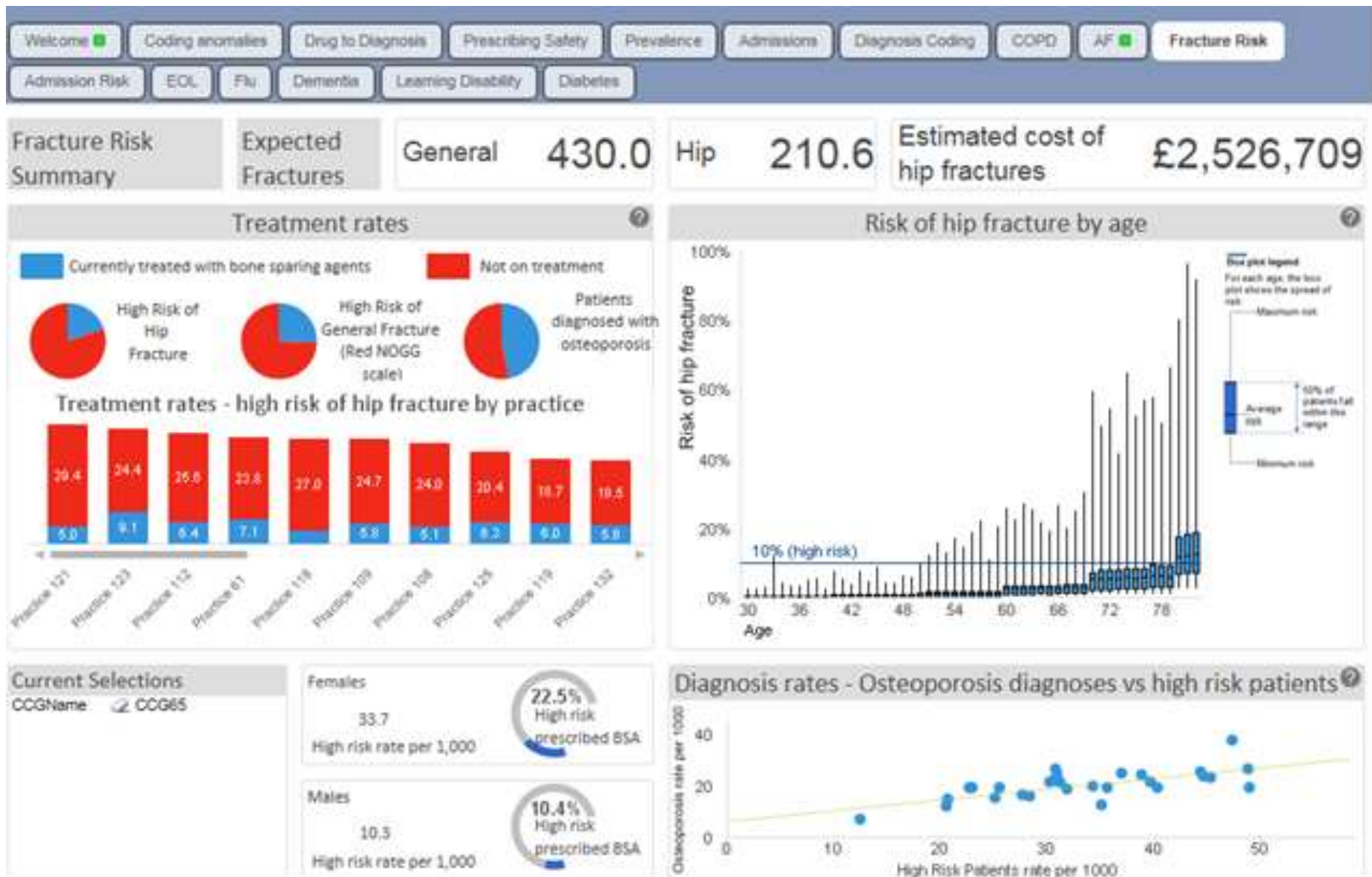
Key frailty assessments

Home	Frailty	Diagnosis	Resources	Reports
 Falls		<div>07 Jun 2018 Low risk of falls (XaObN)</div> <div>Most Recent Falls Referral</div>		
 Dementia DES DCS		<div>Latest memory assessment</div> <div>12 Mar 2018 Initial memory assessment (Xaahy)</div>		
<div>  Run STOPP Protocol  Show STOPP Full Details </div> <div>Medication review done <input type="checkbox"/> </div>		<div>Latest Medication Review</div> <div> <div>08 Aug 2008 Medication review (8B314) </div> <div>06 Aug 2018 Medication review done (XaF8d)</div> </div>		
 Calculate MUST		<div>1234 567 Malnutrition universal screening tool ...2 26 Jun 2018</div>		
 Launch Depression screenin...		<div>Depression Diagnosis and Screening</div> <div> <div>08 Oct 2001 Reactive depression (XE1YC) </div> <div>18 Dec 2007 Depression resolved (XaLG0) </div> <div>12 Mar 2018 Depression screening using questions (XaLlc) </div> <div>Notes negative</div> </div>		
 Barthel DCS		<div>No performance status recorded</div>		
		<div>Latest Continence Information</div> <div>07 Jun 2018 Continent of urine (Xa0VT)</div>		

Frailty

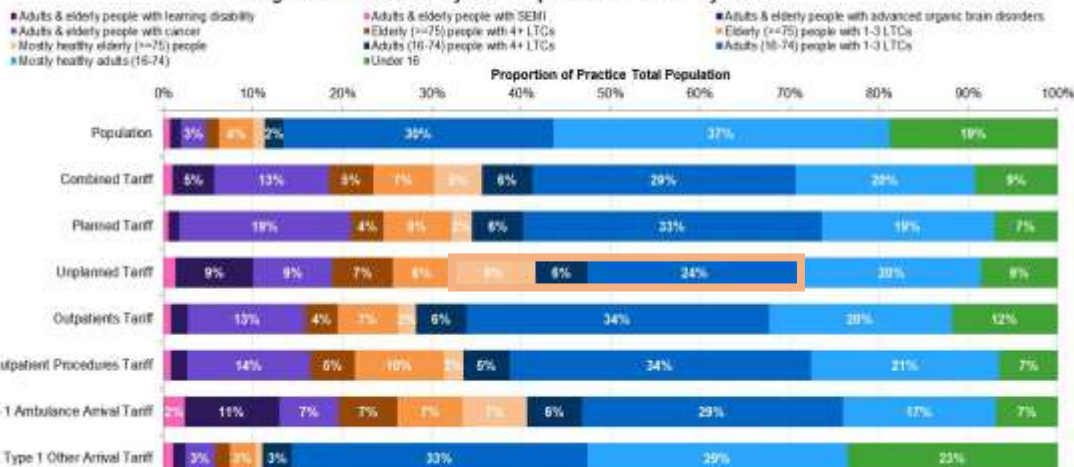
- IT support for practices who have batch added frailty diagnoses based on eFI (leads to significant over-diagnosis and over-classification of frailty. E.g. how to batch-undo

RAIDR – Risk Stratification



Population Segmentation

Segmented CCG Primary Care Populations - Summary Tariff



If the DDTHRW STP was a Village of 100 people*...



*All indicators are an aggregate of the CCG level positions for the following CCGs: Darlington, DDTHRW, HAST and ST

Mostly healthy elderly (>=75) people - Unplanned

Spell Rank	Programme Budgeting Classification Code	Description	Spells #	%	Tariff (£,000s) #	%
1	11X	Other problems of the respiratory system	419	21%	£1,399	20%
2	17X	Other problems of the genito urinary system	163	8%	£559	8%
3	10X	Other problems of circulation	153	8%	£519	8%
4	16X	Problems due to Trauma & Injuries	122	6%	£508	7%
5	11A	Obstructive Airways Disease	90	4%	£261	4%
Other		Other	1,088	53%	£3,622	53%
Total			2,035	100%	£6,869	100%

Adults (16-74) people with 4+ LTCs - Unplanned

Spell Rank	Programme Budgeting Classification Code	Description	Spells #	%	Tariff (£,000s) #	%
1	07A	Chronic Pain	200	12%	£195	5%
2	11X	Other problems of the respiratory system	184	9%	£394	10%
3	10A	Coronary Heart Disease	165	8%	£427	10%
4	11A	Obstructive Airways Disease	153	7%	£236	6%
5	10X	Other problems of circulation	134	6%	£442	11%
Other		Other	1,200	57%	£2,443	59%
Total			2,096	100%	£4,136	100%

Adults (16-74) people with 1-3 LTCs - Unplanned

Spell Rank	Programme Budgeting Classification Code	Description	Spells #	%	Tariff (£,000s) #	%
1	18X	Maternity & Reproductive Health	2,445	22%	£2,819	16%
2	07A	Chronic Pain	1,222	11%	£864	6%
3	11X	Other problems of the respiratory system	686	6%	£1,181	7%
4	16X	Problems due to Trauma & Injuries	612	6%	£1,624	9%
5	07X	Other neurological problems	452	4%	£583	3%
Other		Other	5,672	51%	£10,294	59%
Total			11,089	100%	£17,375	100%

Durham, Darlington, Tees, Hambleton, Richmondshire and Whitby (DDTHRW)

End Of Life	Dementia	Frail/Elderly	Learning Disability	Cancer	Long-Term Condition	Mental Health	Children Young
8,266	11,667	24,699	5,889	32,153	363,954	161,111	288
11,447	17,949	38,092	6,618	37,414	393,159	156,587	295

I- CARE: Assess

- I-CARE toolkit
- NEWS monitoring in Care Homes

www.frailtyicare.org.uk

I- CARE: Respond

Timely access to services/care:

- Fight deck
- The **RAIDR-UEC** App
- Health Call
- Great North Care Record
- Clinical Digital Resource Collaborative
- EoL portal: Black pear, ?Expand MIG to include access to Special Patient Notes
(End of Life, Advanced Care Planning, DNACPR, PPC, PPD, ADRT)

Monitoring of NEWS via Care Homes

Digital NEWS tablet is at the heart of *Better Health* and Care for care home residents in Sunderland

NHS
Sunderland

Clinical Commissioning Group



Why are we introducing technology into care homes?

- Complex healthcare needs, multiple long term conditions
- Skills within residential care homes not necessarily sufficient
- Communication challenges between providers
- Residents currently do not have equitable access to healthcare which can lead to hospital admissions
- The need to improve early detection of acute illness in residents
- Provides care closer to home to improve patient experience

Outcomes



Reduction in 111 and 999 calls



Reduction in A&E visits and emergency admissions



Sharing of clinical information across all providers



Promotes collaborative working with providers

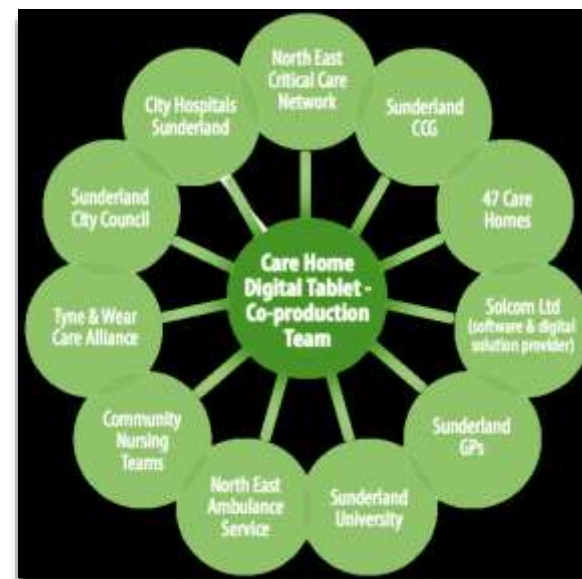


Improved safety and quality of information on handover



Improved early detection of acutely unwell residents

Who has been involved?



Join our journey...

Flightdeck

- Web based
- NEAS Hosted – North East hospital focussed
- Mix of submissions
 - Automated / Manual

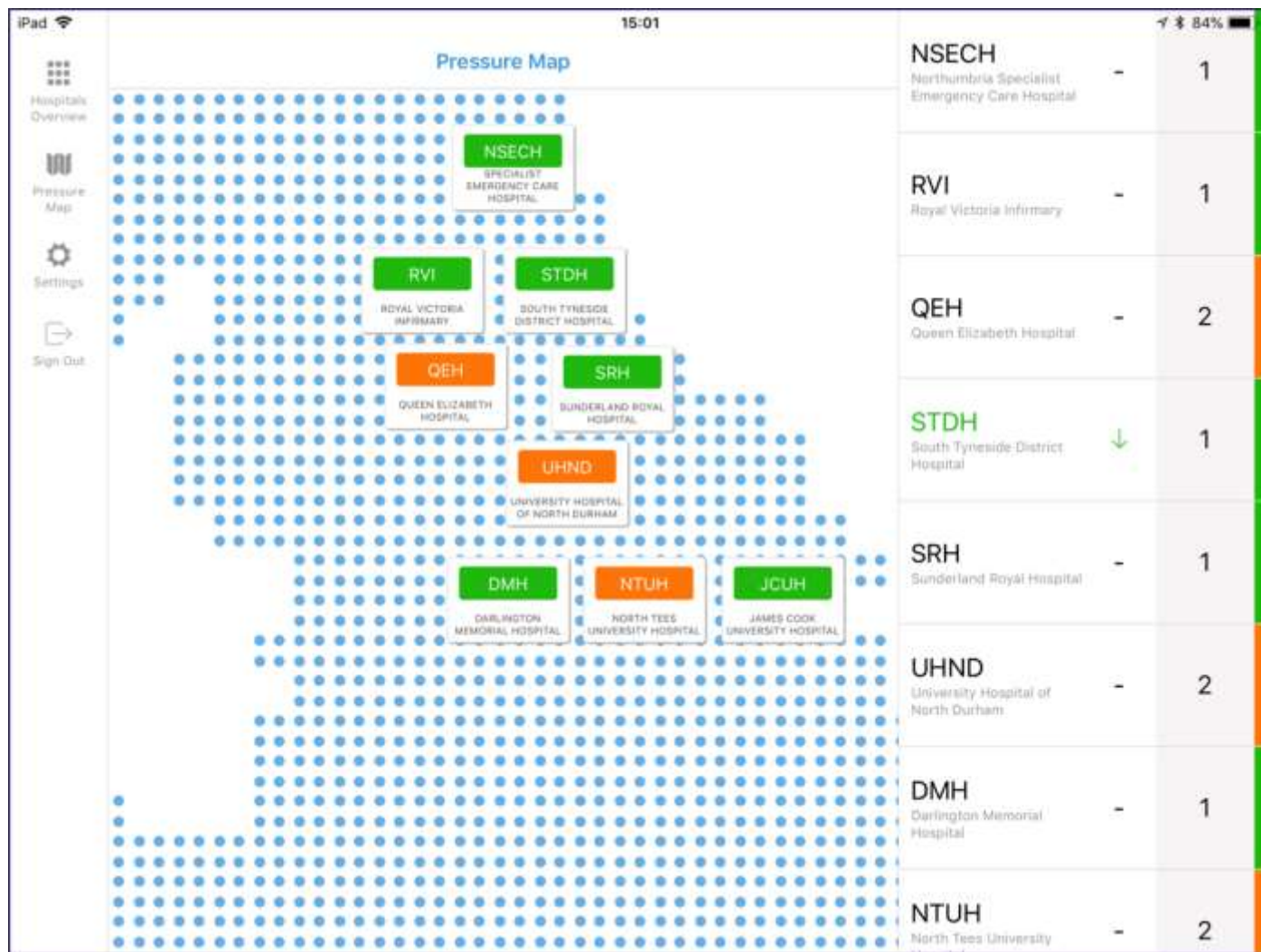
Flight Deck Dashboard

Live Hospital Situation Report

Hospital	OP&L	Resus	ED Majors	ED Minors	ED Wait	Surgical	Medical	Mat Beds	Orth	Paeds	ITU	HTU	Diverts	Closures	Incoming	Comments
NSECH	1	1	5	-	80	1	11	5	6	8	2	2	0	0	2	
RVI	1	4	34	22	122	4	0	18	9	2	2	3	1	2	2	PAEDS DIVERT SOUTH OF TY
QEH	1	1	13	0	102	-	-	-	-	-	-	-	-	-	0	-
STDH	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-
SRH	2	4	31	19	120	4	20	4	16	27	0	1	0	27	1	
UHND	1	0	5	0	93	-	-	-	-	-	-	-	-	-	0	-
DMH	1	0	10	0	31	8	6	9	0	3	0	0	0	0	0	
NTUH	2	3	8	0	92	0	6	5	6	5	1	2	0	0	1	
JCUH	1	0	11	0	5	2	6	2	5	15	2	2	0	0	1	Not inclusive of YAS or Air Ambulance

Join our journey...

App – pressure map



Join our journey...

HealthCall

Easy to use digital health tools.
Healthcare at your finger tips

HealthCall

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Gateshead Health 
NHS Foundation Trust

County Durham and Darlington 
NHS Foundation Trust

South Tees Hospitals 
NHS Foundation Trust

The Newcastle Upon
Tyne Hospitals 
NHS Foundation Trust

North Tees and Hartlepool 
NHS Foundation Trust

Northumbria
Healthcare 
NHS Foundation Trust

inhealthcare

**Health Call is the largest
deployment of digital
care technologies in
England**

MIG deployment.

Collaboratively delivered across

- **12 Trusts**
- **352 General Practices (100%)**
- **3.2 million citizens**

How will it affect me as a PATIENT?

How will it affect me as a HEALTH CARE PROFESSIONAL?

Your Great North Care Record provides access for health professionals to view your electronic medical records.

[Read More](#)

Can I see the health information held about me?

Clinical Digital Resource Collaborative

Standardising GP practice resources...

- Creates regional EMIS & TPP resources
- Delivered regionally to Standardise:
 - Coded information
 - Ways of working
 - Quality
 - Reducing variation



Join our journey...

Evaluate

- RAIDR – Population Health Management Dashboard:
 - Capture baselines and monitor impact
 - Present and monitor frailty outcome metrics

Making it happen

- SharePoint:
 - Enabling collaborative working
 - Many Communities of Practice



Care Closer to Home

Home

- Knowledge Hub
- Centre of Excellence
- Clinical Leadership Group
- Finance Leadership Group
- Health Strategy Group
- NHSE/NHSI Team
- Programme Managers Meeting
- Regional Delivery Unit
- SRO Delivery Group
- STP/ICS Lead Management Group
- Access Requests

Search Documents

Name * Category 1 Category 2

Subcategory Document Status Event Date

Apply

Care Closer to Home Documents

<input type="checkbox"/>	Type	Name	Category 2	Subcategory	Event Date	Modified	Modified By	Document Status
Category 1 : Communications (2)								
Category 1 : Control Document (5)								
Category 1 : Correspondence (5)								
Category 1 : Data (1)								

NENC RDU SharePoint site – sharing documentation, collaborating, enabling Community of Practice.....

Newsfeed

Start a conversation

It's pretty quiet here. [Invite](#) more people to the site, or [start](#) a conversation.

Care Closer to Home Meetings

+ new document or drag files here

✓ Name Modified Modified By

Meeting : Steering Group (8)

Care Closer to Home Calendar


August 2018

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
30	31	1	2	3	4

Your help!

Transforming care...through technology

“not doing the same thing better, but doing better things”



Join our journey...

Information, sharing, empowering...enabling

Transformation requires;

People
Process
Technology

*“not doing the same thing better,
but doing better things”.*

The joining up of health and care data will benefit:

– Point of care



– Care planning



– Research



But we need to start somewhere!

Join our journey...

and therefore.....

From



To




With

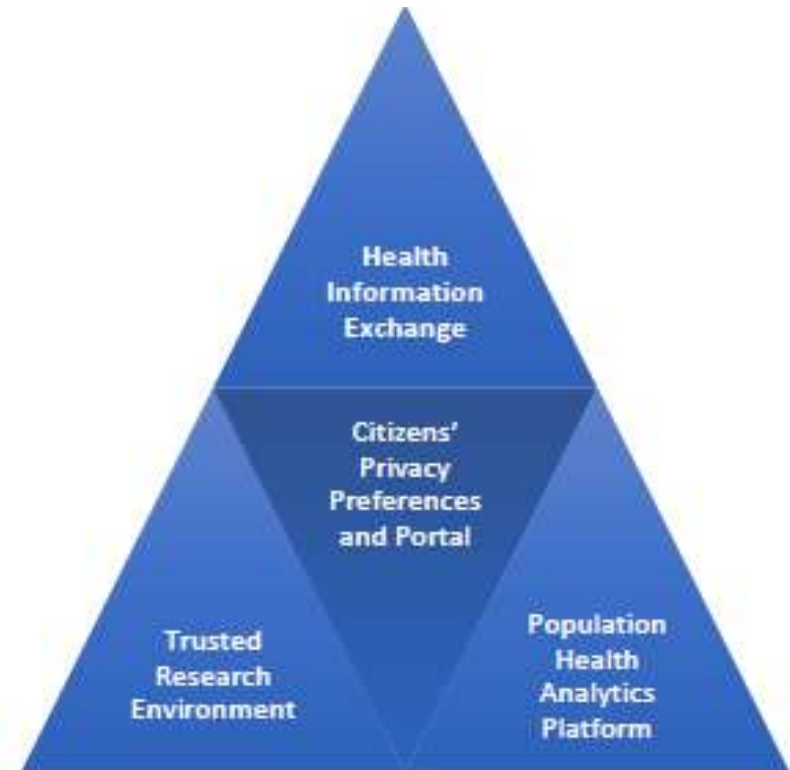


Join our journey...

SystemOne & EMIS integration- Implementing the SLIP programme

- Full GP records viewable from either system
- Bidirectional e.g.
 - Community  Primary care
- Potential to implement from July
- ISG between Primary care and partners

Our vision: Create a consent-rich research environment



MIG – Sharing patient records

- 100% MIG participation - signed data sharing agreements
- Actual MIG activation level is currently 93% and technical work will be done with the now participating practices in South Tees and Newcastle Gateshead to increase this.
- MIG Utilisation by Receiving Orgs - July:
Successful Access 39,702 (92%) Errors 3,515 (8%)