

From: Clair Bell, Cabinet Member for Adult Social Care and Public Health

Rebecca Spore, Director of Infrastructure

To: Health Reform and Public Health Cabinet Committee

21st January 2021

Subject: Kent and Medway Care Record (KMCR) Update

Classification: Official

Previous Pathway: Health Reform and Public Health Cabinet Committee, 6th March 2020

Future Pathway: None

Electoral Division: All

Summary: This report provides an update on progress towards the deployment and implementation of the Kent and Medway Care Record (KMCR)

Recommendation(s): The **Health Reform and Public Health Cabinet Committee** is asked to **NOTE** the contents of the report.

1.0 Introduction

1.1 The aim of the Kent and Medway Care Record (KMCR) project is to develop, procure and mobilise a single shared care record solution for deployment across the Kent and Medway STP area that will enable health and care professionals involved in an individual's care to view an electronic record of their patient / service. The record will pull data, that is currently held in numerous provider point of care systems into a single role-based access view.

1.2 The KMCR vision is that:

“Regardless of who employs them, health and care professionals are able to quickly and easily view their patient's digital records (or relevant components of them) from wherever they are, and without the need to navigate multiple systems / user interfaces, regardless of the local health or care provider who holds them.”

2.0 Kent and Medway Care Record System Benefits Summary

2.1 The KMCR is a single solution that will be deployed across Kent and Medway to enable the sharing of health and social care data. The specific benefits for health and social care professionals and providers have been identified as:

- Delivery of the Kent and Medway Delivery plan for the NHS Long Term Plan including meeting the expectations of a Shared Health and Care Record in every area.
- Improved safeguarding: ensuring that children and vulnerable adults that are at risk are immediately known as being so, enabling care decisions to be better informed and reducing the level of risk.
- Improved quality of clinical and professional decision making, taking into account all relevant information, especially in complex cases.
- Reduced care costs through avoiding repeated tests and unnecessary treatment; more effective use of out-of-hospital care packages; reducing pressure on emergency care, shorter hospital stays through multi-agency discharge planning; more effective medication reconciliation.
- Facilitates integrated care by sharing information across the System between multiple health and social care partners and enabling new models for delivering integrated care, actively facilitating cross-organisational workflows.
- Gives patients access to their records through a patient portal.
- Provides analytic capability enabling care to be commissioned and delivered effectively and efficiently.
- Single consecutive timeline of events across all Kent and Medway providers integrated across all providers.
- Quicker communication between care organisations: less wastage of professional and clinical time identifying and contacting other professionals involved in the care of that individual.
- More efficient communication between care organisations: immediate access to key data.
- More efficient workflows: enabling visibility of workflows between care professionals.
- Access to robust care information to better plan care and the support for multi-disciplinary care plans that can be shared with all care professionals involved in the care of an individual.
- Provide an information system that is consistent with the internet; first aspiration of the long term plan, KMCR, being a web based application will be quick to log on, will be integrated (context sensitive single sign on), where possible, into providers point of care systems, be designed to be easy to use and support care professionals in the delivery of safe and effective care.
- Facilitates population health management and a reduction in health inequalities.

- Assurance that care is provided consistently, safely and in accordance with the needs and wishes of the individual.
- Provides facilities to facilitate care delivery at the most appropriate place for the individual, for example, provide information to paramedics to obviate the need for unnecessary conveyancing to A&E.

2.2 Benefits for Local Authorities include improved access to client information in the delivery of the relevant Council services and more efficient business processes. Other areas which have adopted the KMCR have sighted improved staff productivity and client outcomes as a result of redesigning care pathways and information flows between agencies.

Specific areas of focus are:

- Improved integration of adult acute and community short term pathways, such as discharge and step up/down
- Co-ordinated local care planning and operational delivery particularly through MDTs
- Improved social workflows and safeguarding
- Enable the integration of children's front door and specialist services, including maternity and health visiting

2.3 A statutory 'duty to share' information for direct care is set out in s251B of the Health and Social Care Act 2012. This duty requires all health and social care organisations to provide access to health and social care records they hold to professionals involved in a patient's care, including providers working with the patients / service users. Shared Health and Care Records are a key tool in meeting this duty.

2.4 The KMCR also provides analytics and population health capabilities to proactively identify risks to public health and prevent illness and disease, with opportunities to use data for research.

3.0 Implementation

3.1 The KMCR is part of the NHSE Shared Health and Care Record (SHCR) programme and was procured through the NHSE Health Systems and Support Framework. This competitive procurement resulted in contract award to System C Graphnet, a national provider of care record systems, in February this year.

3.2 The KMCR is jointly commissioned by the Kent and Medway Clinical Commissioning Group (CCG), Kent County Council, Medway Council, and Kent Community Health NHS Foundation Trust (KCHFT). Detailed implementation plans have been agreed with NHS Providers and the two councils.

3.3 The seven-year contract is managed by KCHFT on behalf of the joint commissioners and has an option to extend an additional three years. KMCR implementation project management support is provided by Cantium

Business Solutions Ltd.

- 3.4 A Collaboration Board provides partnership governance between the joint commissioners and a delivery Programme Board manages risks and issues during deployment.
- 3.5 KCHFT manage the contract and operational oversight, with specialist sub-groups focusing on clinical and professional engagement, service and risk management, information governance and citizen engagement. A technical group focuses on integration and interoperability of digital services and systems, cybersecurity and data and analytics requirements.
- 3.6 NHS Providers are required to use the KMCR as a condition of their NHS Provider contracts with the CCG. All providers have phased implementation plans for connection to the KMCR.
- 3.7 General Practitioners have signed up to data sharing agreements, with 94% of Kent and Medways GPs already sharing data with the KMCR.
- 3.8 The KMCR manages data sharing so only those with a legitimate relationship to the patient or service-user have appropriate access to their patient or service-user records.
- 3.9 Organisations connecting to the KMCR are responsible for their own implementation costs and for providing 1st line technical support to their users.
- 3.10 KCCs financial contribution to the partnership is set at £50K per annum, and this excludes internal costs of technical and organisational implementation and associated business change.
- 3.11 A 'light' version of the KMCR is currently providing COVID response pilots, including a COVID surveillance dashboard and limited clinical data-sharing.
- 3.12 KCC Adult Social Care are scheduled to connect to the KMCR and pilot the service from January 2021, focusing on discharge from hospital and use by Multi-Disciplinary Teams (MDTs).
- 3.13 Children's Social Care plan an initial roll-out of KMCR with their Front Door and Out of Hours services starting April 2021. Out of Hours expect significant benefits from access to health records at weekends and through the night. Following initial roll-out a phase two deployment will be scoped for children's social work and Children in Care teams.

4.0 Conclusion

- 4.1 The KMCR offers significant benefits across the system and for KCC as outlined in the paper. KCC is in the process of implementing the KMCR, with Adult Social Care going live in February 2021, and Children's Services in April 2021.

5.0 Recommendation(s)

Recommendation(s):

The **Health Reform and Public Health Cabinet Committee** is asked to **NOTE** the contents of the report.

6.0 Contact Details

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