Shared Care Record Summit

Hosted by Yorkshire & Humber Care Record

NHS Birmingham and Solihull Mental Health NHS Foundation Trust

Alicia Dunsby
Diane Baynham
Charles King
Carl Beet

Coventry and Warwickshire Health and Care Partnership

Herefordshire and Worcestershire Safe and effective health and care services

InterSystems Creative data technology

Live healthy Live happy Birmingham and Solihull

Onwards and Upwards
Reaching Base Camp 1, Where Next?

Shared Care Record Summit

MERIT

NHS

Excellence, Resilience Innovation & Training –
Jointly developing Mental Health Service in the West Midlands

Electronic Health Record Viewer - Case Study

Birmingham and Solihull
Mental Health NHS Foundation Trust

Black Country Partnership
NHS Foundation Trust

Dudley and Walsall
Mental Health Partnership NHS Trust

Coventry and Warwickshire Partnership
NHS Trust

ForwardThinking Birmingham

MERIT
Mental Health Alliance for Excellence, Resilience, Innovation and Training

NHS

Who are we?

- Birmingham and Solihull Mental Health NHS Foundation Trust
- Black Country Partnership NHS Foundation Trust
- Coventry and Warwickshire Partnership NHS Trust
- Dudley and Walsall Mental Health Partnership NHS Trust
- Forward Thinking Birmingham

Total population

3.4 million

Birmingham and Solihull
Mental Health NHS Foundation Trust

Dudley and Walsall
Mental Health Partnership NHS Trust

ForwardThinking Birmingham

Black Country Partnership
NHS Foundation Trust

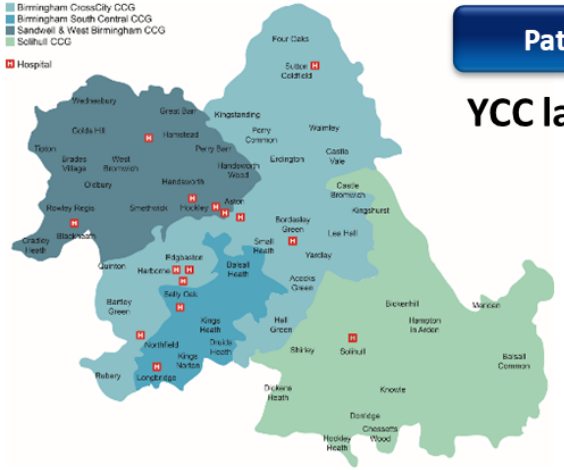
Coventry and Warwickshire Partnership
NHS Trust

Your Care Connected

Your medical history could save your life

NHS

Sharing information to improve the care you receive

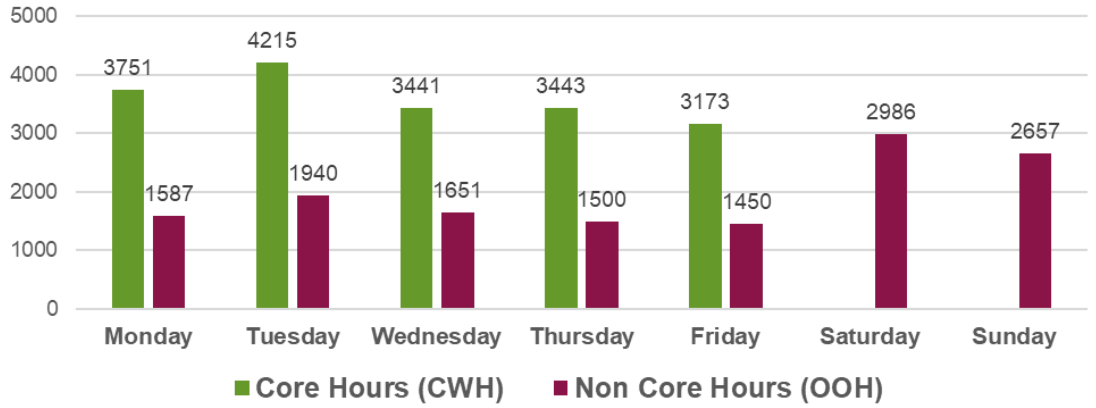


Patients: 1,800,000

GP practices: 244

NHS providers: 10

YCC last month's usage:



NHS 111 | WMAS | UHB QE | UHB HGS | BSMHFT | BCHC | BWCH | ROH | St Mary's Hospice | John Taylor Hospice

111 ◆ 999 ◆ Acutes ◆ Mental Health ◆ Community ◆ Specialist ◆ Hospice

Onboarding

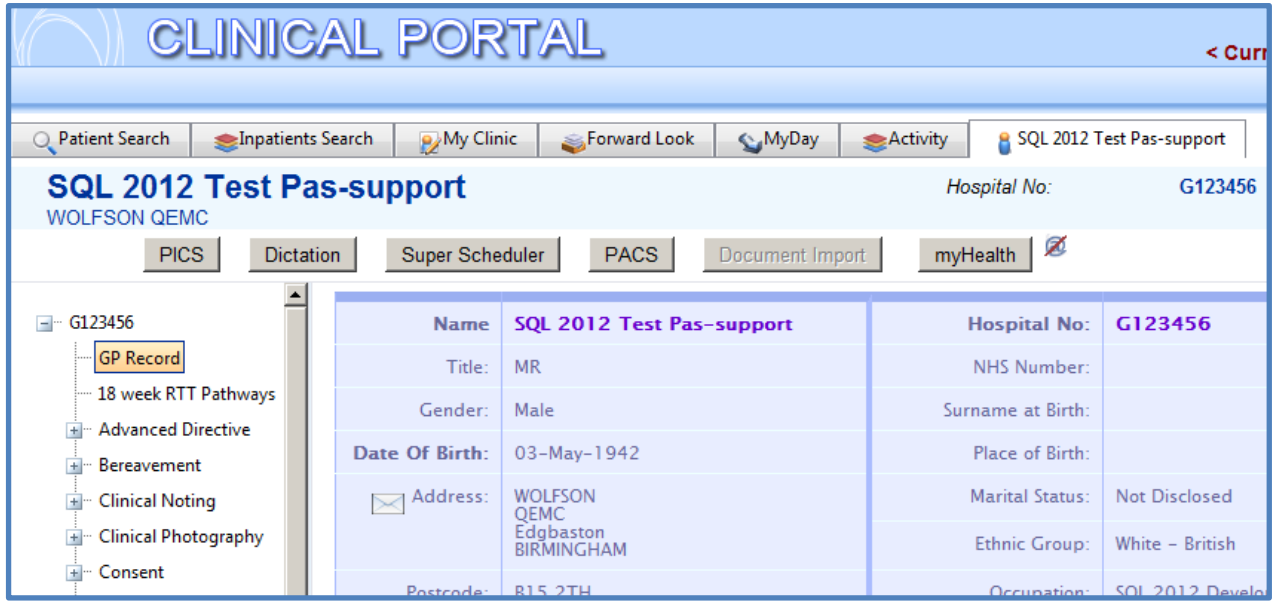
SWBH | FTB | Merit | OOH & WIC | Marie Curie Hospice

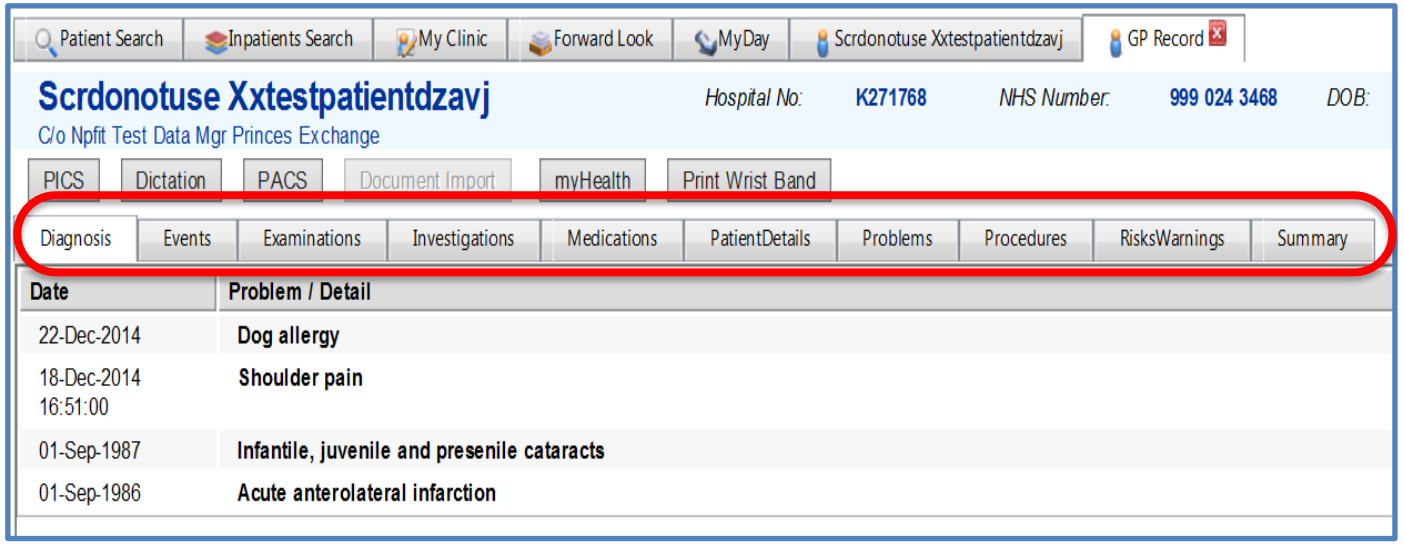
Shared Care Record Summit

Access to GP patient information is available ‘in context’ from provider clinical system

11 “tabs” of information available:

1. Diagnosis
2. Events
3. Examinations
4. Investigations
5. Medications
6. Patient Details
7. Problems
8. Procedures
9. Risks
10. Summary
11. Supportive Care Data





MERIT
Mental Health Alliance for Excellence, Resilience, Innovation and Training

NHS

Support for standards

We've got it all covered…

Birmingham and Solihull
Mental Health NHS Foundation Trust

Dudley and Walsall
Mental Health Partnership NHS Trust

ForwardThinking Birmingham

Black Country Partnership
NHS Foundation Trust

Coventry and Warwickshire Partnership
NHS Trust

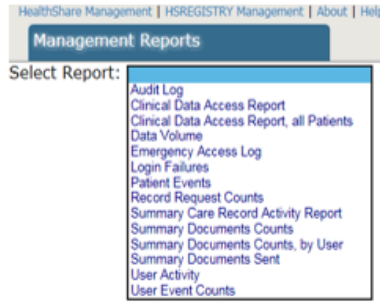
Access & Audit

- Role Based Access Controls (RBAC)
  - determines what users can see and do. Currently 2 roles in use – Clinician and Clinical Administrator. Social Care role for local authority social workers being configured. Further roles can be configured if required. The greater the number of roles the more complex the administration.

- Supports concept of Legitimate Relationships
  - Users claim a legitimate relationship with the patient – for on-going care
  - Is option of one-time access where specific reason is given for why user needs to see the record, eg Emergency Admission/Safeguarding where user does not have a relationship with patient

- Sealed Off Data Function
  - can be used to 'seal off' particularly sensitive data from the integrated record, e.g. mental health risk assessment, requiring users to state why they need to view – this is audited. Presence of 'sealed off data' is shown via a padlock icon on the patient record. Ability to have option to view any sealed off data can be controlled via RBAC.

- Auditing Capability
  - Separate reporting area that IG colleagues can be given access to.



Birmingham and Solihull Mental Health NHS Foundation Trust
Dudley and Walsall Mental Health Partnership NHS Trust
ForwardThinking Birmingham
Black Country Partnership NHS Foundation Trust
Coventry and Warwickshire Partnership NHS Trust

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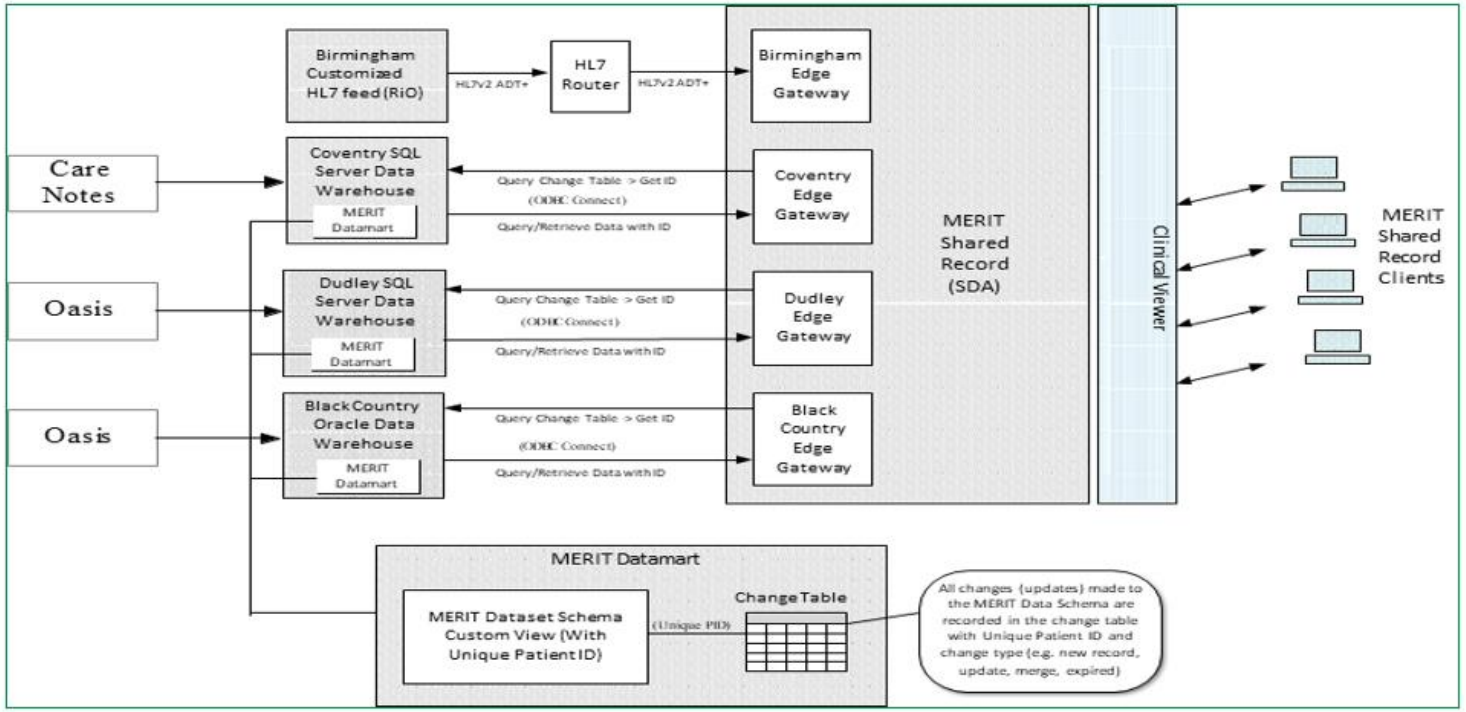
The MERIT Architecture

Built on Intersystems Health share platform



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Coventry and Warwickshire Partnership
NHS Trust

Shared Care Record Summit

GLOBAL SOFTWARE RANKINGS | SHARED CARE RECORDS/HIE

Shared Care Records/HIE Europe

Segment definitions can be found on page 36.

BEST IN KLAS GLOBAL SOFTWARE 2024

InterSystems®
Creative data technology

Ranked Solutions

Grading methodology can be found on page ii.

Overall performance score (100-point scale)

Market average **72.0**

1. InterSystems HealthShare Unified Care Record — 83.5
2. Orion Health Orion Amadeus — 61.6

0.0 — Software average **79.6** — 100.0

	Trend (2023-2024)	# of unique orgs	Customer experience pillars					
			Culture	Loyalty	Operations	Product	Relationship	Value
1. InterSystems HealthShare Unified Care Record	-2%	7	C+	**A-**	B	B	B	B
2. Orion Health Orion Amadeus	+2%	6	F	D-	C+	D	C	D+

Other Notable Performances

Ranked solutions for which at least 95% of respondents answered **yes**.

*Limited data

Avoids charging for every little thing?

None

Keeps all promises?

None

Part of long-term plans?

InterSystems HealthShare Unified Care Record n=8 **100%**

Would you buy again?

InterSystems HealthShare Unified Care Record n=7 **100%**

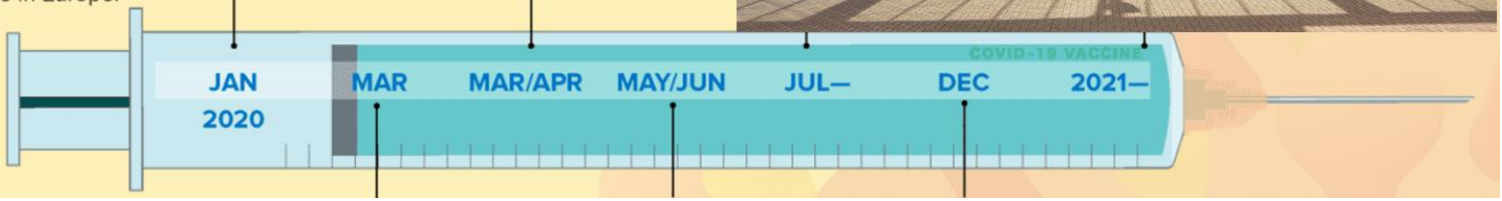
Smart Foundations

Shared Care Record Summit

C-Day

A MYSTERIOUS NEW ILLNESS
Images appear of Wuhan in lock-down, where officials attempt to contain a mysterious virus. Soon af-ter, new cases of and deaths related to (what's later named) COVID-19 surge in Europe.

THE WORLD SHUTS DOWN
Countries seal borders; sports teams cancel seasons; schools close and employees go home.
People start wearing masks and "social distancing."



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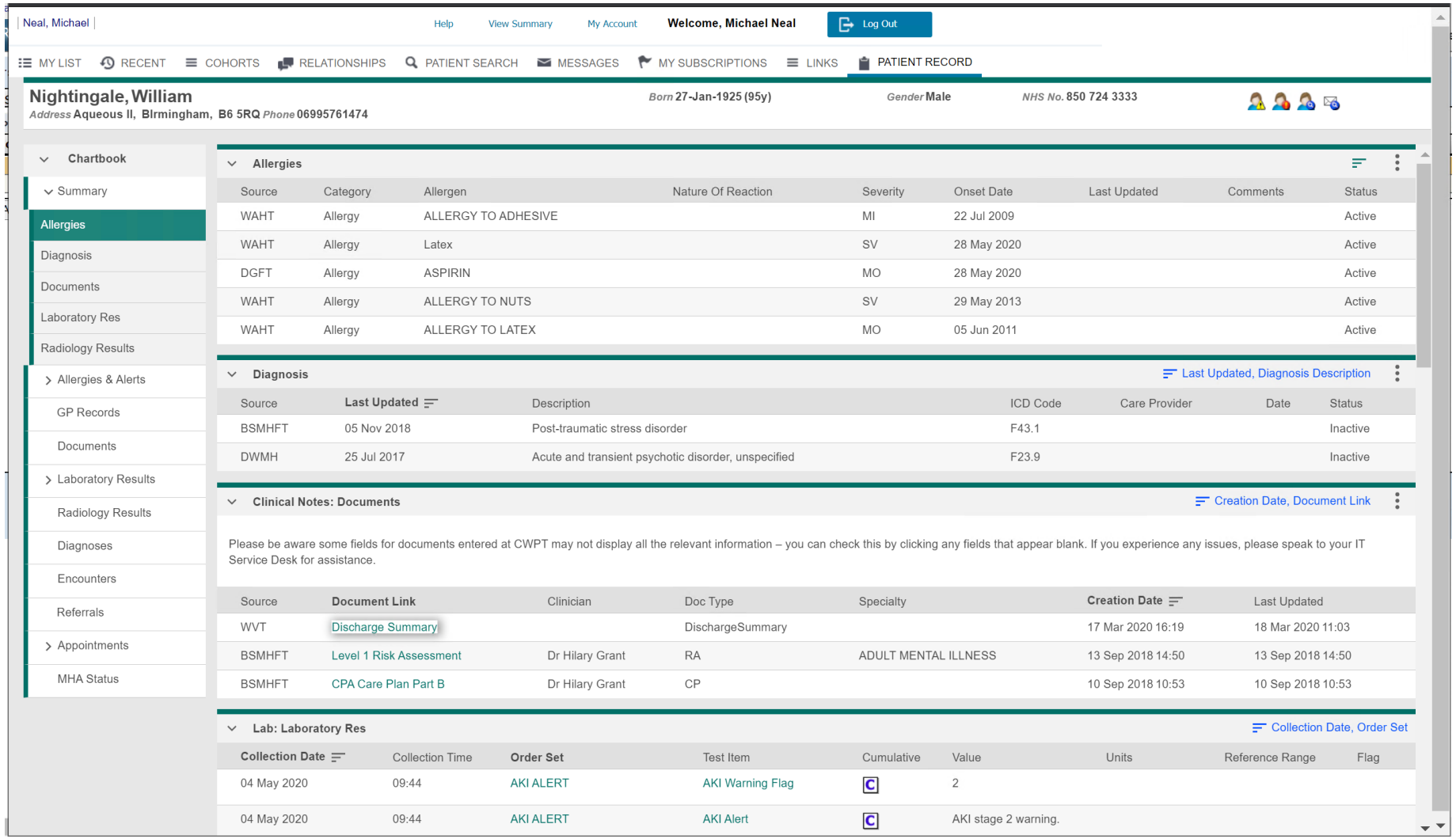

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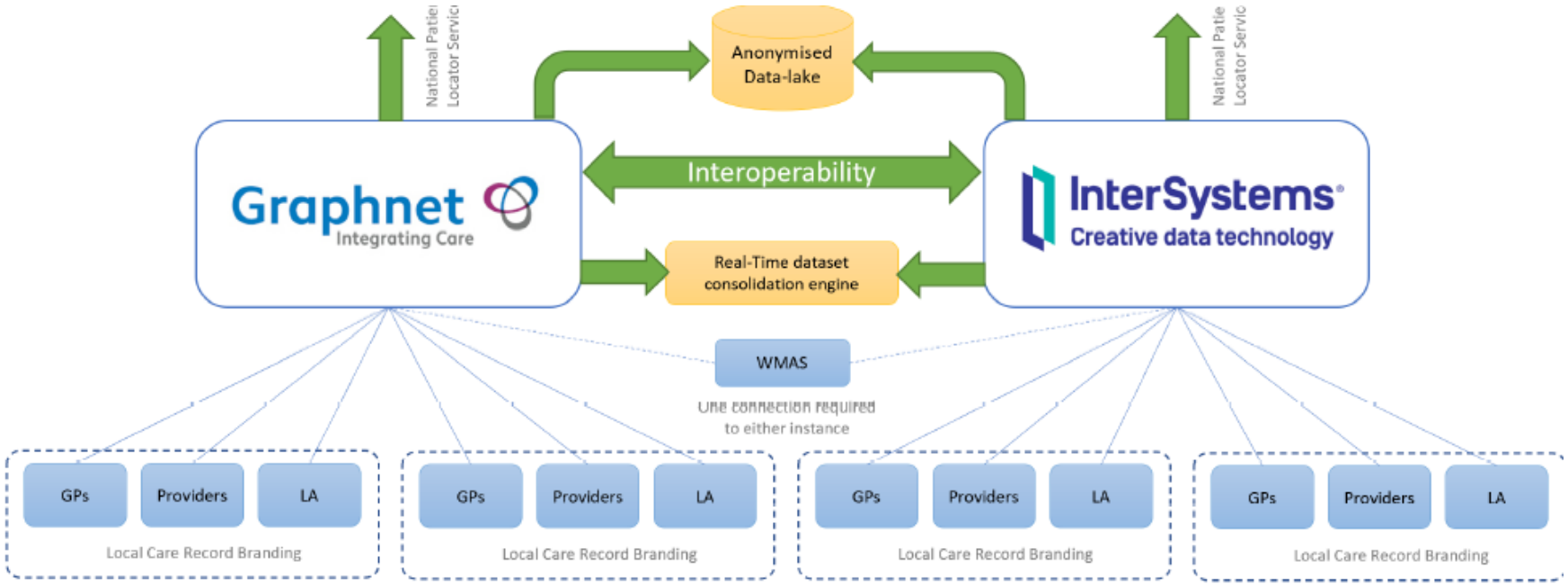
Almost - West Midlands ShCR



Overview

All client end solutions would access their local health care records through whatever means has already been established (ie the current Graphnet or Intersystems solution). This will ordinarily be a patient context orientated single sign on presenting data back into their local solution either as an embedded web page or through presentation of structured data from an API.

LHCR functionality (record viewing) will then be achieved through a live call from the users' host system to the peer system to establish if a patient link exists and retrieve any corresponding information according to defined and agreed user levels.

Further investigation is required to establish an approach for healthcare analytics and population health management with potential solutions being either to compile a tertiary anonymised data-lake or through real-time amalgamation of disparate data-sets to form a consolidated dataset.

Supporting safe and effective health and care

Shared Care Record Summit

Working together for safe and effective healthcare

Collaborative Care Record

Over 700 Organisations Connected + GP Connect

InterSystems
Creative data technology

Coventry and Warwickshire Health and Care Partnership

Live healthy Live happy
Birmingham and Solihull

Herefordshire and Worcestershire
Safe and effective health and care services

Herefordshire and Worcestershire ICS

Alicia Dunsby, Associate Director – Digital & Technology

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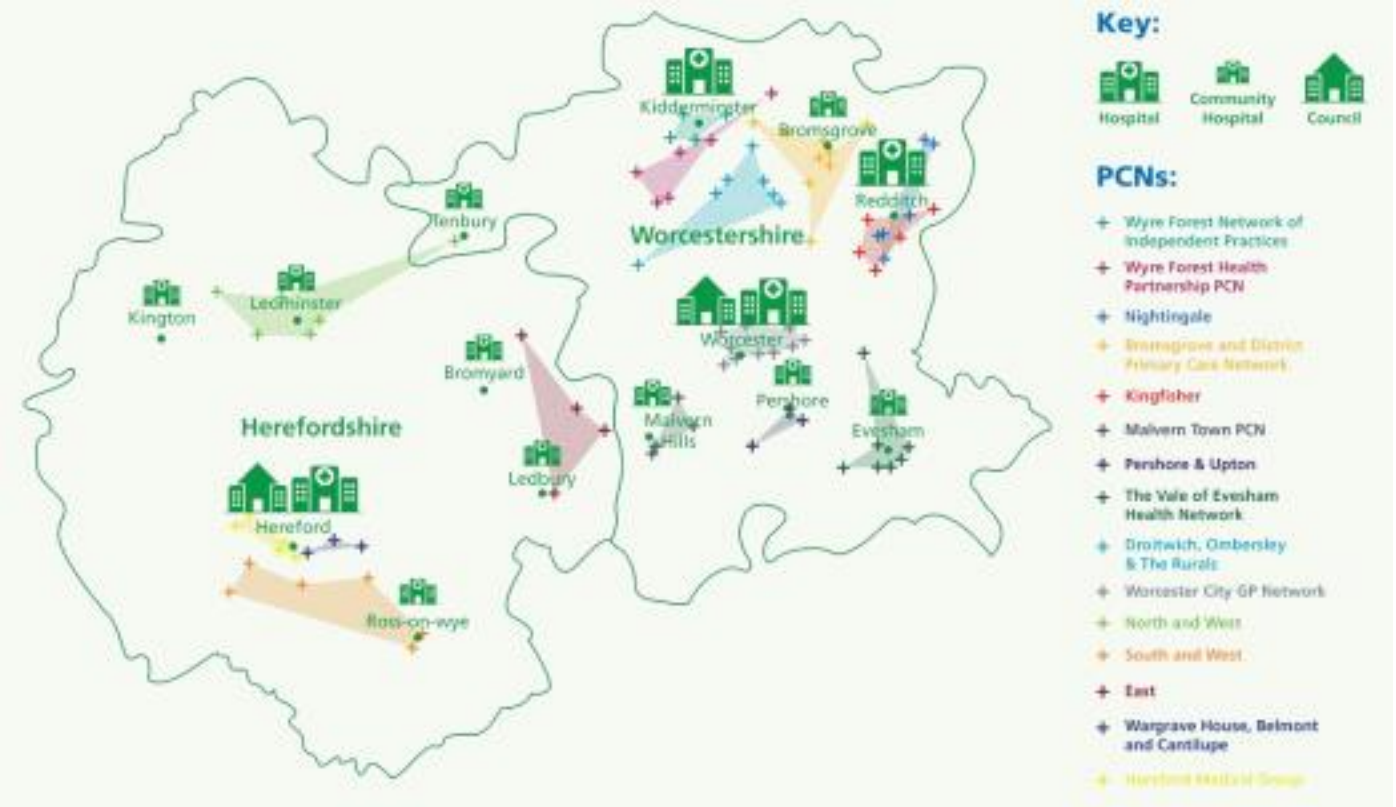
Herefordshire & Worcestershire ICS Overview



2 Counties
825,000 patients
2 Acute Trusts
1 Mental Health Trust
2 main Community providers
2 upper tier Local Authorities & 6 District Councils
78 GP practices over 15 PCNs
122 Community Pharmacies
96 Dentists
64 Optometrists
4 Hospices
1 Police Service
1 Fire & Rescue service
1 Integrated Care Board
20,000 public sector Health and Care staff
Approx 20,000 home care/care home provider staff

Fun fact: 2.5 times bigger than of Greater London geographically, 10% of the population

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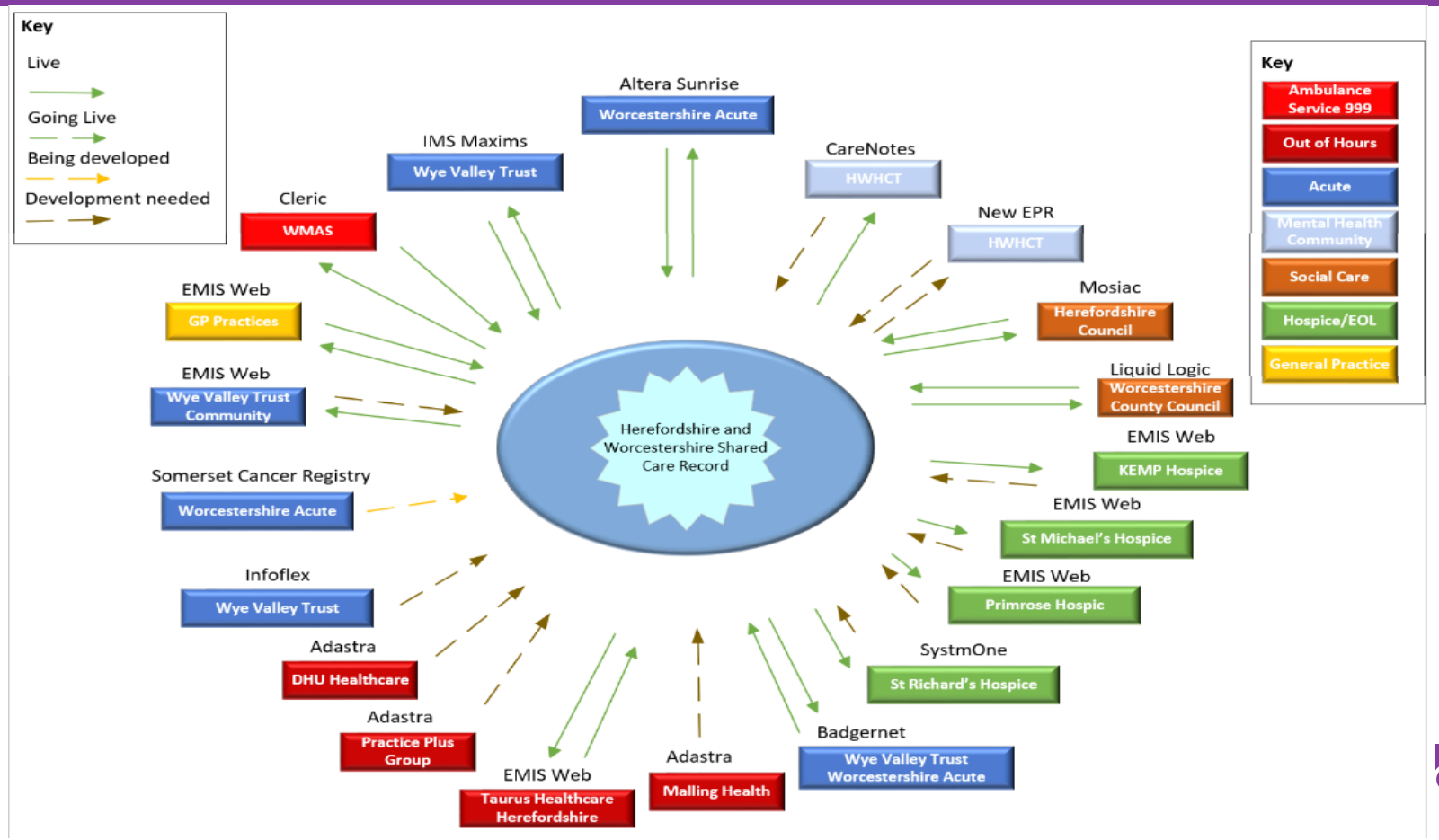
Herefordshire & Worcestershire ICS Overview



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Herefordshire and Worcestershire ICS Shared Care Record
Achieved to date

Dataset	Provider Organisation	Source system	Data Consumption enabled	Data Provision enabled	NHS MVS	Data integration	Status
Primary Care	78 practices, 15 PCNS, 2 Federations	EMIS Web	✓	✓	1	GP Connect Unstructured/Structured	LIVE
Acute	Worcestershire Acute Hospitals Trust	Altera Sunrise	✓	✓	1	API	LIVE
	Wye Valley NHS Trust	IMS Maxims	✓	✓		API	LIVE
Mental Health	Herefordshire and Worcestershire Health &Care NHS Trust	Advanced Care Notes	✓	✓	1	API	LIVE
Ambulance Service	West Midlands Ambulance Service	Cleric	✓	✓	1	API	LIVE
Social Care	Worcestershire County Council	Liquid Logic	✓	✓	2	BATCH	LIVE
	Herefordshire Council	Mosaic	✓	✓		BATCH	READY
Maternity	Worcestershire Acute Hospitals Trust	Badgernet	✓	✓	1	API	LIVE
	Wye Valley NHS Trust		✓	✓			LIVE
Hospice	4 hospices (1 inpatient)	EMIS Hospice x 3, TPP x 1	✓	×	2		LIVE
End of Life	All	Multiple	✓	✓	2	MULTI API	LIVE

Herefordshire and Worcestershire ICS Shared Care Record Roadmap

Dataset	Provider Organisation	Source system	Data Consumption enabled	Data Provision enabled	NHS MVS	Data integration	Status
Primary Care	78 practices, 15 PCNS, 2 Federations	EMIS Web	✓	✓	2	Other Structured	DEV
Community health services	Herefordshire and Worcestershire Health & Care NHS Trust (Worcs)	EMIS Community	✓	×	2		SCOPING
	Wye Valley NHS Trust (Hfds)	EMIS Community	✓	×			SCOPING
Cancer registry	Worcestershire Acute Hospitals Trust	Somerset Cancer registry	×	×	2		DEV
	Wye Valley NHS Trust	Infoflex	×	×			SCOPING
NHS111	DHU Healthcare	Adastra	×	×	2		NOT STARTED
GP OOH	Malling Health	Adastra	×	×	2		NOT STARTED
	Patient First Group	Adastra	×	×			
Digital Social Care	H&W Care Homes - 256	Various	×	×	2		NOT STARTED

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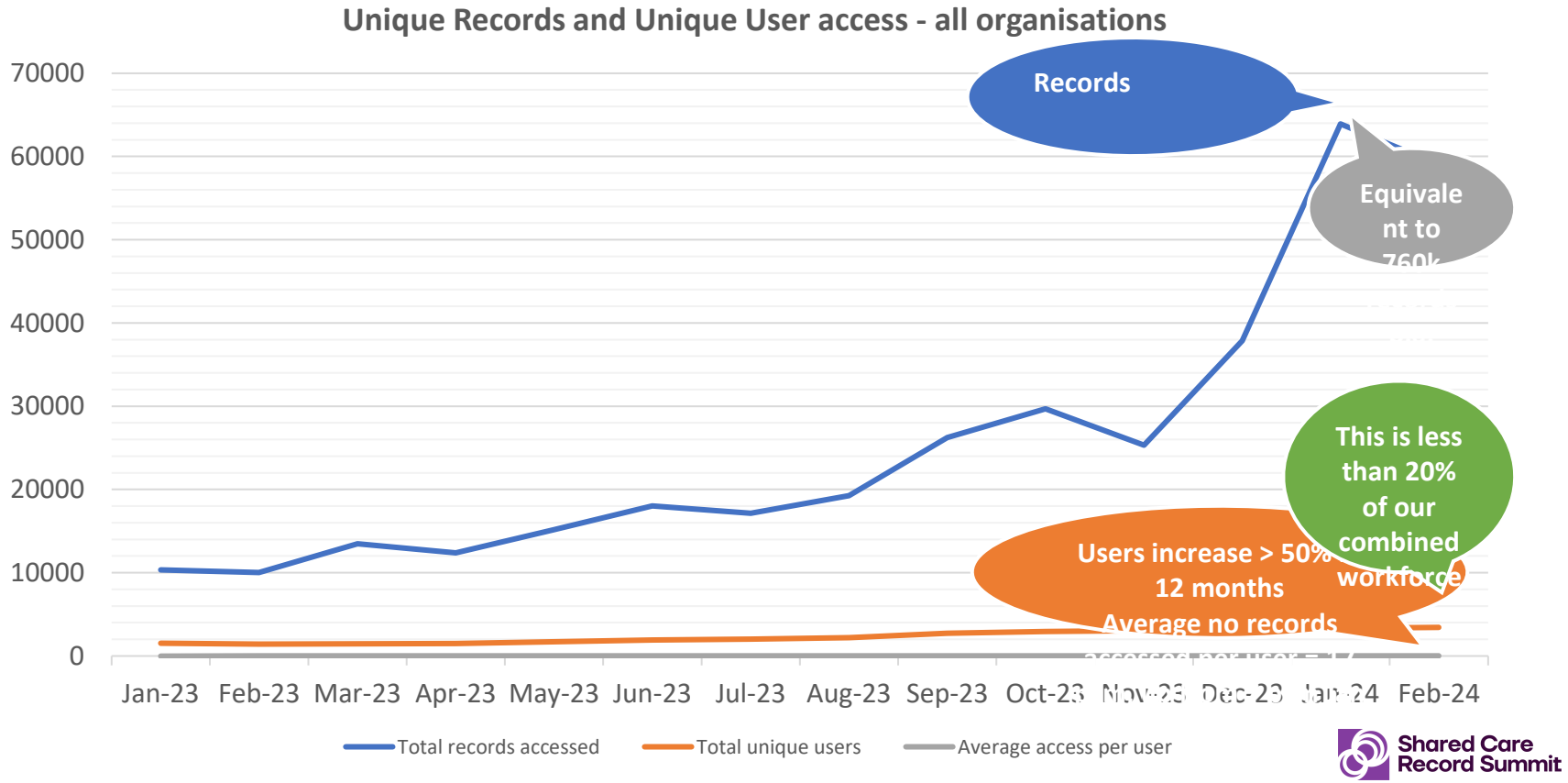
Herefordshire and Worcestershire ICS Shared Care Record Utilisation history



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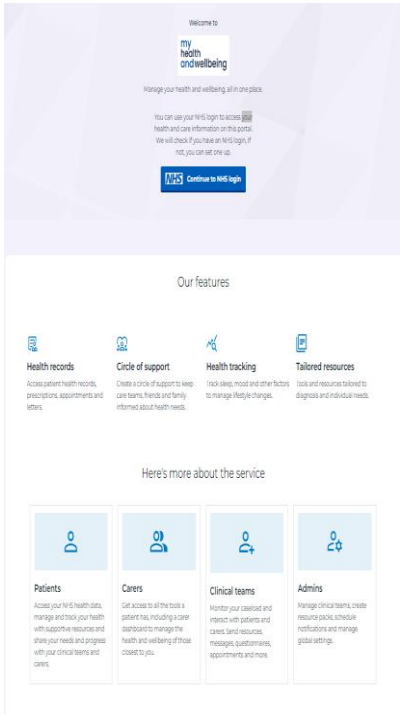
Herefordshire and Worcestershire ICS Shared Care Record
Key Developments

Digitising End of Life

1. HealthShare: End of Life EPaCCS dataset
2. Care Community: Digital ReSPECT Form
3. HealthShare: 2-way data integration with EMIS and Mindwave Patient Portal in development
4. Mindwave Patient Portal: Patient held Advance Statement with integration to HealthShare



Patient Portal integration

1. FHIR API for Appointments (NHS Wayfinder)
2. Two-way integration for Advanced Care Plans
3. Future Care Plans: Care Plan development & integration – Long term conditions

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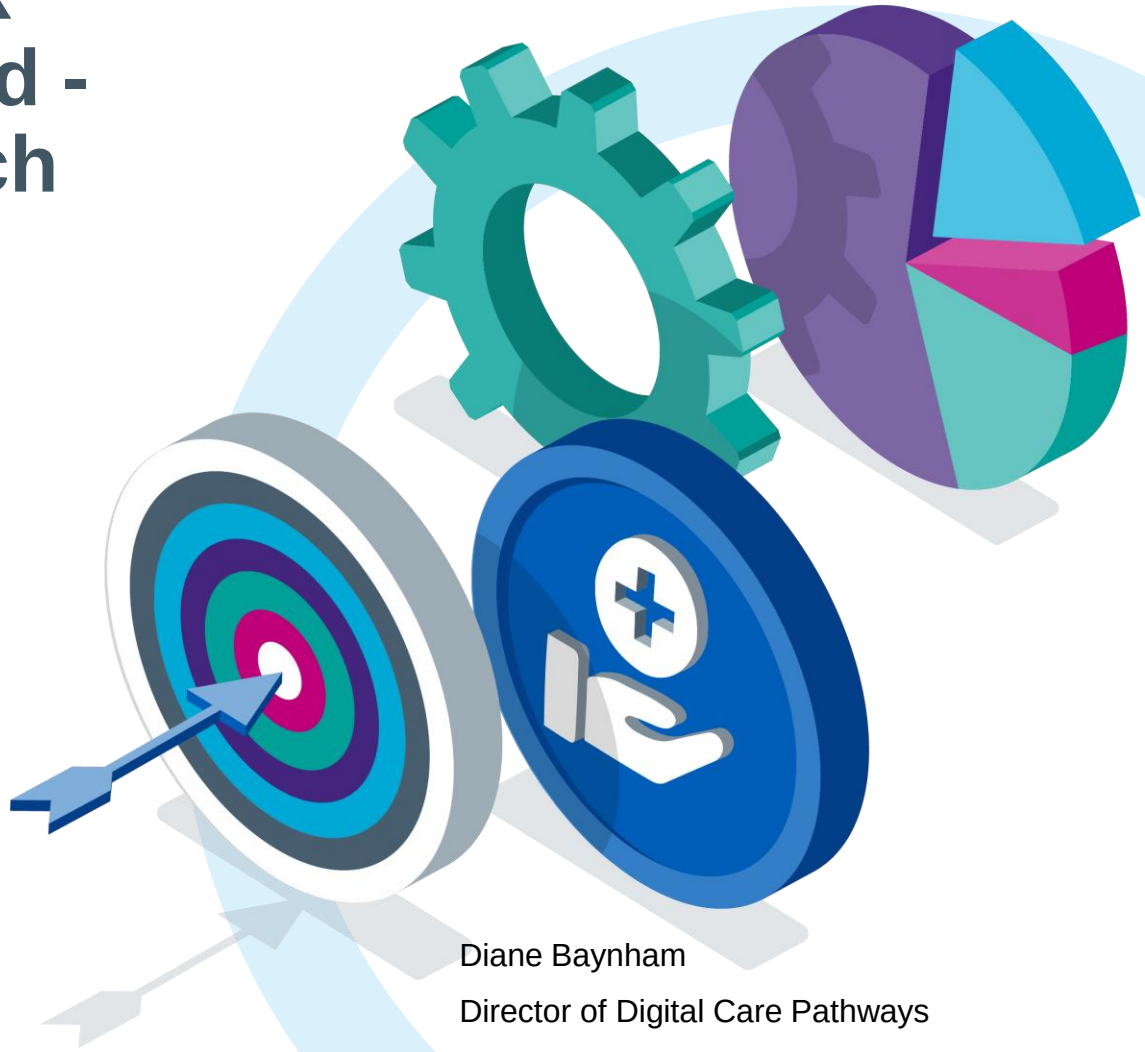
NHS
Coventry and Warwickshire

Coventry and Warwick Integrated Care Record - a user centric approach

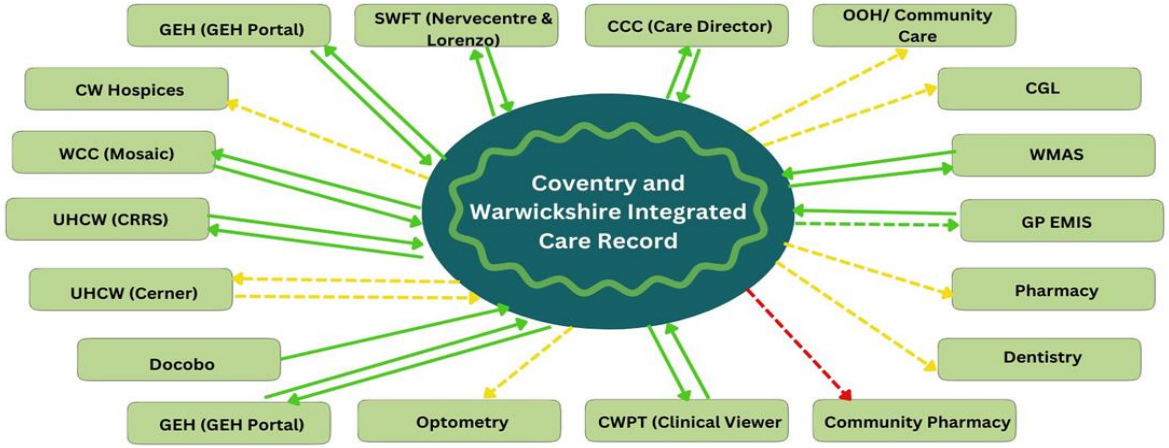


Diane Baynham

Director of Digital Care Pathways

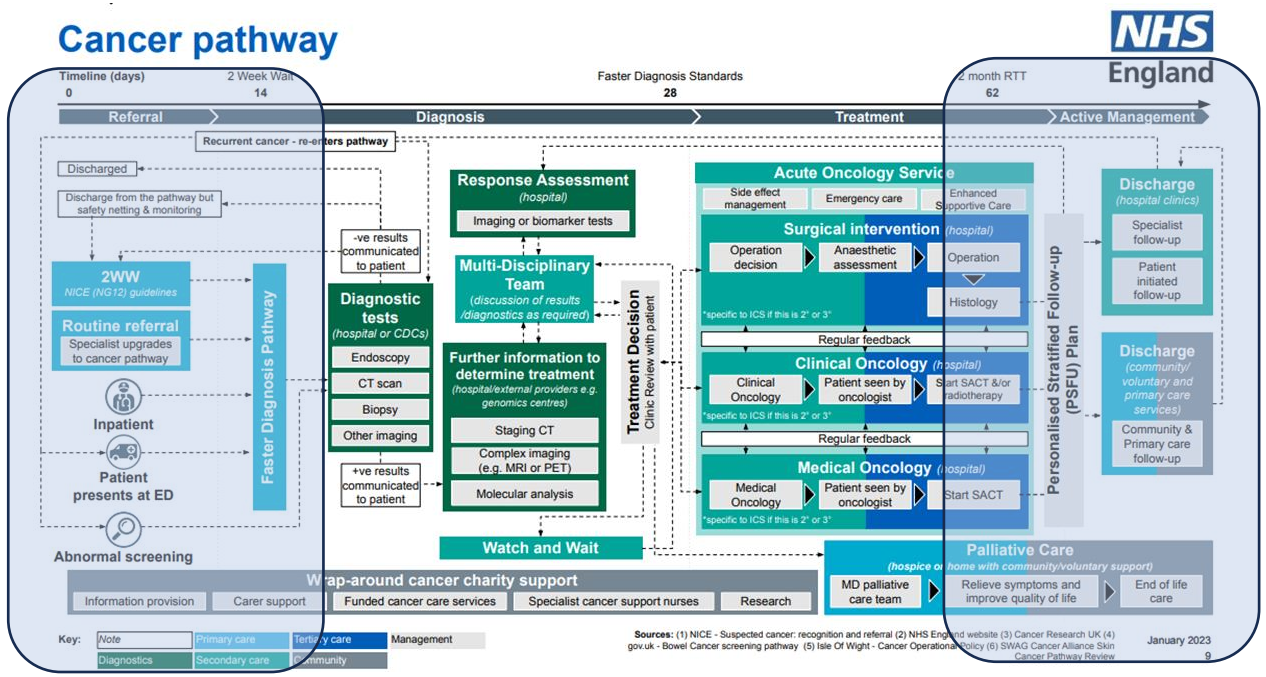
NHS
Coventry and Warwickshire

Coventry & Warwickshire Integrated Care Record Status



A care episode might transcend care settings

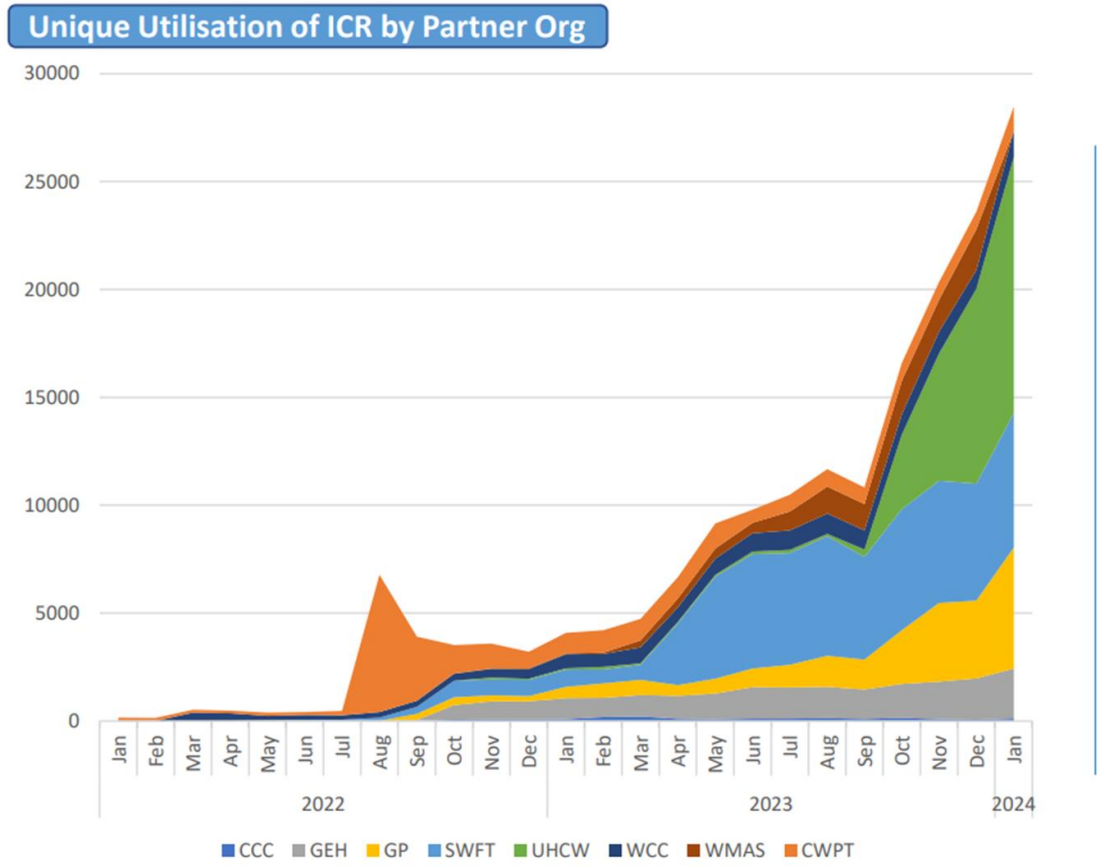
Entry point could be Primary, Acute, Screening for example



Discharge may involve many organisations outside of the acute

NHS
Coventry and Warwickshire

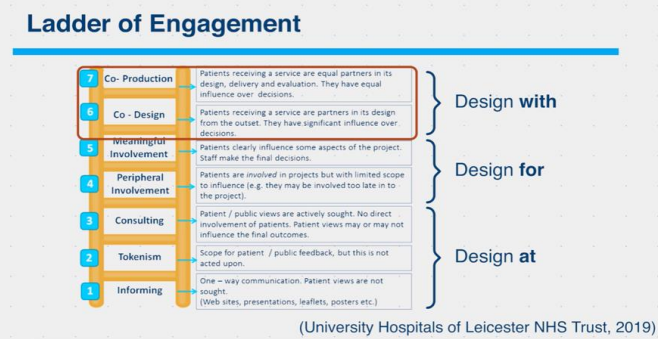
How do you know what information is **needed**?
What clinical data is **required** for care?
What **gaps** you have in information access?
What **problems** having access to information would fix?
How information about the patient might change a patient pathway?



Over 3900 unique users averaging 8 patient record views per month.

What about those not accessing ICR?

How do we drive and increase utilisation?



"Co-production is a way of working that involves people who use health and care services, carers and communities in equal partnership; and which engages groups of people at the earliest stages of service design, development and evaluation."

- A Co-production Model by NHS England

Design with and not for. One person cannot know how every bit of a complex system works, what difficulties people encounter, what problems need to be solved and how technology can help Together we are better

Watch our language. As digital leaders we can often talk a baffling language of product cycles and agile backlogs.

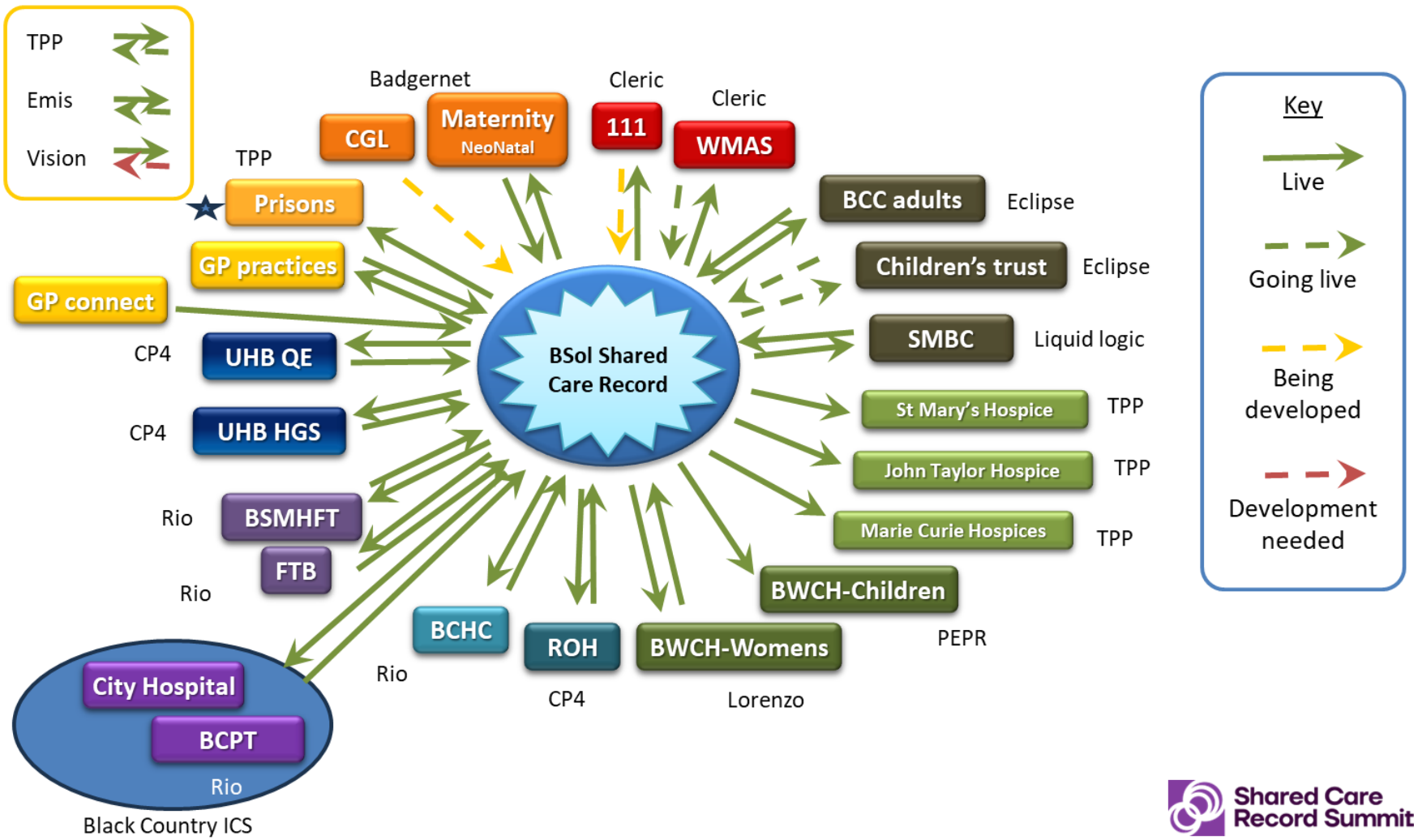
Ensure buy in and ownership if its not clinically informed then how do we know its right?

NHS
Coventry and Warwickshire

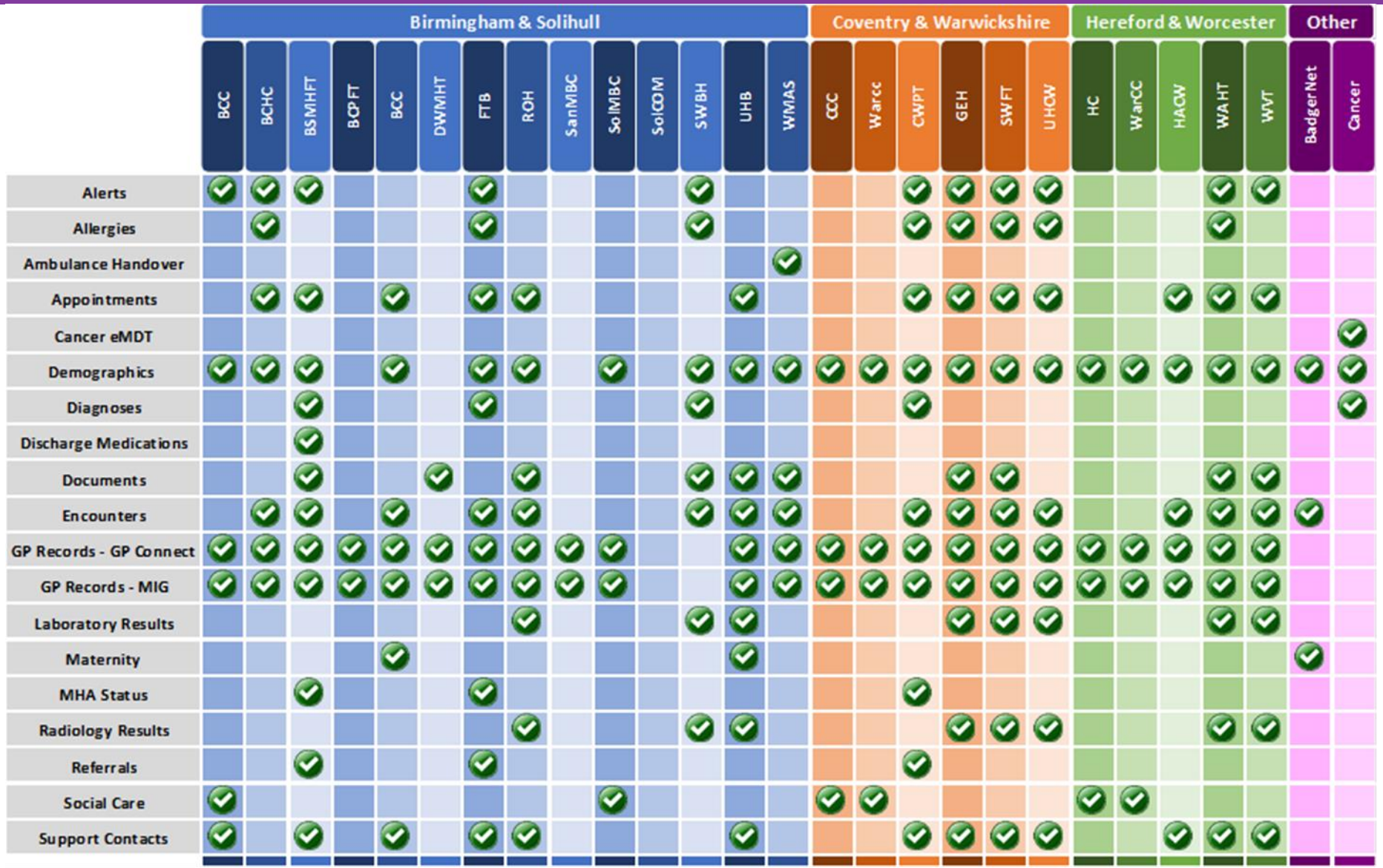
The challenge is beyond one of scale, nor whether a product is effective or provides return on investment when the NHS is head down and in tactical mode, transformation & innovation feels harder to achieve, that will not change but *the role of innovation has obvious importance but it is critical that health care leaders learn about their consumers (the patients they serve) and not allow tech to drive the change but for user need to deeply inform how we transform the service.*

Adapted from Imperial College London (2024)

Bsol Shared Care Record



Share what you want



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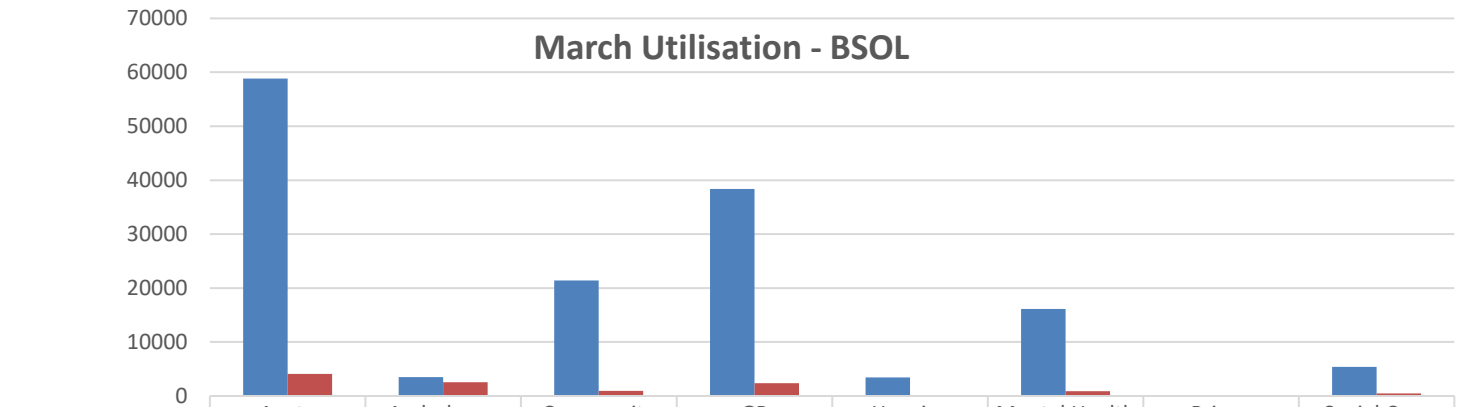
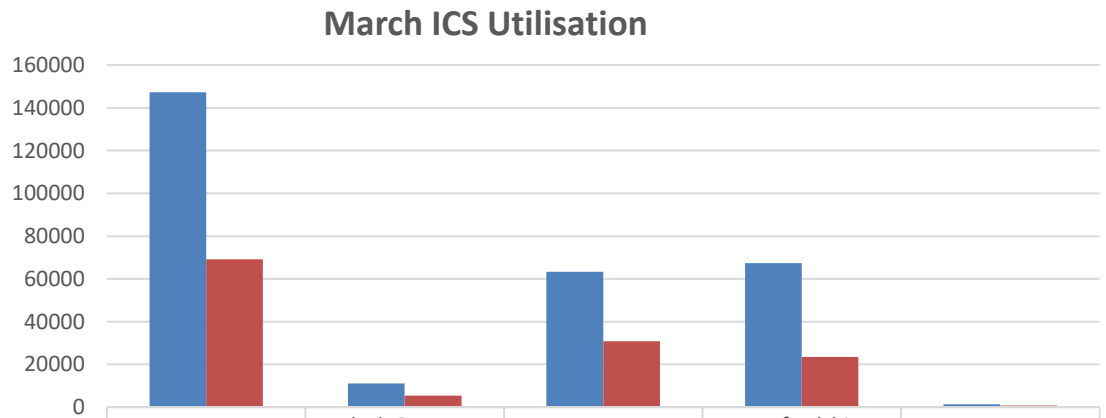
Utilisation



	Acute	Ambulance	Community	GP	Hospice	Mental Health	Prison	Social Care
March Combined	58867	3505	21426	38350	3456	16149	153	5384
March Unique	4092	2549	959	2364	149	908	19	478



	Birmingham and Solihull	Black Country and West Birmingham	Coventry and Warwickshire	Herefordshire and Worcestershire	Maternity
March Combined	147290	11045	63352	67341	1345
March Unique	69123	5472	30842	23506	788

Shared Care Record Summit

Integrated Care Record

COLLABORATIVE CARE RECORD

Working together for safe and effective healthcare

Comms campaign

Make the best decisions

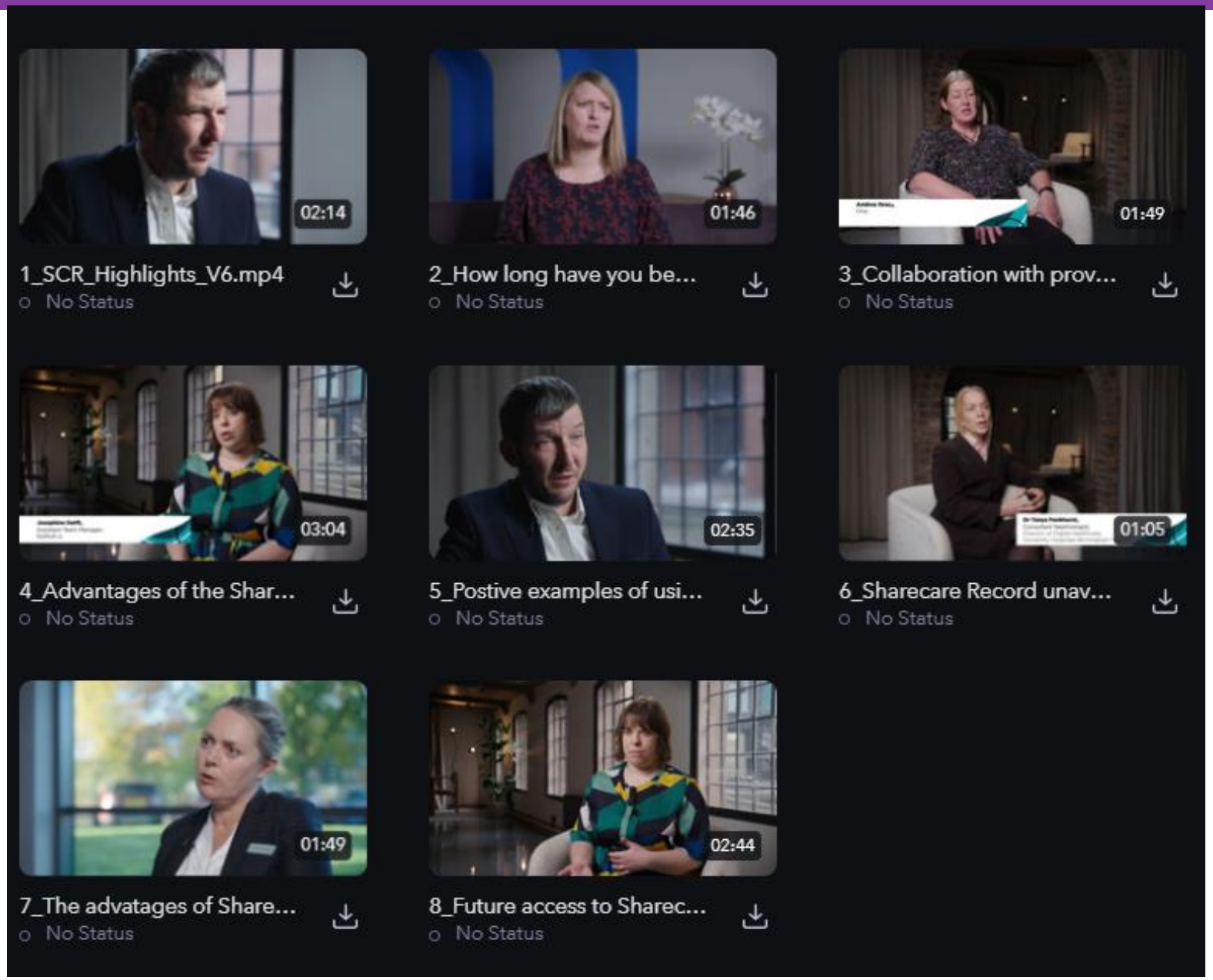
COLLABORATIVE CARE RECORD

Working together for safe and effective healthcare

The Integrated Care Record gives you the right information, at the right time, in the right way.

Make the best decisions for the people you provide care for.

Use the Integrated Care Record today and see what it can do for your patients, your citizens – **and for you.**



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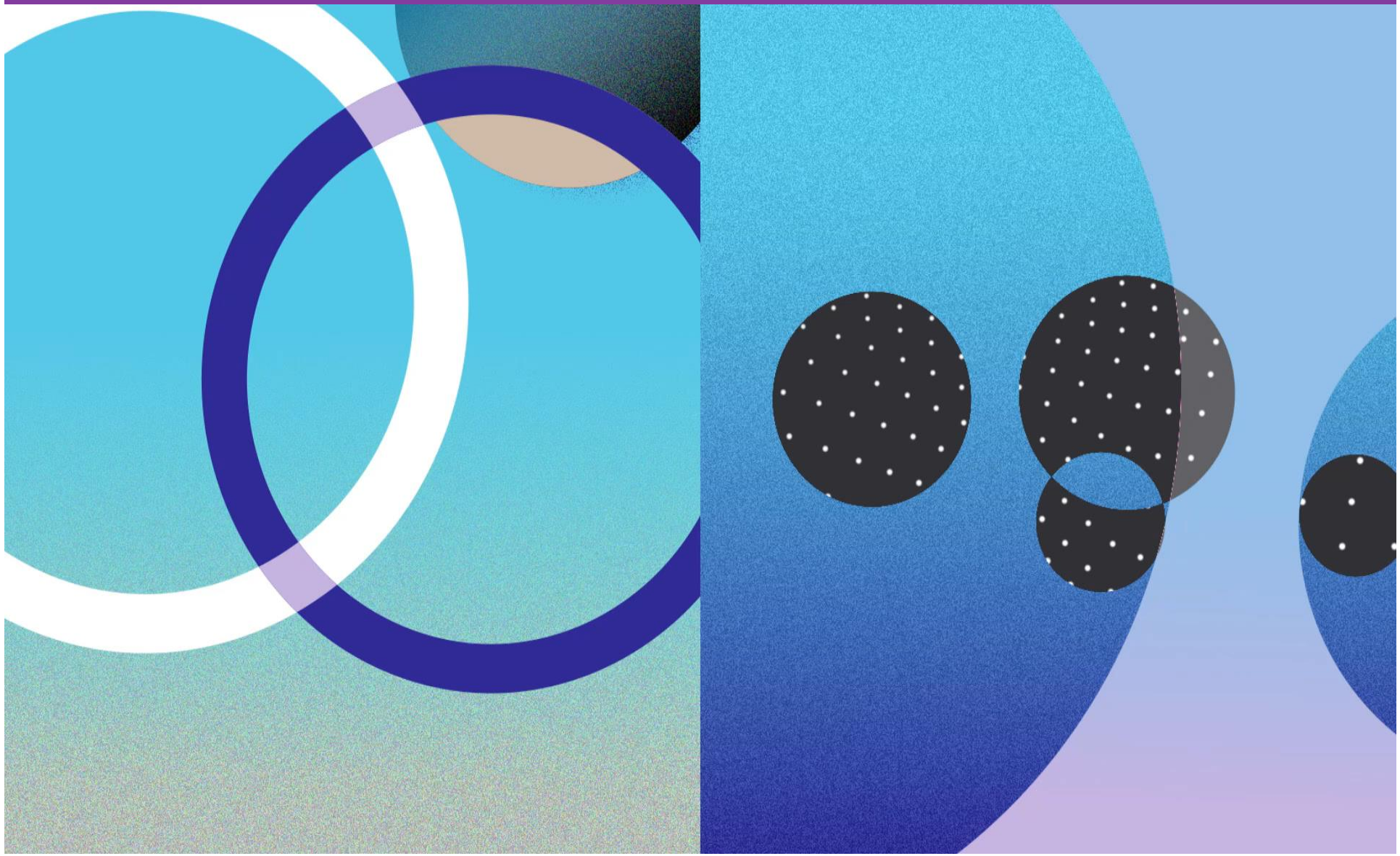

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Medicines Management

Mental Health
UHB

- All prescribers
  - Discharge Meds
  - TTO’s
- safer treatment – clinicians will see medicines, allergies and pre-existing conditions across all organisations

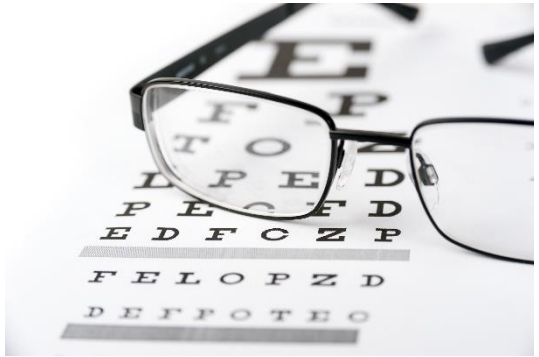
PODAC

EMIS connecting healthcare

PharmOutcomes®

Pharmacists 500+

Live in July 2024



Optometrists (2024/25)

NCRS?

Dentists Live in June 2024

Pharmacy

PharmOutcomes® Delivering Evidence
Home
Gallery
About
Contact Us
Want to administer a COVID vaccination?
Enter on our sister site
Log In
Username
Password
Go
Forgotten password?
Urgent: Multi-factor Authentication now required for PharmOutcomes
Click here for FAQs to support your new log-in process

Shared Care Record Summit

Dental - REGO

West Midlands Air Ambulance

Shared Care Record Summit

Shared Care Record Summit

Shared Care Record Summit

Care Homes

- Nourish
- Patient centred

NRL

25% target in the next 18 months

What is InterSystems focusing on?

InterSystems
Creative data technology

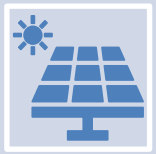
- Charles King
- Account Manager

Shared Care Record Summit

Focus

Eco-system

Cost of Care



Greater efficiencies

Eco-system

- One supplier cannot meet all requirements of customers
- Change too difficult so leverage sunk investment
- Work with suppliers on joint solutions, bring solutions
  - Digital print mailing solutions
  - Patient appointment reminders and call ups
  - ED Scheduling
  - Pain management

Cost of Care

- Home versus Acute Care
  - Avoiding Hospital Admission
    - Greater co-ordination
    - Making the patient part of their care – managing long term conditions
      - MyPath Cancercare
      - https://mypath-cancercare.eu/
  - Facilitating discharge
    - Simple, timely, easy communication, handover and care planning
  - Preventing re-admission

    Identification of risk, prevention and follow on care

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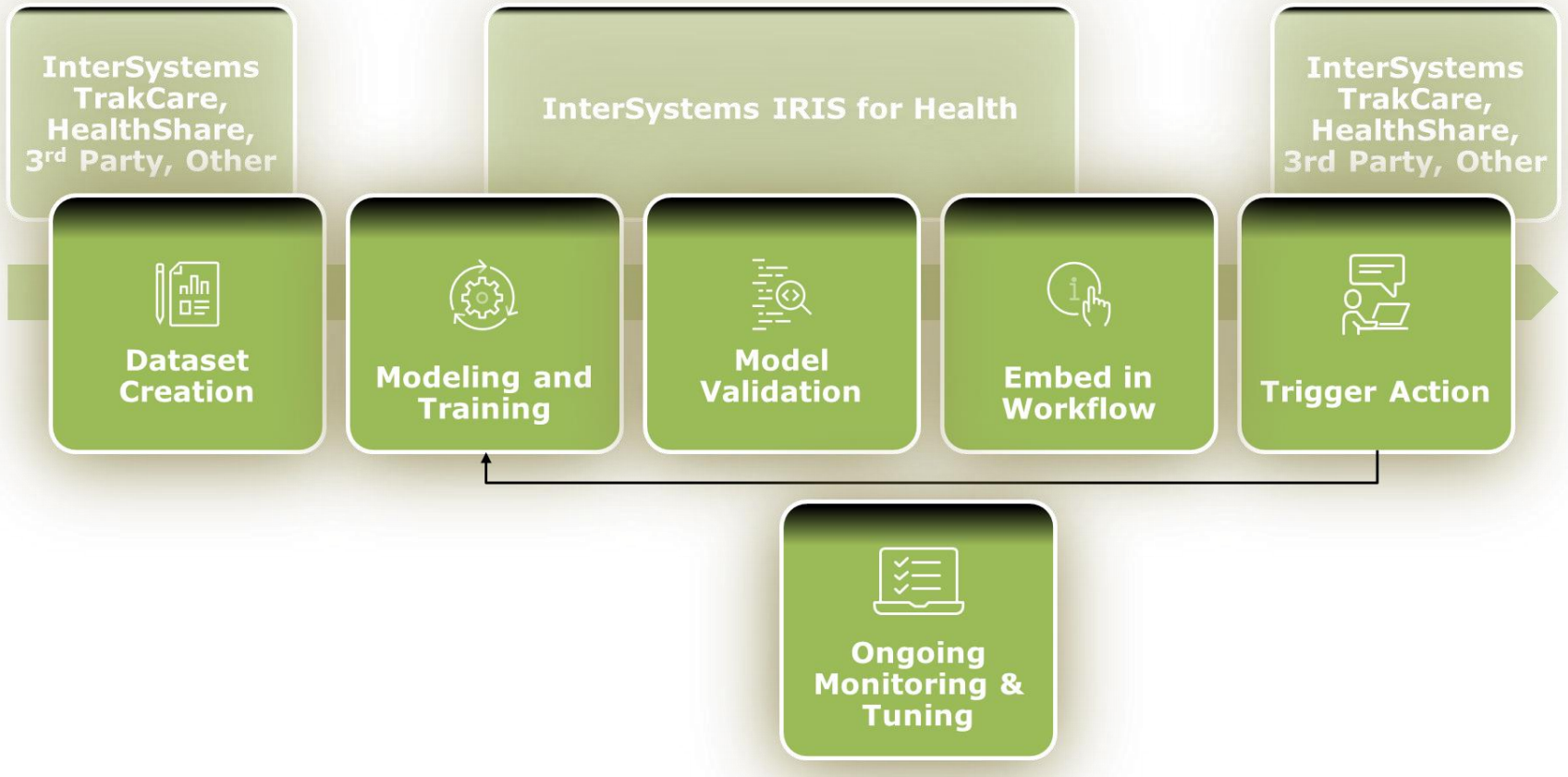
Huge amount of data – how do we derive value

ML Model Development Process



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Clinical

- Antibiotic Resistance
- Chronic Disease Package Eligibility *(Diabetes, COPD, Cardiac Myopathy, Essential Hypertension, Hyperlipidemia)*
- Diabetes Risk Prediction
- MI Prediction
- Osteoporosis Predication
- COPD Exacerbation
- Asthma Attack Predication
- Early Microbiology Pathogen Detection
- Early Sepsis Detection
- Breast Cancer Prediction

Administrative

- Clinic No-Show Prediction
- Prediction of Surgical Procedure Time
- Prediction of Emergency Waiting Time
- Predication of Lab Sample Rejection
- Predict the Resources Needed
- Predict Waiting List Acceptance Time
- Predict OPD Pharmacy Waiting Time
- Inpatient LOS Prediction

RCM

- DRG Discrepancy
- Inpatient Readmission Prediction
- Predict Expensive Stock Utilization
- Service Approval / Denial by Insurance
- Claims Approvals / Denials

Generative AI

- Identify Gaps in Patient Record
- Create Claims Report
- Generate Handover Lists & Notes
- Create Operative Reports
- Suggest Evidence-based Protocols
- Utilize Dictation Tools to Generate Structured Data
- Enhance Medication Compliance
- Identify Best Stock to Utilize
- Identify Area of Revenue Growth
- Identify Time for HW Upgrade
- Identify Risk for Security Breach
- Issue Recording and Identifying

Emergency Dept Waiting Time Prediction

Goal

Predicting wait time from emergency department admission to physician visit

Highlights

- Numerous potential improvements: improve care, optimize resource utilization, increase patient safety, increase patient satisfaction, etc.
- Inputs involve historical ER utilization data, patient details, and time (day, hour) to generate an estimate

Sample Rejection Rate Reduction

Goal

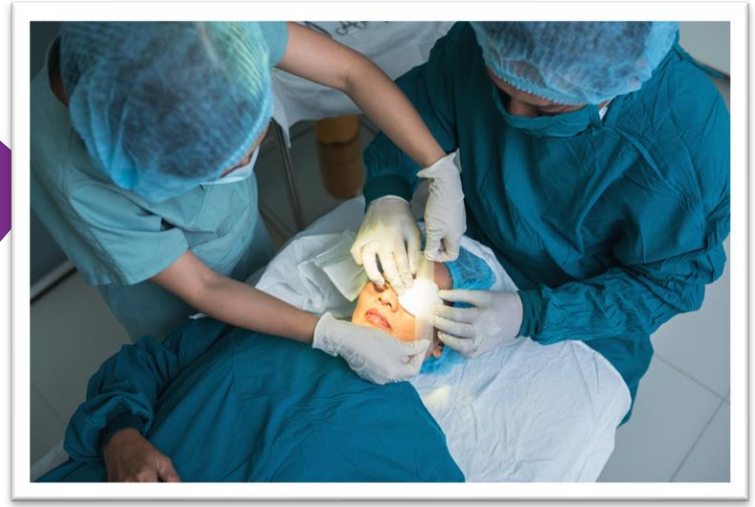
Reduction in the number of discarded laboratory samples

Highlights

- Analyzes historical data on rejected laboratory specimens
- Alerts personnel on the possibility that a collected sample cannot be used (at the collection site)
- Feedback on the risk of rejection, integrated into the laboratory information system user interface

Shared Care Record Summit

Surgery Duration Prediction



Goal

Predicting the duration of a surgical procedure in a specialized ophthalmology hospital

Highlights

- Optimization of the use of operating room resources (space, equipment and personnel)
- At the time of booking, the data of the surgery, the patient and the provider are analyzed to allow prediction of the surgery time
- After implementation and transition to live operation, the solution can be rolled out to other hospitals

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Hospital Staff Allocation Optimisation

Goal

Improving the deployment of staff in the various departments of a hospital with the help of a forecasting model

Highlights

- Reduce the need for overtime or "last minute" call-in of employees
- Avoid unexpected spikes in staffing needs and improve operational efficiency and effectiveness
- Based on the patterns identified, analytics are used to measure staffing levels and predict staffing needs
- The model is being developed on behalf of a French hospital and is currently in the design phase
- Introduction in other facilities is planned, as the IP rights will be held by InterSystems

Clinic No-Show Reduction

Goal

Improve quality of care and optimize allocation of time, clinical and financial resources

Highlights

- Implemented and already in live operation in KSA
- Predict the probability that an appointment will not be kept, directly in the appointment booking process
  - Currently 18% of appointments are not kept
- Integration of the "no-show" risk score into the user interface of the appointment information system
- No third-party involvement, InterSystems is the sole owner of the rights to the solution. It can therefore be easily applied to additional use cases
- Alternative use cases: reduce no-shows in surgical procedures, radiology sessions, chemotherapy sessions, etc.

Shared Care Record Summit

Readmission Rate Reduction

Goal

Reduce readmission rates to improve patient recovery outcomes and lower costs/revenue

Highlights

- Problem description
  Determine the likelihood that patients with a diagnosis related to the original admission will be readmitted to the hospital
- Deployment
  - ✓ Data from previous patients are used to train the model
  - ✓ Only inpatient cases are considered
  - ✓ The threshold for readmission is 30 days
  - ✓ Result: probability of readmission
- Solution
  At discharge, an alarm informs the physician of the likelihood that the patient will be readmitted within 30 days

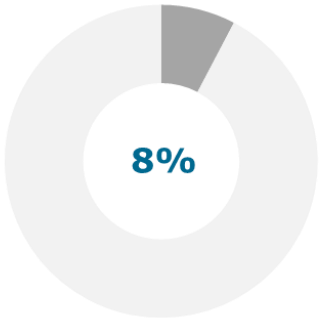
Readmission Rate Reduction: Testing the model

Clinicians make daily decisions whether to discharge patients based on a series of observations and standards. It often happens that the patient suffers a complication and is readmitted.

Calculating the probability of readmission allows clinicians to identify patients at high risk for readmission and either extend their stay for further testing and monitoring or schedule more frequent and closer follow-up visits.

ML Use Case: Readmission Rate Reduction
Sample Results

Successful reduction of readmission



Clinically validated for 2021 data vs. predicted episodes

Financial impact

5,000

5.000 IP episodes / year

400 IP readmissions can be avoided

(6.2 k EUR)

Average cost per IP episode AED 25,000. 50% of this amount may be deducted by payer if readmission occurs within 30 days

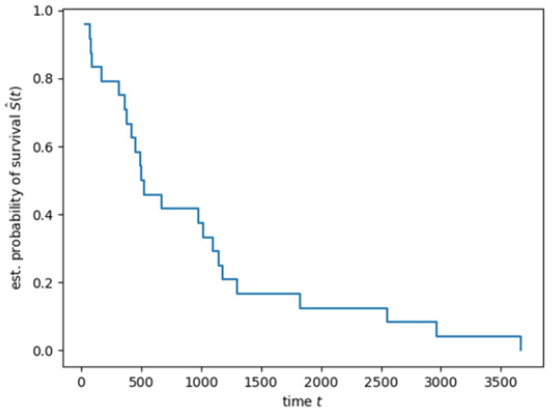
(1.24 m EUR)

Potential loss per year for a single facility

Diabetes Prediction

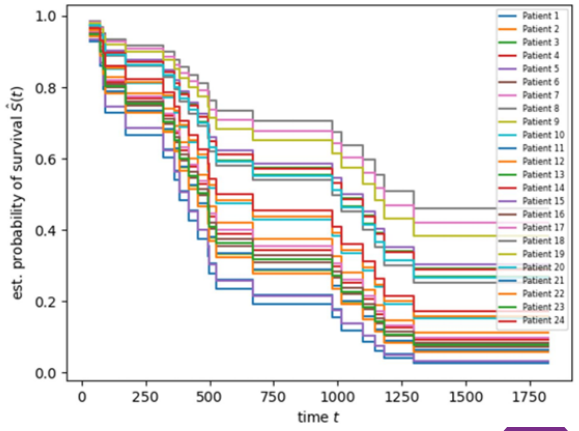
- **Objective:** Identify the probability that patients will develop a diabetes diagnosis in a specific time interval (survival time).
- **Implementation:** Survival Analysis -> analyzing the expected duration of time until the diabetes diagnosis occurs. Survival analysis involves the modelling of time-to-event data.
- **Solution**: an indication through an alert of when the patient will likely develop a diabetes diagnosis.

Survival Analysis by entire population



Diabetes diagnosis when the curve reaches 0 on y-axis.

Survival Analysis by single patient



Diabetes Prediction: Results

Impact

Diabetes new cases are on a rise across the globe. Early risk identification and preventative modules help reduce this chronic disease impact.

Through a survival monitoring for both the Diabetic patients as well the patient at risk of having diabetes within 5 years doctors can now easily:

- Get Notified of potential risk
- Change treatment protocols accordingly
- Enroll patients into Diabetic prevention protocols
- Continue to monitor throughout the journey
- Extend the use beyond hospitals into the community

Shared Care Record Summit

Work in partnership

Increase adoption and usage through focussing on key issues and structural issues

Leverage the platform

Work on transformative solutions to support new care models

InterSystems
Creative data technology

Shared Care Record Summit

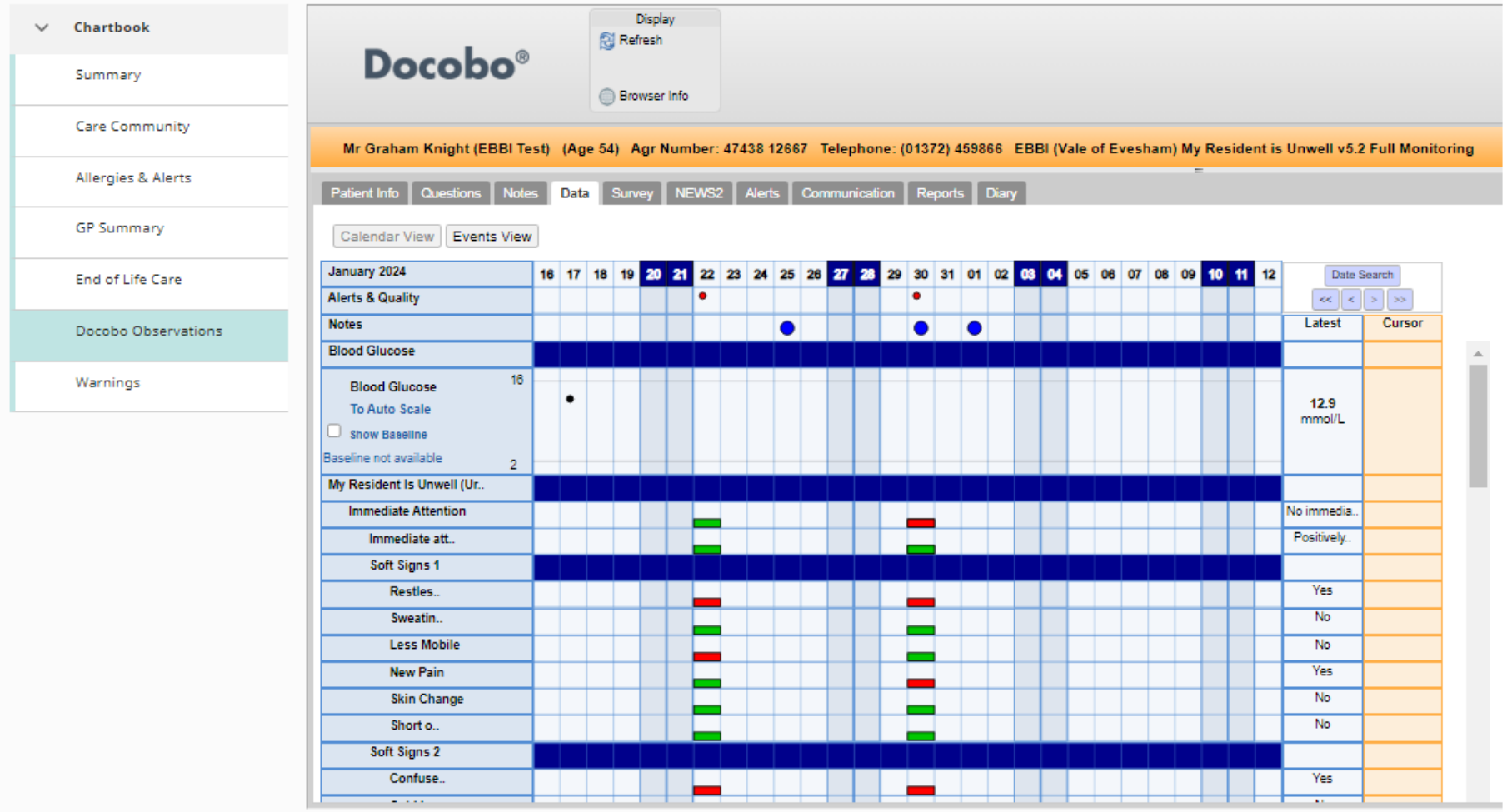
Virtual Wards - DOCOBO

Virtual wards provide effective hospital at home monitoring

Remote monitoring at home: helping the frontline

Add value to the residential care home offering

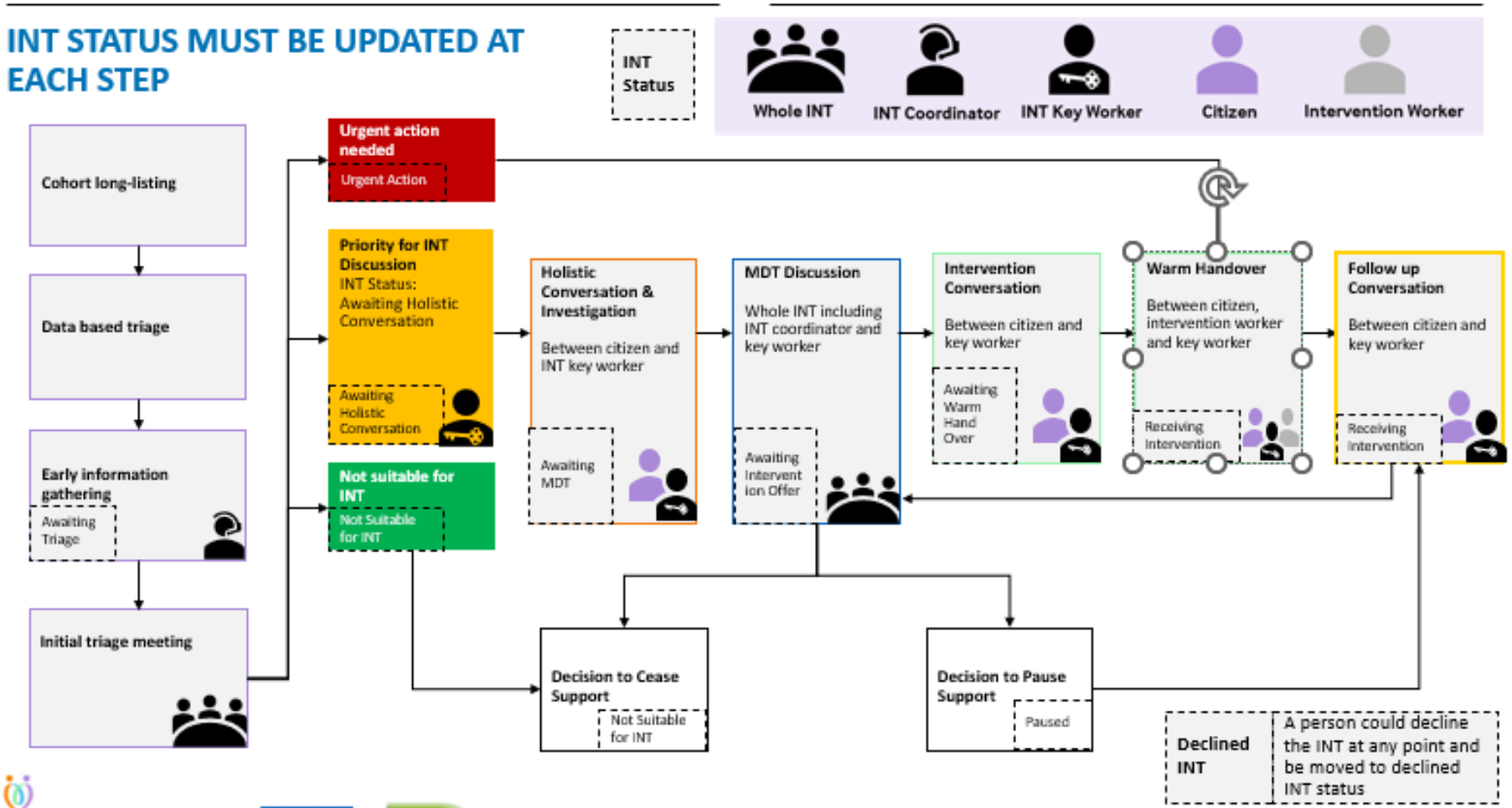
Virtual Wards - DOCOBO



Integrated Community Teams

Shared Care Record Summit

Case Management

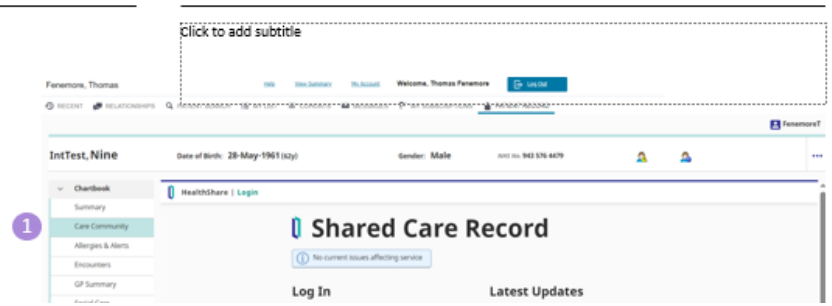


Case Management

FINDING A PERSON'S CARE PLAN

Once you have clicked on a person, you will see the shared care record for the person.

1. Select the Care Community Chartboook to bring up the case management tool care plan
2. You will be a
   Use the sam
3. Accept perm



TRIAGE MEETING PROFORMA

Early Information Gathering | Initial Triage Meeting | Holistic Conversation & Investigation

Inputs

List of citizens

Supporting Information

Agenda

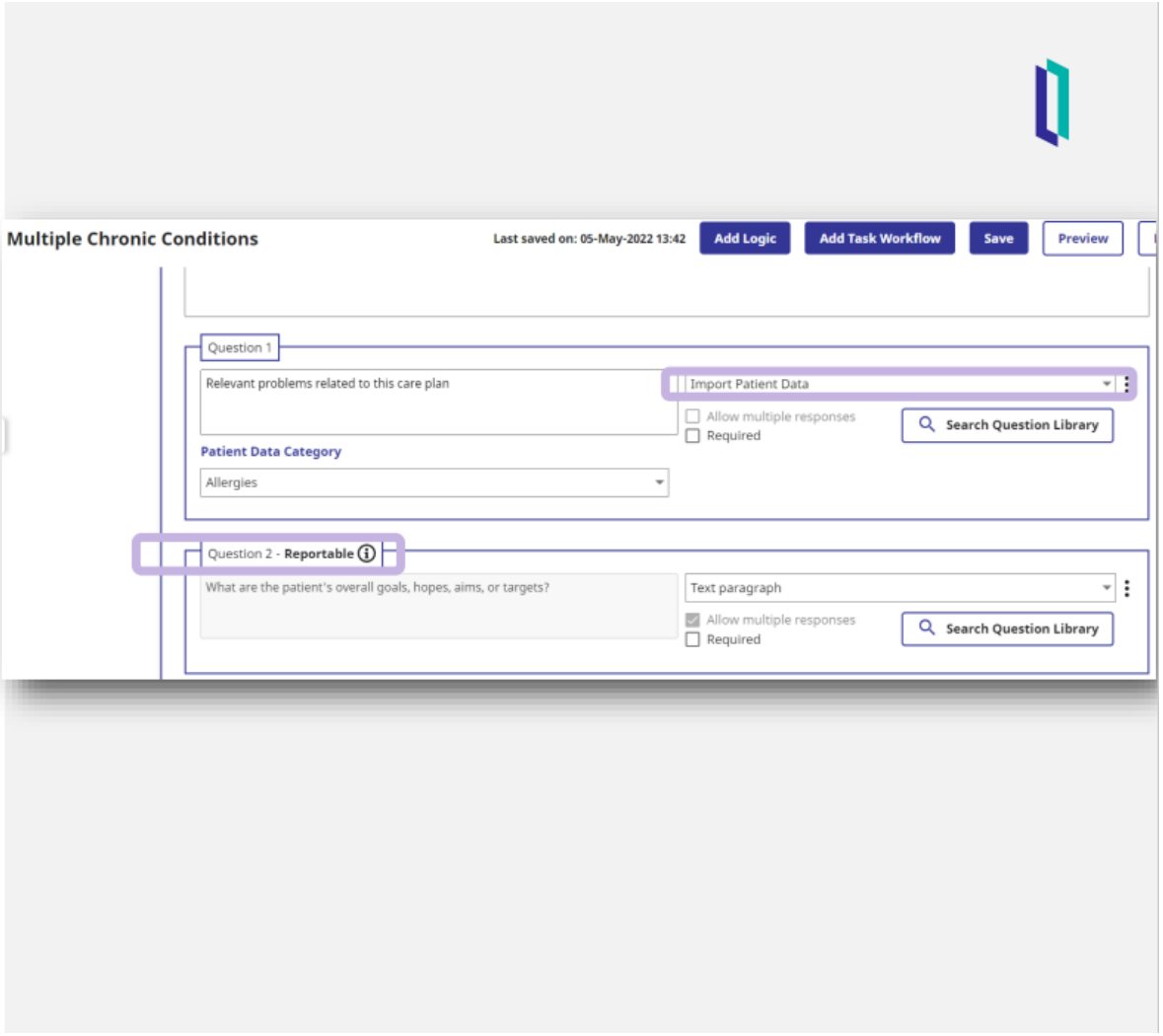
Outputs – on the CMT

Key Worker decided and Holistic Conversation assigned to them as task

Streaming decision and rationale (if unsuitable)

Flexible Templates

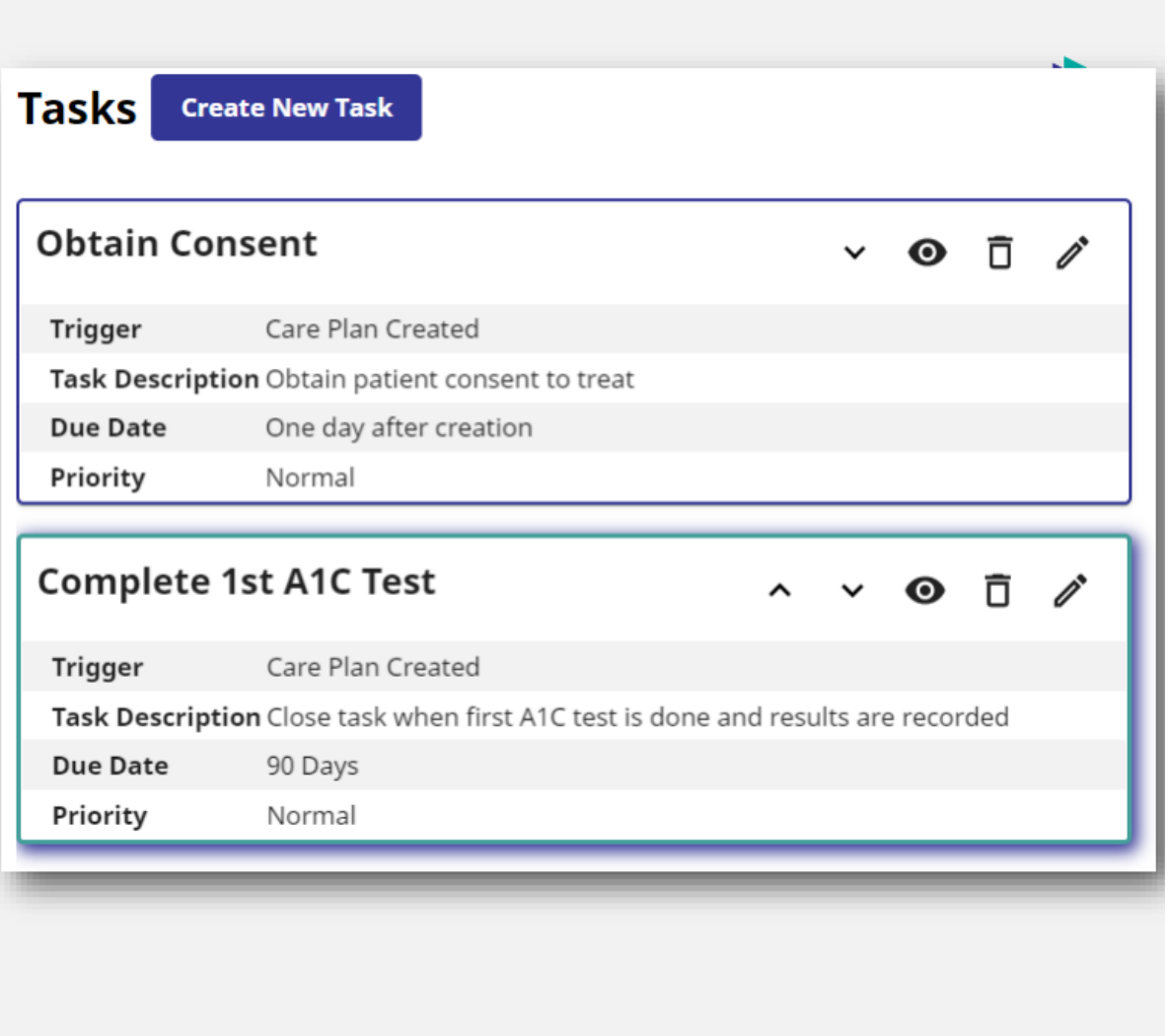
- Low code/no code way to construct care plans
- Incorporate workflow
- Conditional logic
- Import/Export data from SDA
- Leverage FHIR



Shared Care Record Summit

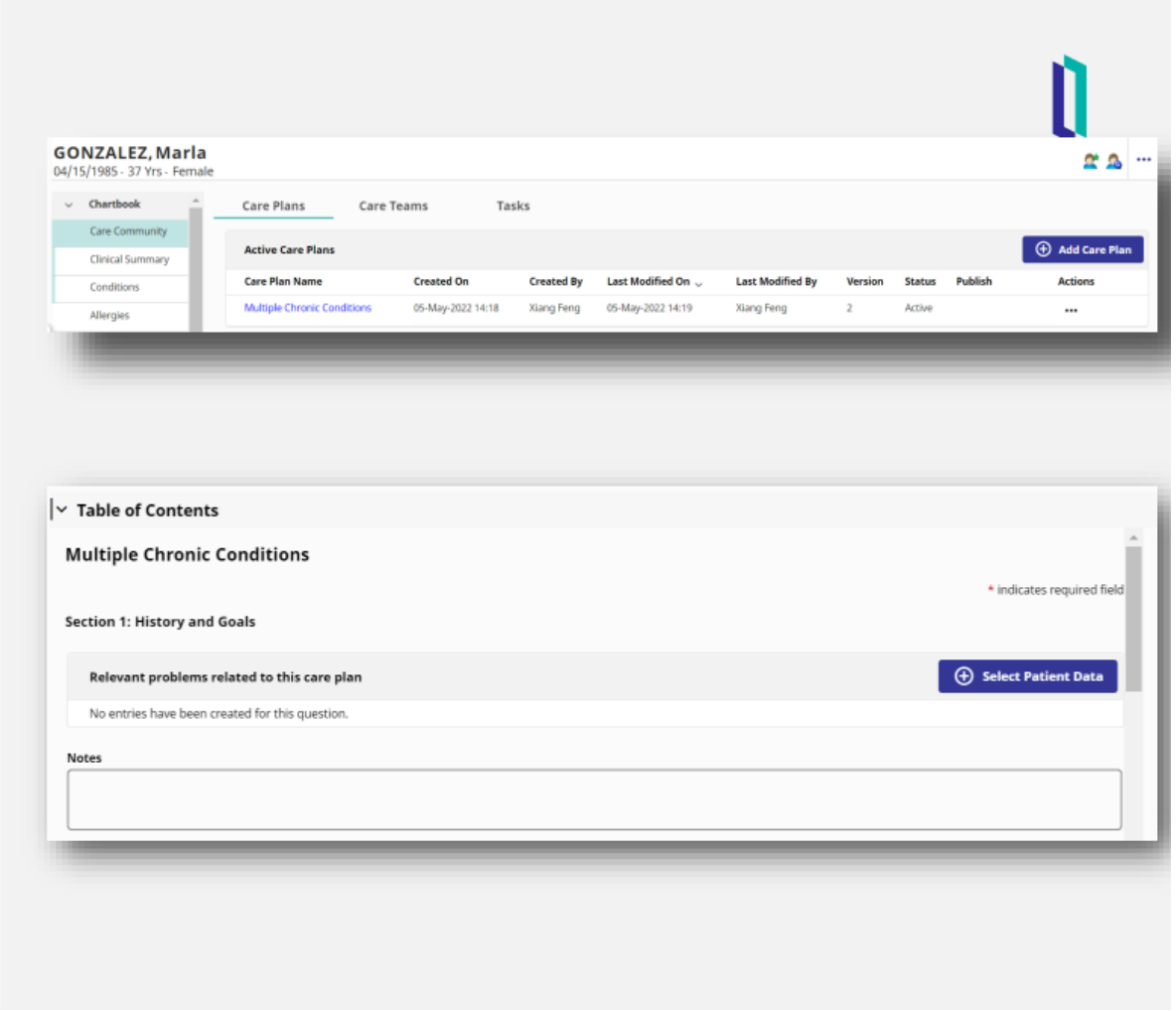
Tasks

- Build repeatable or patient specific tasks
- My Tasks
  - View tasks across patients
  - Manage your worklist
  - Link directly to patient context

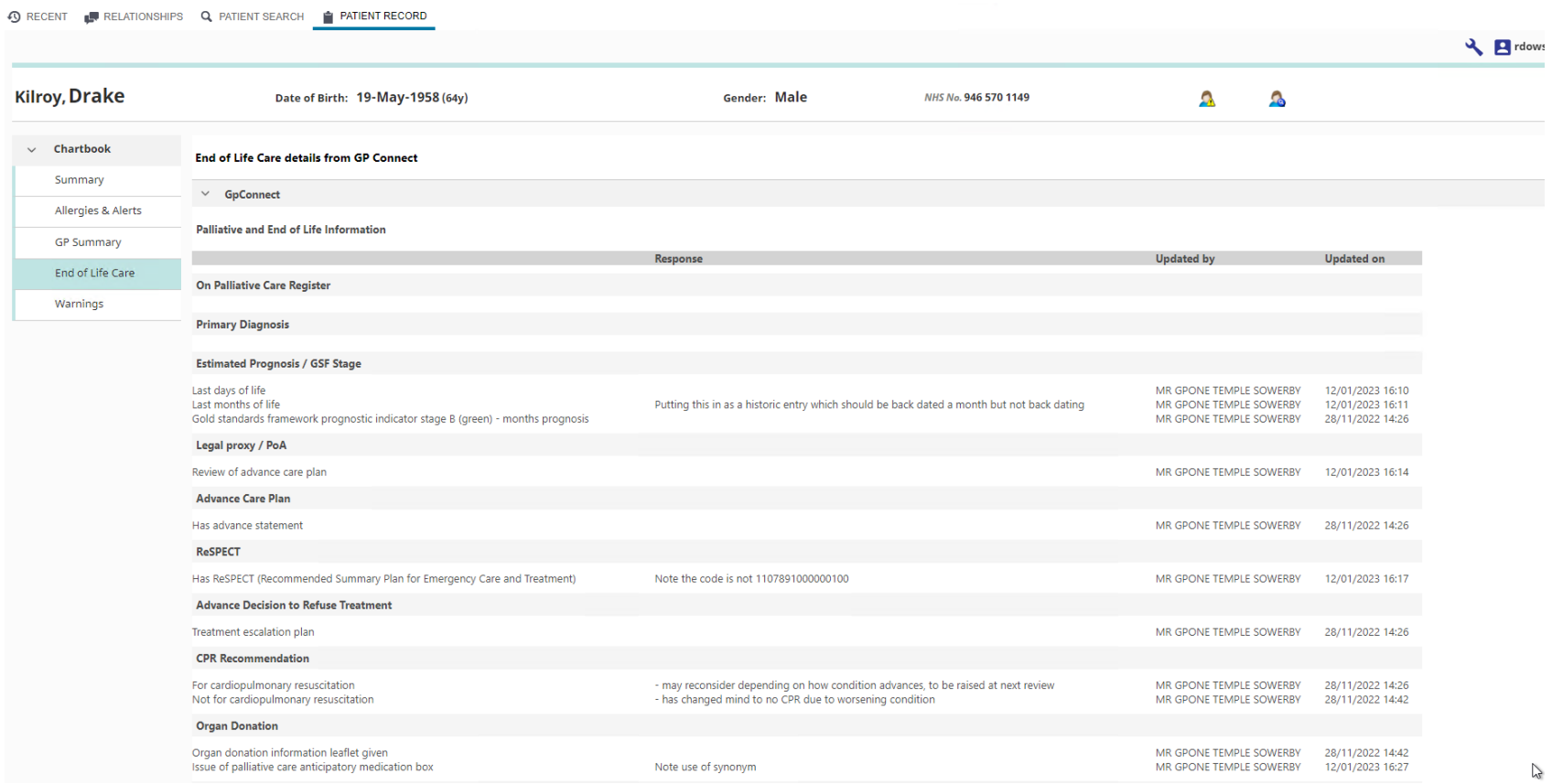


Shared Care Plans

- Easy to build
- Collaboratively authored
- Within patient context
- Role-based access
- Conditional logic
- Version history



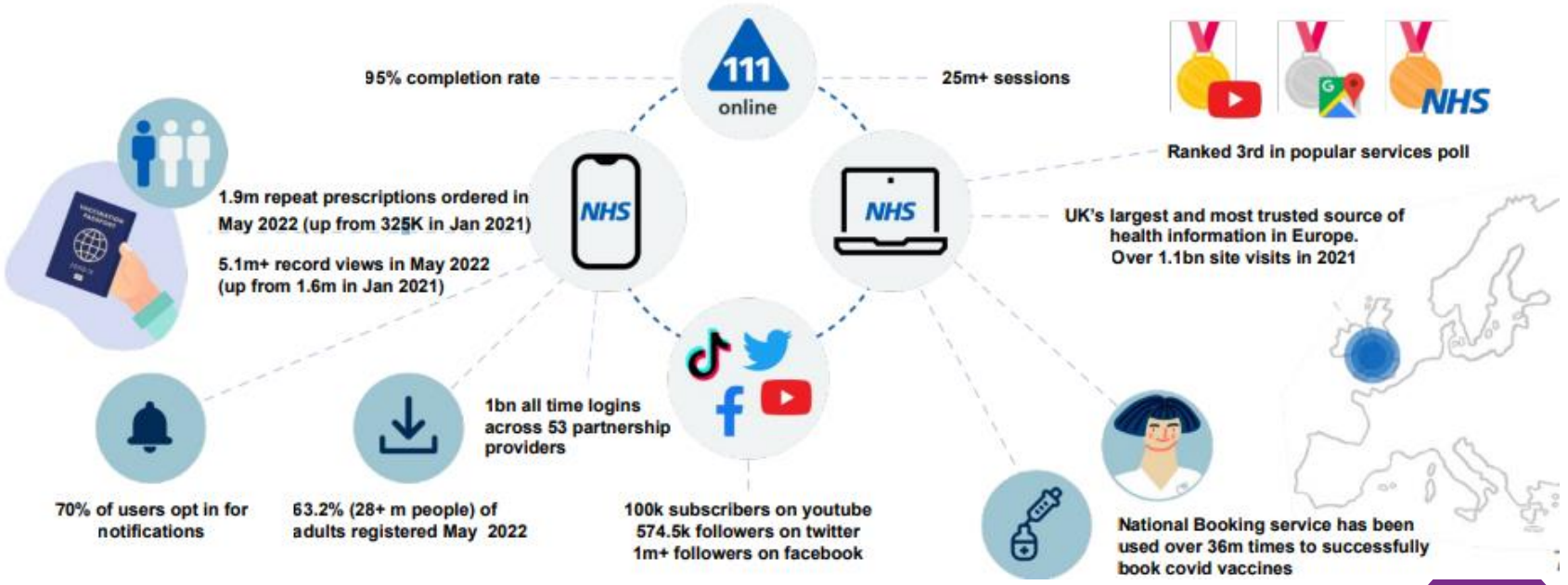
End of Life Care

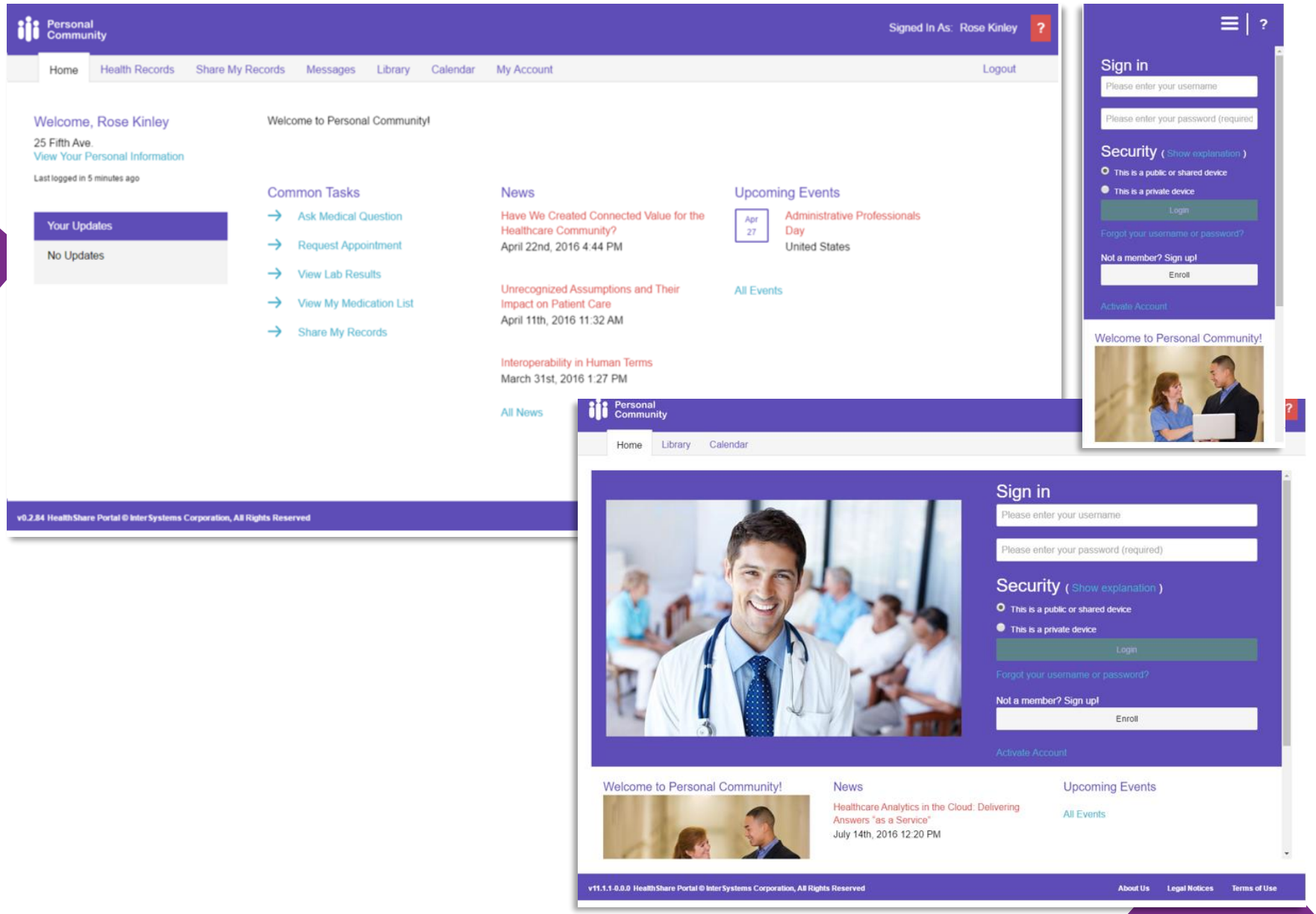


NHS Login complete – NHS App in flow

Our channels are now mature and serve a significant proportion of the population with specific functions

The scale and maturity of our channels has grown dramatically over the past 18 months, and they are now central to how we intend to deliver health and care services moving forward.




Personal Community
Signed In As: Rose Kinley
Home
Health Records
Share My Records
Messages
Library
Calendar
My Account
Logout
Welcome, Rose Kinley
25 Fifth Ave.
View Your Personal Information
Last logged in 5 minutes ago
Your Updates
No Updates
Welcome to Personal Community!
Common Tasks
Ask Medical Question
Request Appointment
View Lab Results
View My Medication List
Share My Records
News
Have We Created Connected Value for the Healthcare Community?
April 22nd, 2016 4:44 PM
Unrecognized Assumptions and Their Impact on Patient Care
April 11th, 2016 11:32 AM
Interoperability in Human Terms
March 31st, 2016 1:27 PM
All News
Upcoming Events
Apr 27
Administrative Professionals Day
United States
All Events
v0.2.84 HealthShare Portal © InterSystems Corporation, All Rights Reserved
Sign in
Please enter your username
Please enter your password (required)
Security (Show explanation)
This is a public or shared device
This is a private device
Login
Forgot your username or password?
Not a member? Sign up!
Enroll
Activate Account
Welcome to Personal Community!
Personal Community
Home
Library
Calendar
Sign in
Please enter your username
Please enter your password (required)
Security (Show explanation)
This is a public or shared device
This is a private device
Login
Forgot your username or password?
Not a member? Sign up!
Enroll
Activate Account
Welcome to Personal Community!
News
Healthcare Analytics in the Cloud: Delivering Answers "as a Service"
July 14th, 2016 12:20 PM
Upcoming Events
All Events
v11.1.1-0.0.0 HealthShare Portal © InterSystems Corporation, All Rights Reserved
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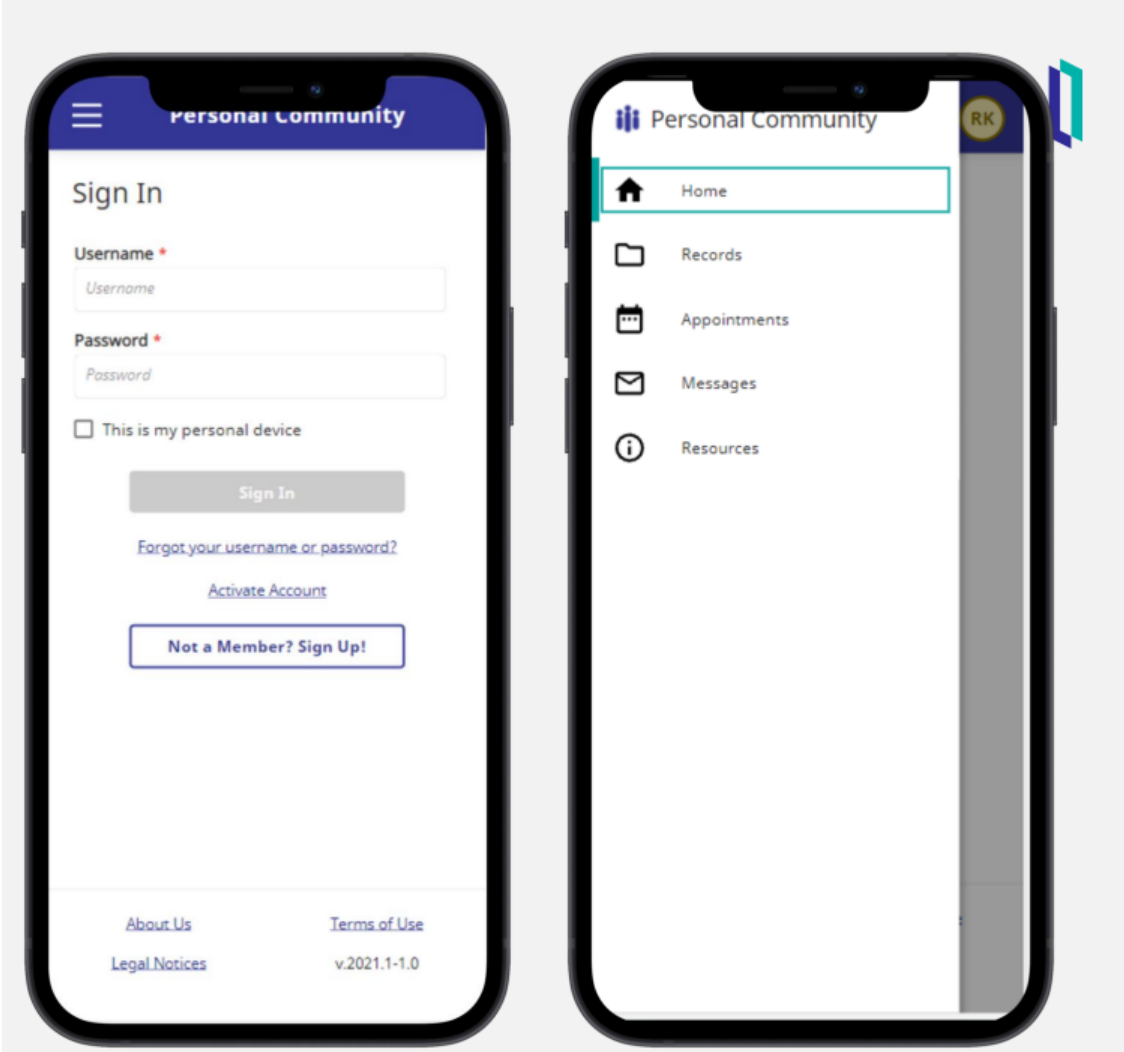
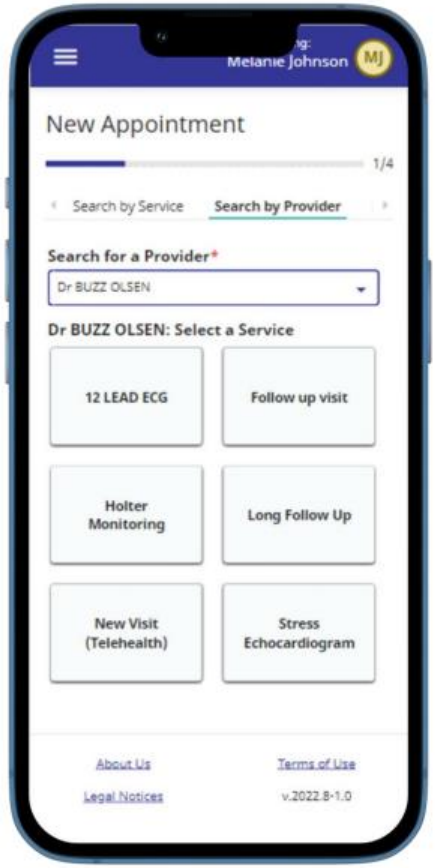
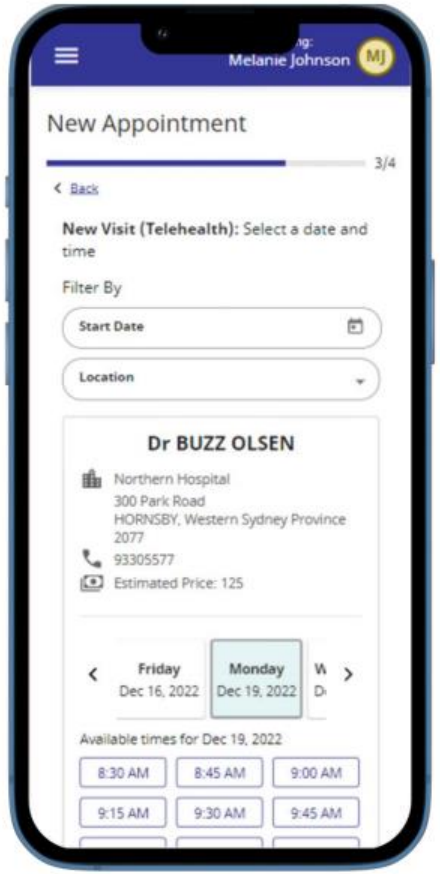
Modern Design

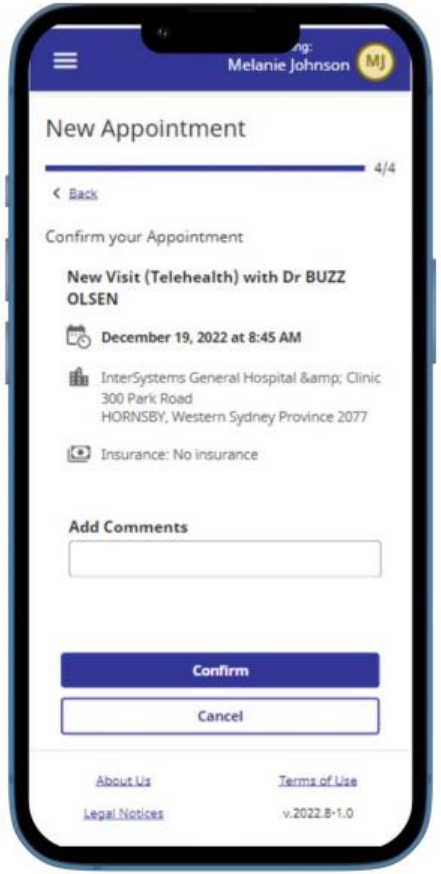
- Provide patients with a modern, accessible, user interface



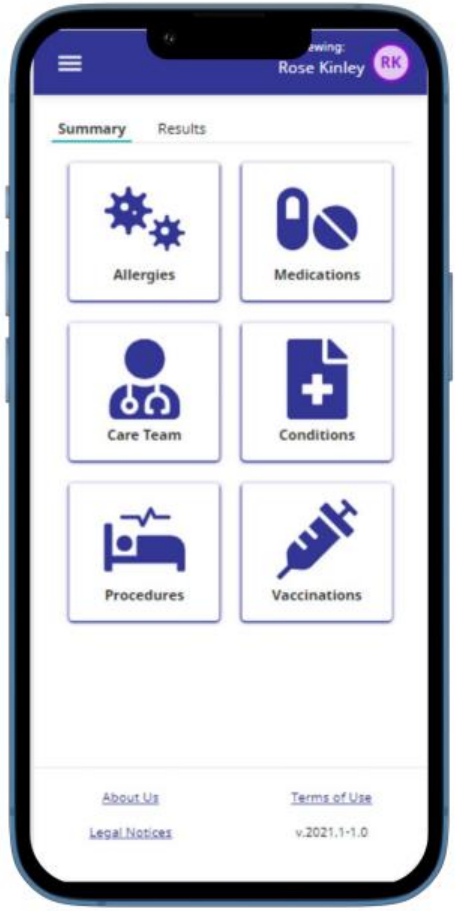
Appointments

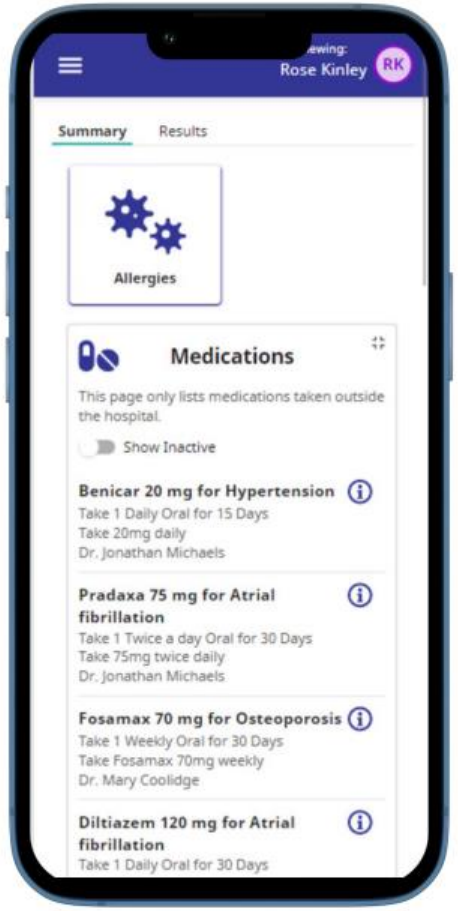


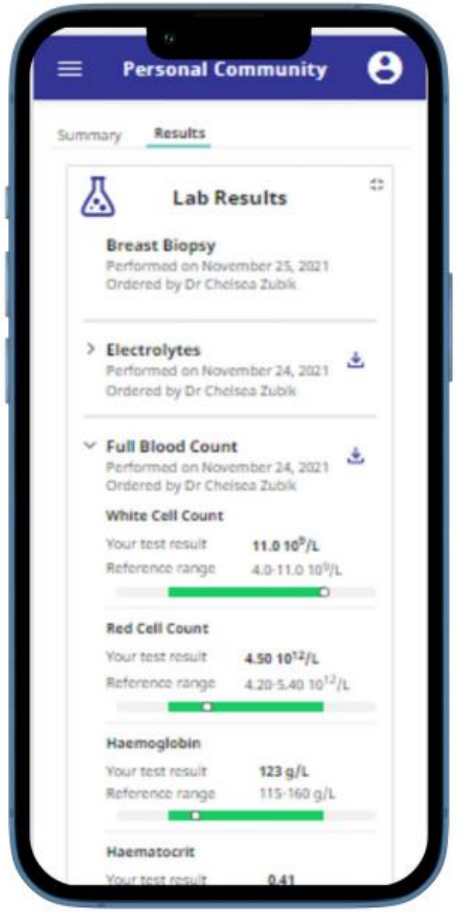




Data Access

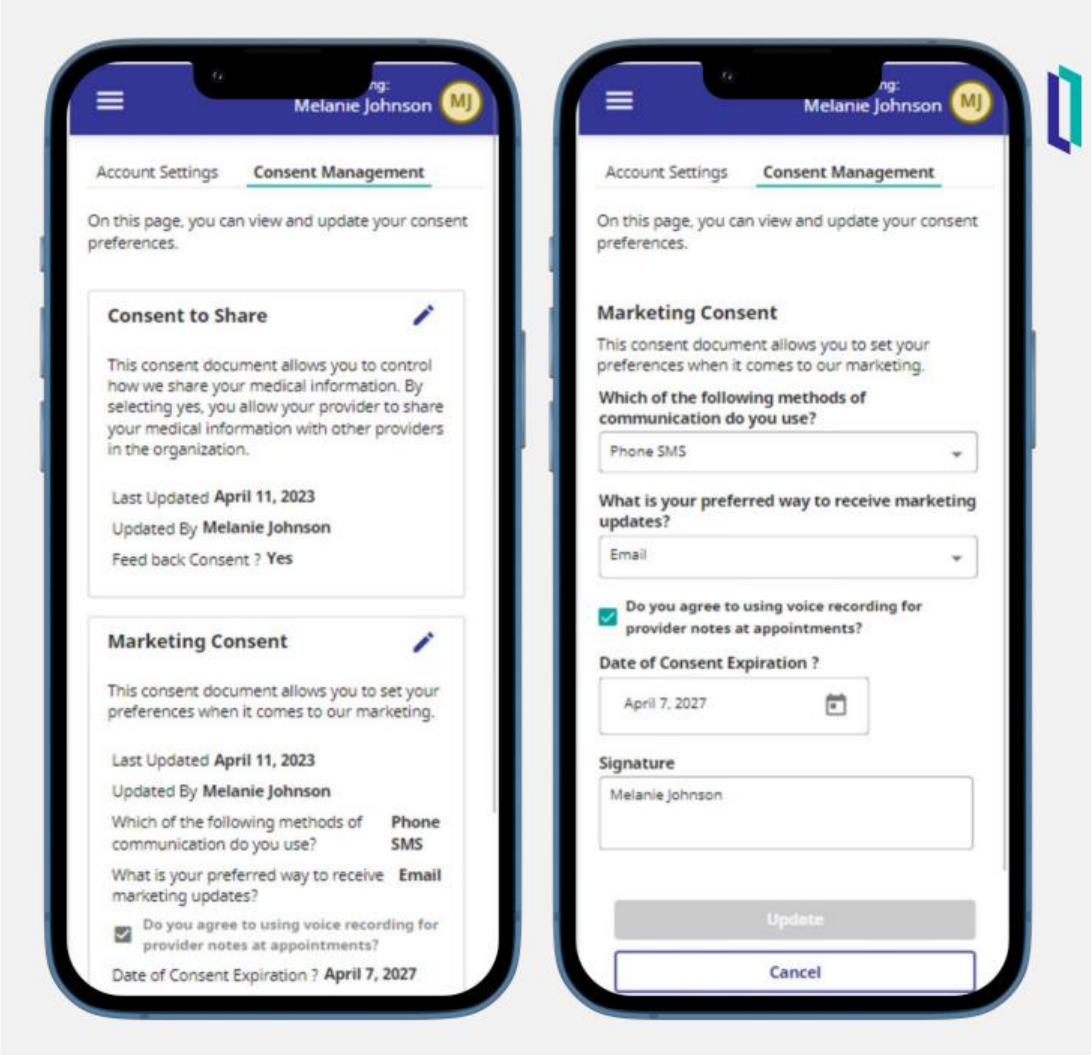

Rose Kinley
RK
Summary
Results
Allergies
Medications
Care Team
Conditions
Procedures
Vaccinations
About Us
Terms of Use
Legal Notices
v.2021.1-1.0


Rose Kinley
RK
Summary
Results
Allergies
Medications
This page only lists medications taken outside the hospital.
Show Inactive
Benicar 20 mg for Hypertension
Take 1 Daily Oral for 15 Days
Take 20mg daily
Dr. Jonathan Michaels
Pradaxa 75 mg for Atrial fibrillation
Take 1 Twice a day Oral for 30 Days
Take 75mg twice daily
Dr. Jonathan Michaels
Fosamax 70 mg for Osteoporosis
Take 1 Weekly Oral for 30 Days
Take Fosamax 70mg weekly
Dr. Mary Coolidge
Diltiazem 120 mg for Atrial fibrillation
Take 1 Daily Oral for 30 Days


Personal Community
Summary
Results
Lab Results
Breast Biopsy
Performed on November 25, 2021
Ordered by Dr Chelsea Zubik
Electrolytes
Performed on November 24, 2021
Ordered by Dr Chelsea Zubik
Full Blood Count
Performed on November 24, 2021
Ordered by Dr Chelsea Zubik
White Cell Count
Your test result 11.0 10⁹/L
Reference range 4.0-11.0 10⁹/L
Red Cell Count
Your test result 4.50 10¹²/L
Reference range 4.20-5.40 10¹²/L
Haemoglobin
Your test result 123 g/L
Reference range 115-160 g/L
Haematocrit
Your test result 0.41

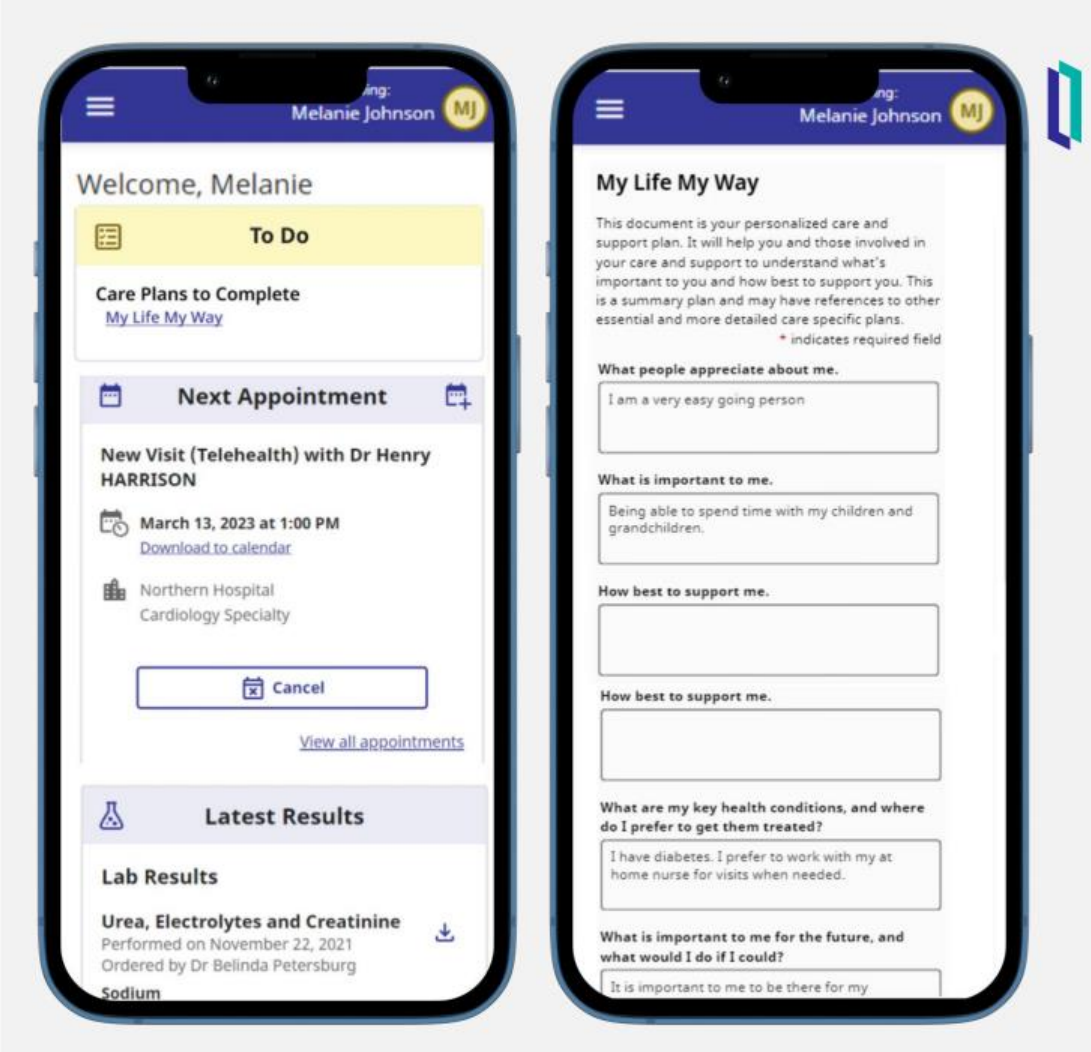
General Consent Management

- Allow patients to review and update general consent within Personal Community



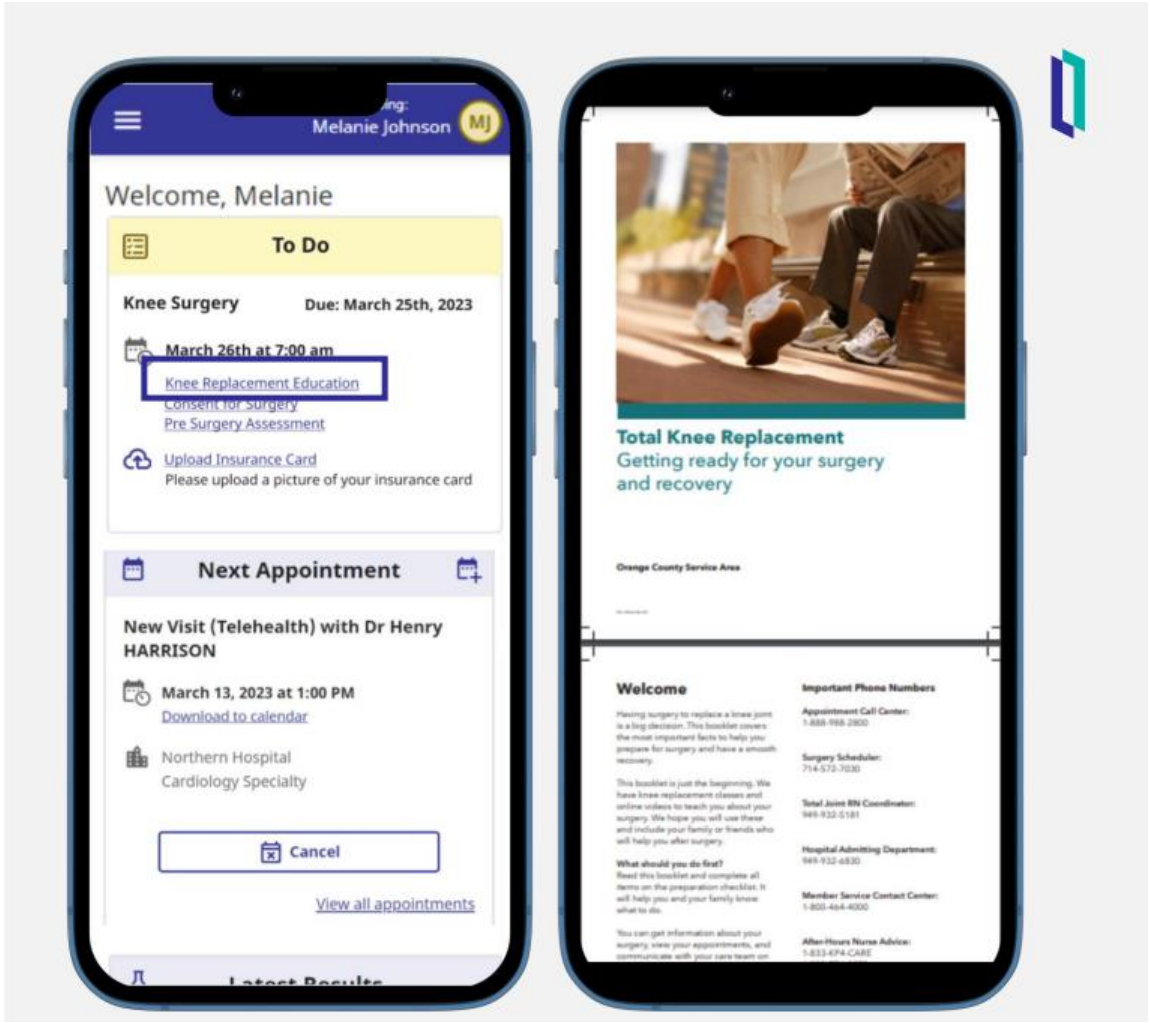
Submitting Care Plans

- Allows patients to access and contribute to a care plan

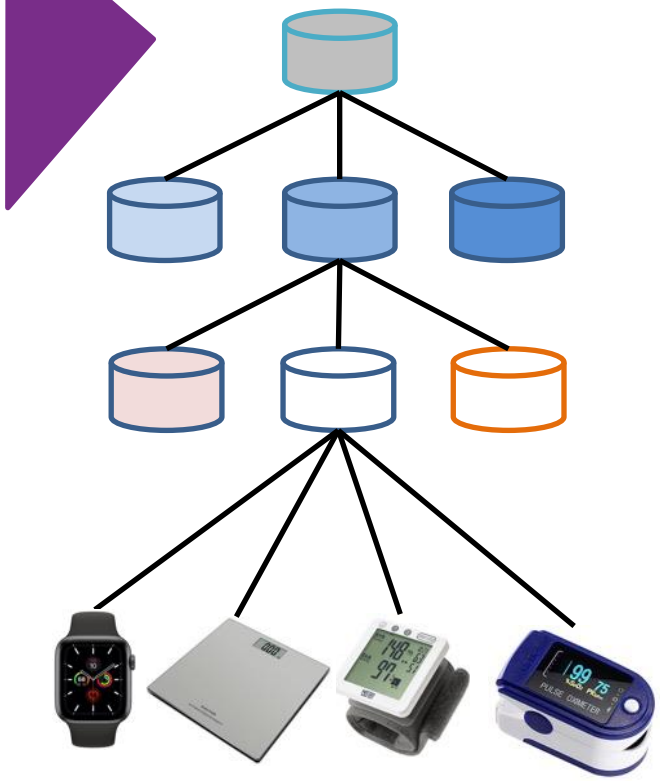


Education

- Provides patients with education and instructions to review



ConCR- NRL (Record Locators)



National PDS – e.g. Name, DoB, NHS Number, address(es), NDOO, Reasonable Adjustment flags, preferred contact details / consents ?

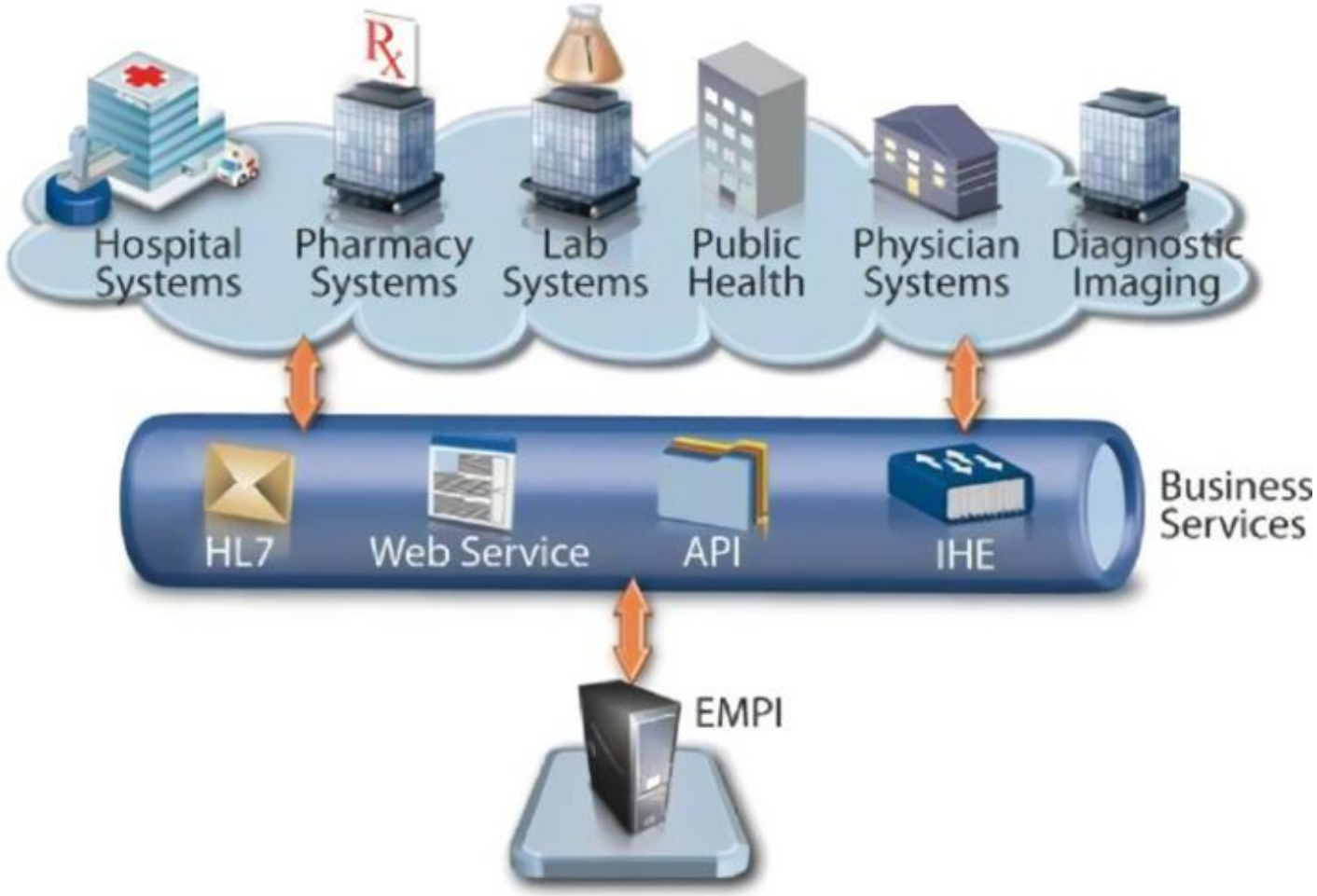
Regional ShCR – key elements (summaries) of a person's records and plans from across local systems - e.g. care plans, "What matters to me", imaging networks

Local Individual provider systems – details of care provided - e.g. theatre notes, images, diagnostics, treatments. Manifested through EPRs, GP systems etc.

Personal Person generated data from wearable devices etc.

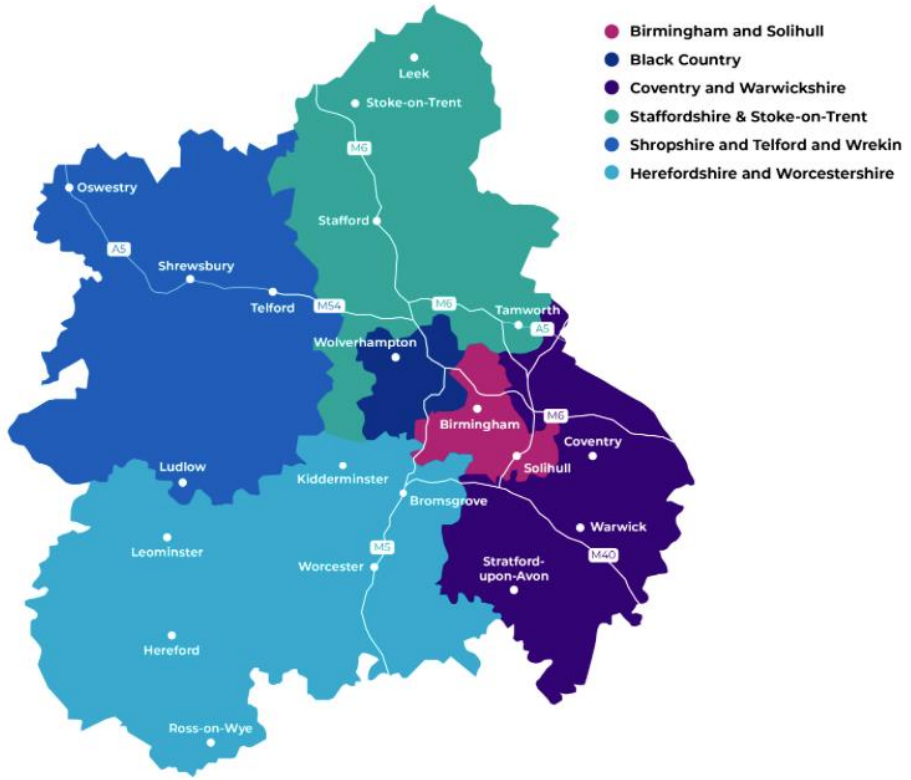
EMPI Enterprise Master Patient Index

The EMPI works by linking all the records for an individual patient held across several information systems to a single “gold standard” patient identity record.

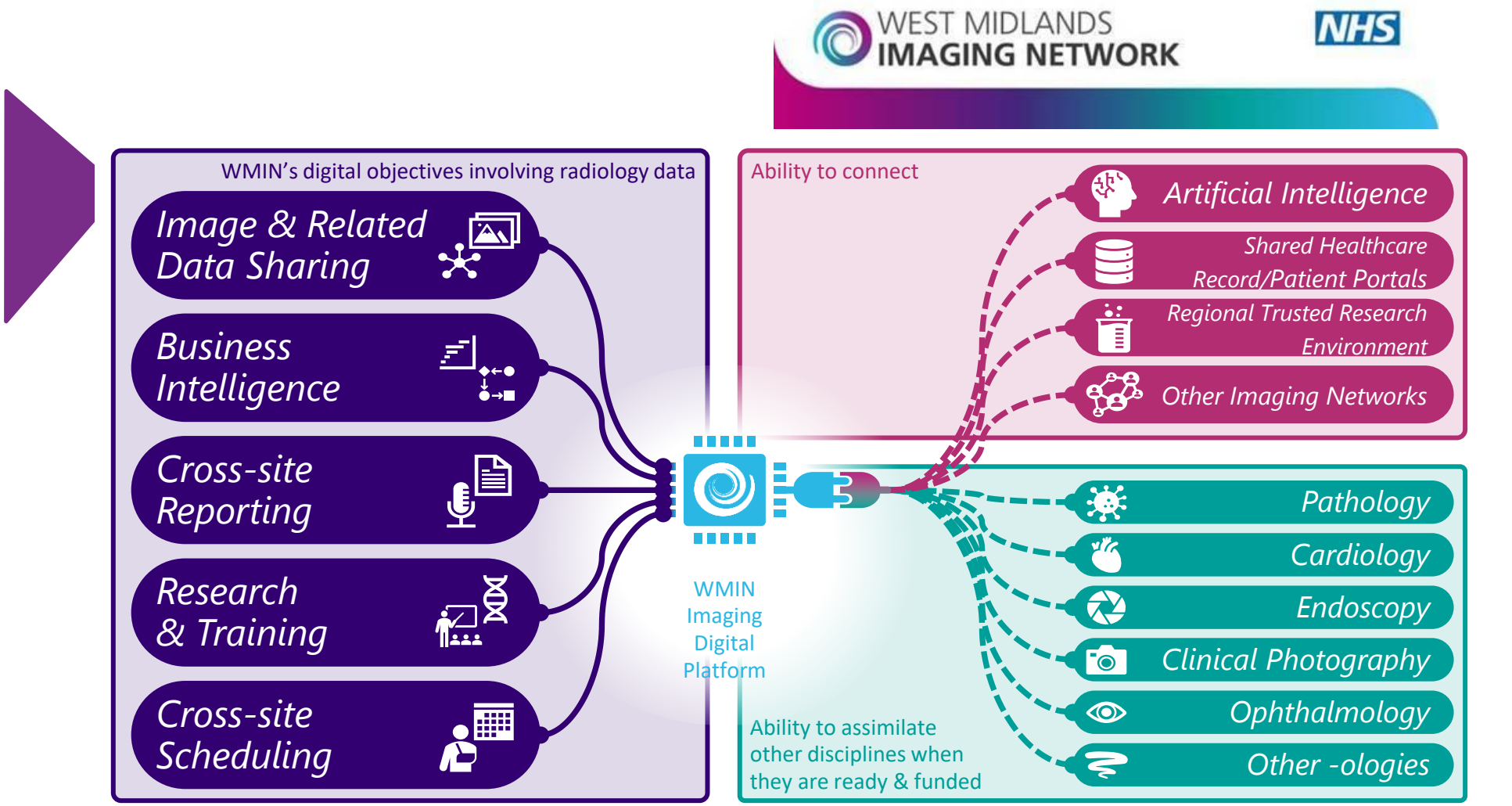


WM Cancer Network

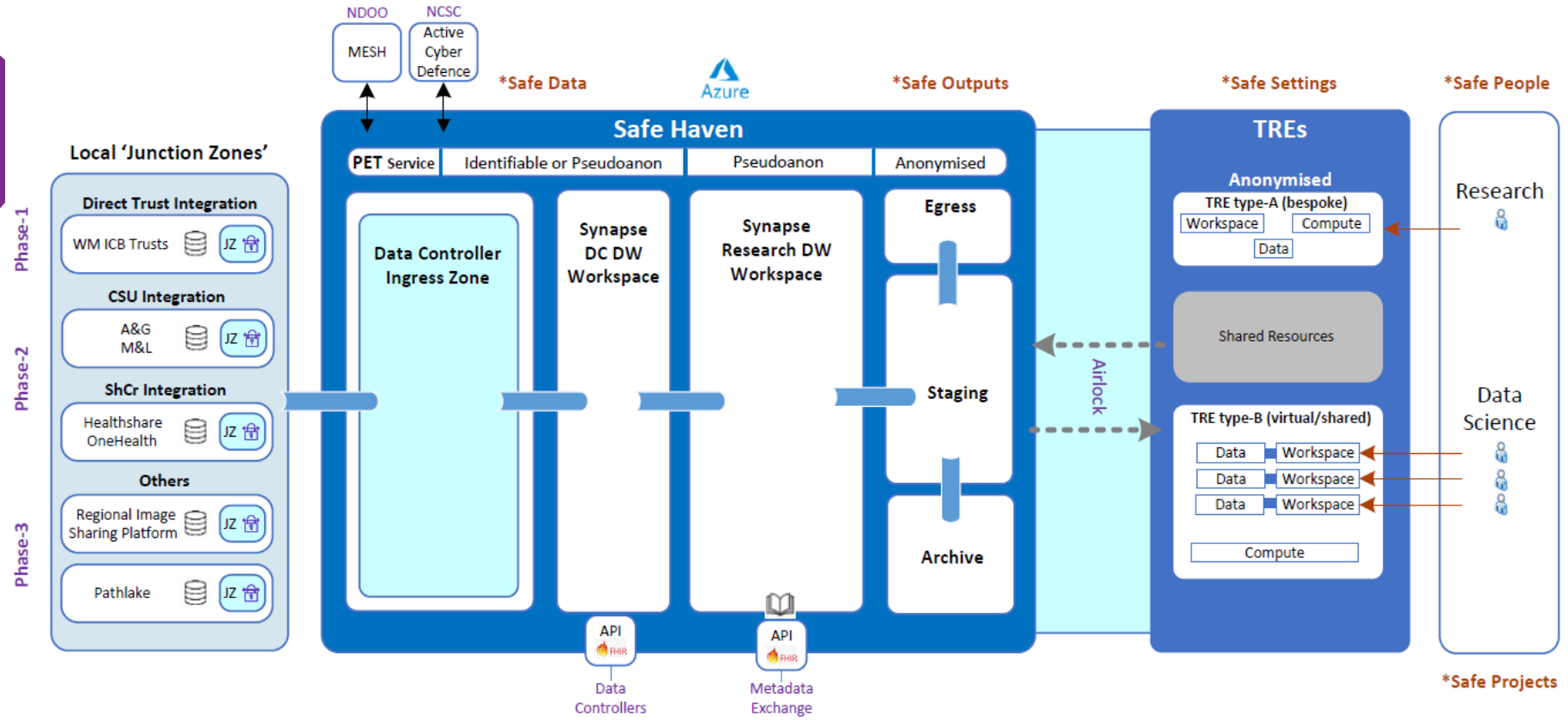
The West Midlands Cancer Alliance fosters productive partnerships with and between its six Integrated Care Boards (ICBs), commissioners (including specialised commissioners), specialised service networks (for example radiotherapy networks), service providers (including GPs, other primary and social care providers and NHS Trusts) and patient groups and has established robust governance to bind these partnerships together.



WM Image Network



WM SDE / TRE


NDOO
MESH
NCSC
Active Cyber Defence
*Safe Data
Azure
*Safe Outputs
*Safe Settings
*Safe People
Local 'Junction Zones'
Phase-1
Phase-2
Phase-3
Direct Trust Integration
WM ICB Trusts
JZ
CSU Integration
A&G M&L
ShCr Integration
Healthshare OneHealth
Others
Regional Image Sharing Platform
Pathlake
Safe Haven
PET Service
Identifiable or Pseudoanon
Pseudoanon
Anonymised
Data Controller Ingress Zone
Synapse DC DW Workspace
Synapse Research DW Workspace
Egress
Staging
Archive
API
Data Controllers
API
Metadata Exchange
Airlock
TREs
Anonymised
TRE type-A (bespoke)
Workspace
Compute
Data
Shared Resources
TRE type-B (virtual/shared)
Data
Workspace
Compute
Research
Data Science
*Safe Projects

Laboratory Information management system

Any Questions?

Shared Care Record Summit