



Yorkshire & Humber  
**Care Record**

Connecting care. Improving lives.

# The Most Difficult of Pathways

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# The Most Difficult of Pathways

- When it's identified that a patient is within their last 12 months of life it's important that both the Patient and the Clinicians involved in their care are fully empowered to ensure the best possible care is delivered
- It sounds obvious but without the proper empowerment we make a difficult pathway more challenging
- As an active partner in their care a patient should be able to input into the process at anytime
- Imagine trying to support this process when:
  - There isn't a standard process shared across care providers to provide end of life care
  - EoL Information is shared using several different methods and frequently not digitally, e.g. Phone & Paper
  - There is a delay in updated digital records becoming available and only GP's can update the information – The SCR Scenario
  - No funding is available
- By looking at the challenges you can see the foundation of a **Electronic Palliative Care Coordination System**



# We have Failed When

*A lack of Empowerment within a System has led to the wrong outcome being achieved during this Pathway*



# The HC&V Approach to the Challenge...

- We needed a standard system for recording EPaCCS which:
  - Met the Clinical Requirements
  - Integrated into Existing Clinical Systems
  - Met our Strategic Interoperability Strategy
  - Was compatible with our budgetary challenge
- We selected the **Black Pear** Product
- Clinicians initiated the process, this meant that:
  - We could understand the requirement
  - We could appreciate the Local Vs National Requirements
  - We could form a Clinical Design Authority – this clearly puts the ownership & challenge in the right place
  - We had links with CCG EoL Groups
- Blackpear provides an interface into S1 and EMIS
  - Real Time Data Update – This cohort Covers, GPs, Community & Hospices users
  - Not the most elegant of solutions as integration is at desktop level
  - Working with IT providers we made this seamless to users
  - We added context Launch for Acutes



# The HC&V Approach to the Challenge...

- How we dealt with the Finance Challenge
  - BlackPear is a GPSOC (Now GPIT Futures) System
  - Funding Allocation\Contribution provided centrally
  - It's Licensing model is based on practice list size and population licensing
  - After you license your practices – access by other organisations is covered
  - This Model worked for us
- We Delivered on the ambition and confidence in and across our system increased, Confidence leads to:
  - Engagement
  - Funding
  - Success
  - (more) Confidence
  - Our Work was Blue Printed by NHSE
- Moving on we wanted to be more strategic
  - We worked with the Blackpear team and added a FHIR Interface
  - Data now became truly accessible
  - We connected an EoL Data Set to the Yorkshire and Humber Care Record (Our SCR)
  - This provided 999 (YAS & EMAS) & 111 teams with access to our EoL dataset



# To Date.....

- We've created 7.5k EPaCCS Records
  - That's 7.5k real time records providing empowerment across both Patients and Professionals
  - 7.5k records that can be viewable where they needed to be viewed
  - 7.5k records that have become part of a connected health system
- All GP Practices
- 3 Acutes
- 6 Community Providers
- 2 mental Health Providers
- 1 Local Authority (other's will be accessing via YHCR Interweave Portal, which will be available in April)
- 2 999 Providers
- The 111 Service
- 5 Hospices
- 2 GP OOH provider
- Drug & Alcohol Services



- On average 3,474 EPaCCs records are access each day using the YHCR.
- Provides the EPaCCS information all care providers who need this information.
- Next steps is to include in EPaCCs in PHR so the patient can take control.

