

**They said it  
couldn't be done...**

**James Reed**

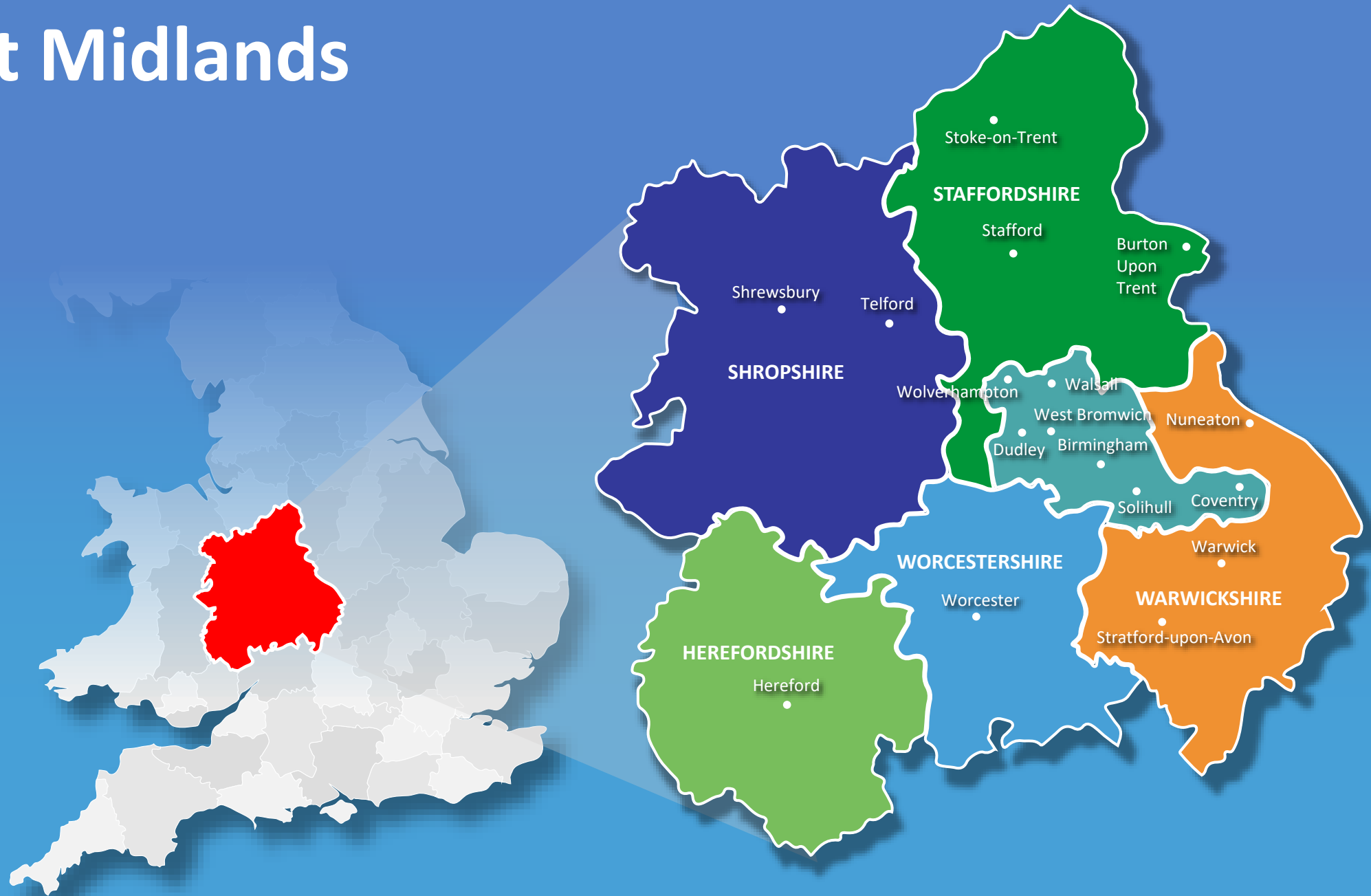
Physician Executive  
InterSvstems

# They said it couldn't be done...

- Sharing mental health data
- Integrating with social care
- Sharing data with prisons
- Involving third sector organisations
- Data sharing agreements cross boundaries / organisations

...quickly!

# West Midlands







# Time to think

- Resumed conversations across the region
  - Coventry & Warwickshire
  - Herefordshire & Worcestershire
- Agreed to work together on a single instance
- Robust DSA drawn up and agreed
  - The single most important step
  - Succeeded because everyone involved wanted to
- Broadened ambition
  - Social care
  - Care Homes
  - Prisons
- Technical innovation
  - GP Connect
  - In-context launching

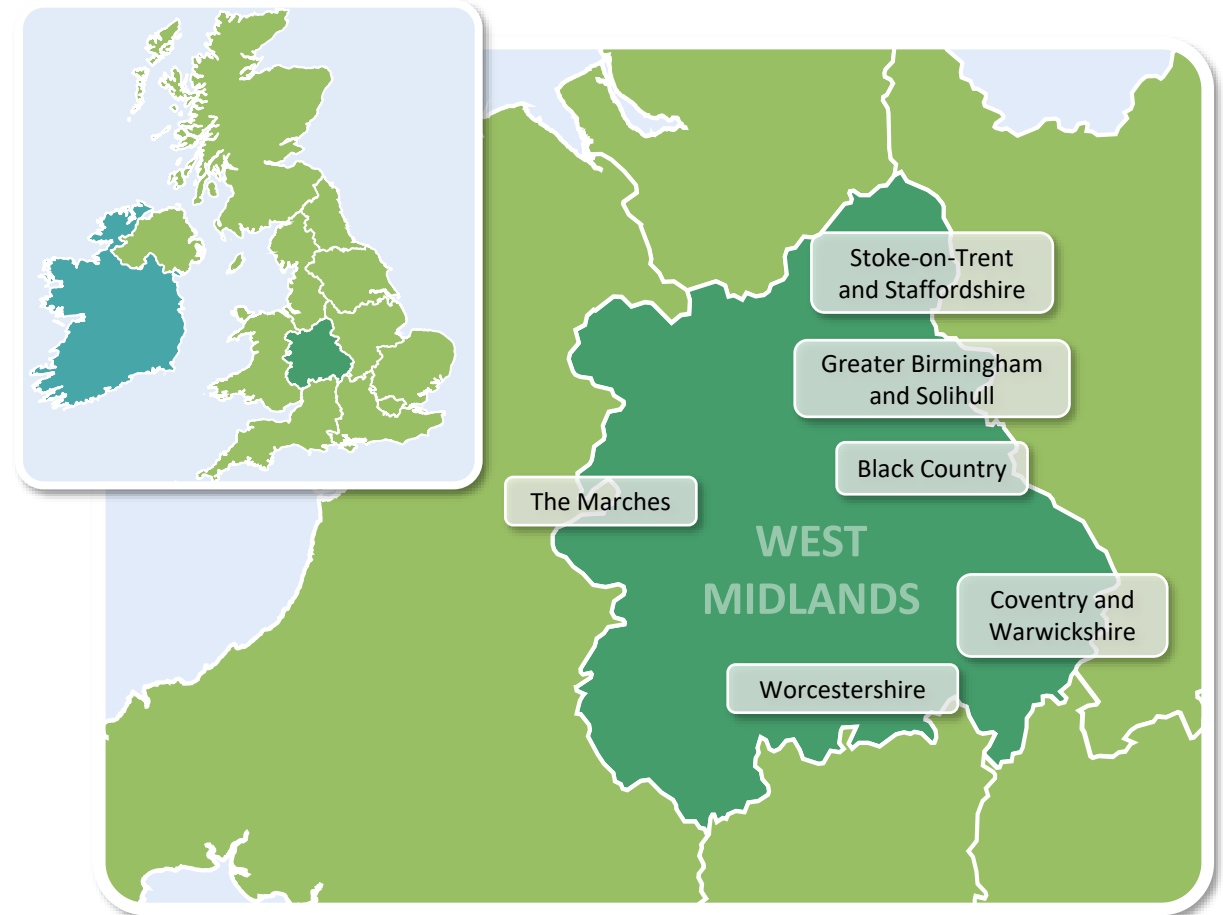
# Where are we now?



- System still under construction but fully operational
- Political will translated into action
  - Strong clinical leadership
  - Can-do attitude
  - Support at all levels
- Social services keen and engaged
  - Contributing and consuming – all local authorities
- HMP Birmingham healthcare
  - Direct view from SystemOne – remand prisoners
- Hospices
  - Developing economy wide end-of-life plan
- Third sector
  - Addiction services in Birmingham
- GP data
  - Provided via national ‘GP Connect’ service, greatly expanded during pandemic

# Completing the Circle

- Single instance for B&S, H&W, C&W with free flow of data
- Stoke-on-Trent, Staffordshire, Shropshire & Black Country on other systems
- Opportunity to create a 'West Midlands Shared Care Record'





# Challenges / Lessons Learned

## Cross regional working

- Leadership and vision
- Priorities & expectations
- Funding streams

## Where do you stop?

- Local vs regional vs national

## Scope

- Social care, third sector, hospices, prisons
- Finding the key people who can make things happen
- Local vs national

# Challenges / Lessons Learned

## GP Connect

- Replacement of legacy solution
- Unstructured data
  - Available now
  - Unwieldy and opaque in places
  - Standalone
- Structured data
  - Some now, most 'not yet'
  - Bleeding edge, development ongoing
  - Conceptual / semantic issues

# Challenges / Lessons Learned


## Clash of culture / language / terminology

- The biggest challenge
- “A sector divided by a common language”
  - “Early intervention”
  - Gravity / parity
  - Encounters / referrals
  - Prescribing by product vs drug
  - Repeat prescriptions vs issues
  - Coded data

## Getting visibility is the first step, but a lot of work is needed on interpretation

## Plan for the peace

- Continuous improvement / optimisation needed



*There are thousands to tell you it cannot be done,  
There are thousands to prophesy failure,  
There are thousands to point out to you one by one,  
The dangers that wait to assail you.  
But just buckle in with a bit of a grin,  
Just take off your coat and go to it;  
Just start in to sing as you tackle the thing  
That "cannot be done," and you'll do it.*

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