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Suffolk and North East Essex ICS creates dynamic integrated care plan led by Better open data platform

CASE STUDY

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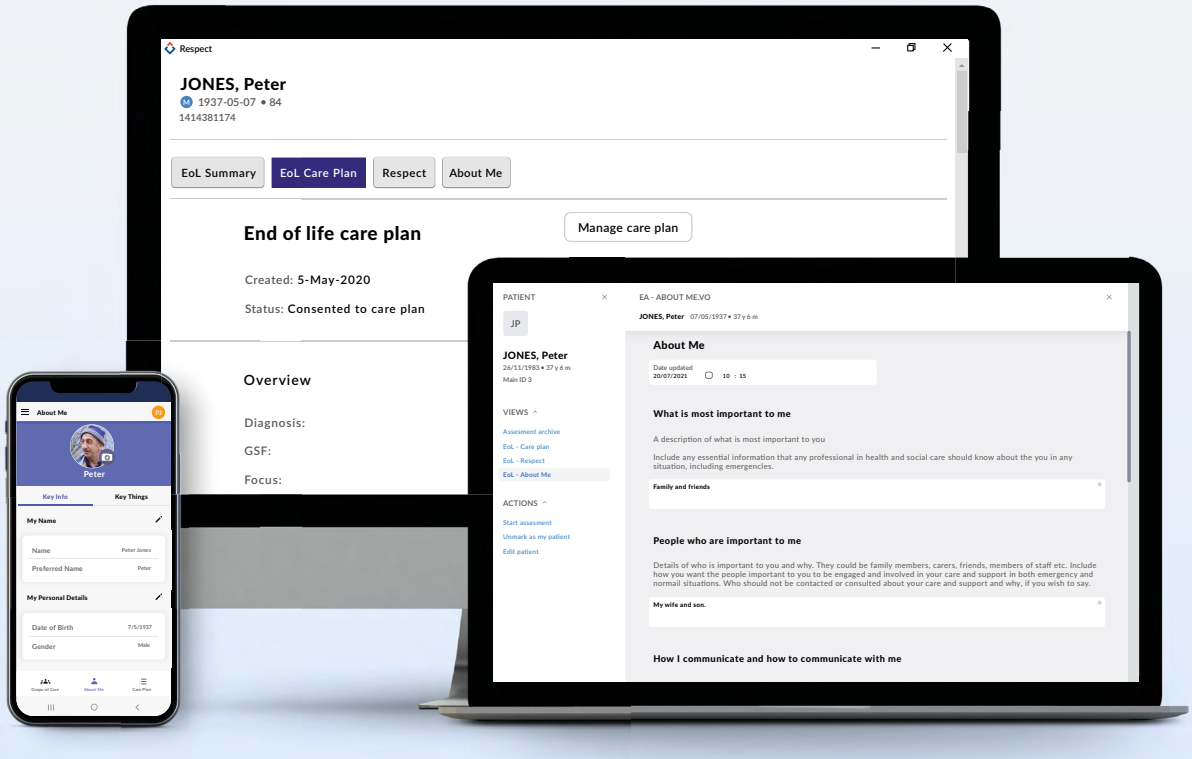
Suffolk and North East Essex ICS have successfully delivered a working proof of concept for a dynamic End of Life digital care plan where patients and care teams can gain easy and real time read-write access to a single source of information focused on patients' needs, anticipatory care and wishes.

Better low code tools and health data platform allowed the project team to rapidly prototype and evolve the solution, learning and refining without the need for multiple integration of data from different existing systems.

The digital solution is a single source of information accessible in real time anywhere by anyone with the right authority. The solution is built on an open standards clinical data structure that allows data to integrate regardless of the system that's storing it.



"For many years people have expressed the problems of having to repeat their story to different professionals about what is important to them and what they might wish to happen if they were dying. This project offers a solution to that problem and could play a vital role in improving the quality of care at such a difficult time in people's lives."

Barbara Gale, Chief Executive, St Nicholas Hospice Care

Project scope

Suffolk and North East Essex ICS

Delivered in six sprints over a 12-week programme

50 participants contributed to the process that included patients, carers, clinicians, service providers, voluntary and community sector organisations.

37 hours of co-production workshops with professionals and clinicians that included mental health, learning disabilities, visual impairments, frailty, motor-neurone disease, dementia and cancer.

Industry support from 4 suppliers involved as partners and part of the team

Challenges

- Patient forms go missing when they are admitted to hospital
- Multiple forms – care providers not knowing which version is the latest
- Family don't always know where patients keep their EoL forms folder
- Information is not shared, it is not accurate, it is incomplete, inaccessible and not representative of patient's wishes
- Lack of consistent electronic care plan system in the care home community which causes problems for access by multidisciplinary team members
- Patients and carers see them repeating the same story many times
- Care plans don't keep pace with the rate of change in a patient's condition
- Plans are too big for people to absorb all the information

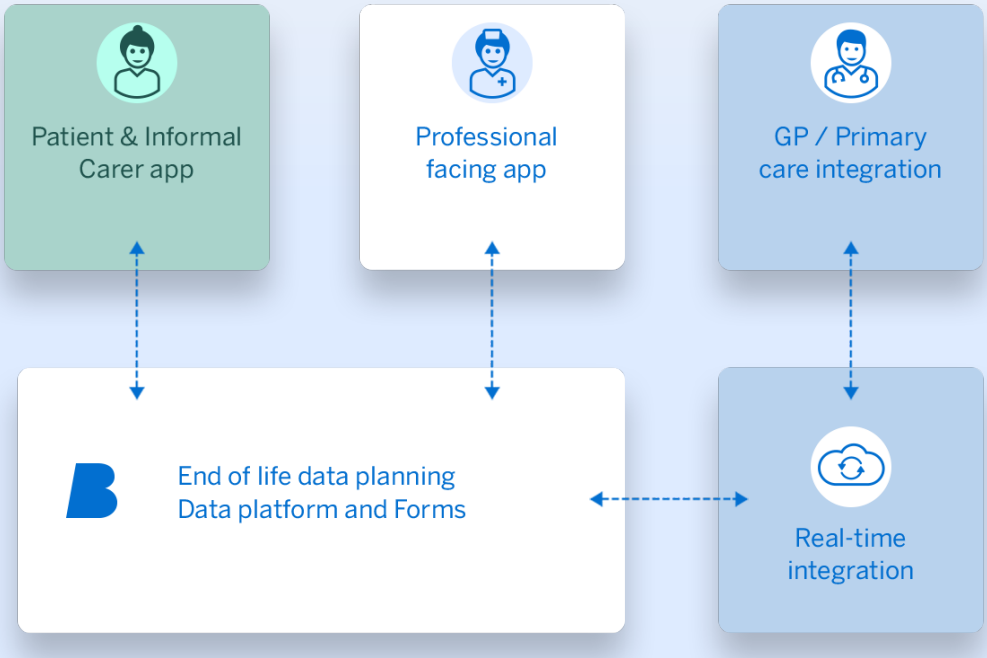
Solution

- Create a single source of trusted information – an integrated and dynamic care plan built around the patient
- Better open data platform with low code tools to allow rapid development, testing and deployment of clinical forms and applications directly within the openEHR clinical record that can be accessed by all care providers with given authority
- Care IS collaboration on the clinician facing app
- FreshEHR collaboration on the web-based application
- Cohesion collaboration on the patient facing app

Benefits

- Digital solution that is a single source of information
- Puts patient at the centre and in control
- Accessible in real time anywhere by anyone with the right authority.
- Single sign on approach that plugs into applications that Trusts already use
- No need for additional log in details or sign up details
- Accessible from any device
- Ability to reuse the data that has already been captured
- Ensuring a high confidence that the patient's EoL wishes are consistently followed
- Enabling the patient's EoL health and care information to be reused to support their care throughout the complete patient journey.
- Scalability and extendibility over time, supporting multiple conditions and multiple cases simultaneously

Dynamic and Integrated Care Planning Service



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