



RECORD OF DECISION TAKEN UNDER DELEGATED POWERS OUTLINED IN THE CONSTITUTION – Part 3 Section 16

DELEGATED OFFICER DECISION TAKEN BY: Paul Fleming
PORTFOLIO AREA: Digital and Customer Services

SUBJECT: Local Patient Record Exchange Service (LPRES) integration

1. DECISION

To create a contract change to the existing contract with Sevelec to include additional modules funded externally from East Lancs Hospital Trust (ELHT) to integrate with LPRES and to extend the current Adult Social Care system contract from June 2021 until April 2023.

2. REASON FOR DECISION

Funding has been secured through NHS England via ELHT to implement the changes required at a local level to provide the integrations for the Council into LPRES, this includes all costs for the solution for a three year period.

The current contract with Sevelec for the adult social care system runs until June 2021, it is expected that the new solution will be live by April 2020. It is therefore proposed that the existing contract is co-terminated with the end date of the funding being April 2023.

The requirement for record sharing across the health and care system remains as vital as ever and will be a key support for citizens of BwD

By collaborating and sharing information about patients and service users across care boundaries, we aim to provide care givers with access to the right information, at the point of care delivery, leading to:

- Improved continuity of care
- Safer services for our patients
- Reduction in unnecessary diagnostic tests
- Less paperwork and more efficient services
- Greater access to data for patients, their carer's, providers and commissioners

The Council has also applied for additional funding for digital discharge. This will allow for the digital transfer of Assessment, Discharge or Withdraw (ADW) notices from NHS Acute Trust to the Council utilizing the LPRES system.

The benefits of this include;

Data benefits include having joined up data of the citizen across health and social care. In addition, it has the ability to provide more accurate Management Information around assessments and discharges, which will in turn improve performance and the meeting of KPI's.

Benefits in relation to people will be born from a greater understanding across the workforce of the citizen's journey between health and social care, leading to improved and more consistent care

provision. Through efficiencies, this will allow clinicians/health employees to redirect resource from low-value functions to organisational priorities.

Process benefits will be realised from clinicians using a single system generated form, in order to notify social care that a patient is ready for discharge. This is currently undertaken via a number of paper forms, resulting in laborious time-consuming processes.

Duplication will be removed from existing processes and it will be ensured, via mandatory fields, that social care will receive the correct information first time in order to discharge a patient from hospital without having to engage in numerous follow-up enquiries via telephone and email. This will improve patient flow by reducing the amount of time from when a patient is optimized for discharge to them actually being discharged.

In addition, it will allow a full audit/stamp of activity in order to improve staff performance and additionally, health will be aware when social care have received/accepted an assessment/discharge request.

A big part of this duplication is the patient and their family repeating themselves to various professionals and should this practice be minimised/removed the citizen's journey would be improved.

In terms of system benefits the introduction of ADW would allow all assessment and discharges notifications to be received by social care via Mosaic. This will mean workflows can be auto-generated within Mosaic rather than manually created, as is the current process. In turn, this will also reduce/eliminate the need for additional local spreadsheets, which contain duplicated information in order to track cases.

The introduction of these integrations will free up staff time within the Councils Adult Social Care department to redirect to high-value priorities.

3. BACKGROUND

In 2016 the Council invested over a 3 year period towards establishing the technical infrastructure through the Local Patient Record Exchange Service (LPRES). LPRES aims to establish;

- Data interoperability across the health and social care system. Exchanging a range of data, including but not limited to, discharge summaries,
- Medical) images, patient care summaries, medication information and clinical correspondence.

All the acute trusts have now connected to LPRES but participating local authorities are behind with this work, the investment into LPRES did not allow for the funds to make the required changes to Council systems to enable this to happen.

4. OPTIONS CONSIDERED AND REJECTED

As the current system is provided by Servelec they are the only company that can provide the integration between the systems.


Further information is available from the report author

5. DECLARATION OF INTEREST

All Declarations of Interest of the officer with delegation and the any Member who has been consulted, and note of any dispensation granted should be recorded below:

VERSION:	1

CONTACT OFFICER:	Peter Hughes
DATE:	16/12/2019
BACKGROUND DOCUMENTS:	None

Signed:	
	
Director Paul Fleming, Director Digital & Business Change	Date: 16/12/2019