healthwatch
Wiltshire

Better Care Plan Engagement Report

Single View: Evaluation of Adult Care Information Sharing Pilot

An independent voice for the people of Wiltshire

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Background

Healthwatch Wiltshire is working with the Better Care Plan Programme partnership, (Wiltshire Council and the Clinical Commissioning Group), in order to assist in meeting the aspiration to see health and social care integrated by 2020. The vision for better care is based on the four priority outcomes set out in the Joint Health and Wellbeing Strategy: –

 "I will be supported to live healthily, I will be listened to and involved, I will be supported to live independently and I will be kept safe from avoidable harm".

These translate into a design of services which will result in improvements against five indicators:

- Admissions to residential and nursing care

- Success of reablement and rehabilitation

- Delayed transfers of care

- Avoidable emergency admissions

- Patient and service user experience

Single View is a collaboration between different public sector agencies in Wiltshire, to explore and develop approaches to sharing the information that they hold about individuals receiving services. Its purpose is that people receive better quality services because services have a fuller picture of their circumstances.

The Adult Care Information Sharing (ACIS) pilot, which is part of the wider Single View project will provide a simple and secure way for GPs and Care Coordinators to gain access to information recorded on the Wiltshire Council Adult Care system (CareFirst). This access will allow GPs and Care Coordinators to make more informed decisions about patient care.

The Single View programme board asked Healthwatch Wiltshire to work with them to support an evaluation of the Adult Care Information Sharing pilot which is being tested in two GP surgeries in Wiltshire. We also agreed to provide input into the production of information for patients on the benefits of Single View as there appeared to be a lack of information available for patients at the pilot sites and no plans to engage with them. This would take the form of ensuring any information produced for the public was in an accessible format and is 'easy to read' and also supporting the development of a series of frequently asked questions (FAQs).

What we did

- We attended the Single View Communication Board meeting

- We invited the Single View Programme team to attend the Healthwatch Wiltshire Volunteer Support and Development day to talk to volunteers about the programme and listen to questions and queries raised by them. This resulted in a list of frequently asked questions (FAQs).

- We developed a survey for staff at the pilot sites using the ACIS system, working with the research team at Wiltshire Council - Appendix 1

- We carried out face to face interviews with staff at the two pilot sites

- We shared the outcomes following each pilot site visit with the Single View team so that they could use the information to shape future development

- We evaluated what we had been told into this short report

The Key Messages:

Evaluation of ACIS system at two GP practices

The Bradford on Avon and Melksham Partnership had been using the system for a number of weeks and the Care Coordinator was the main user of the system. The other practice The White Horse Surgery in Westbury had not used the system very much. They did not have a Care Coordinator in post but some other staff had received an overview and could see the potential. The data captured from this practice should be used as baseline data and further evaluation should take place once the system and Care Coordinator are more embedded.

Use and benefits of the system:

- Staff reported that they had received an overview of the system

- Staff said that they found the system easy and straight forward to use

- One practice, where the Care Coordinator was using the system regularly, said they thought it saved them a lot of time in accessing information they needed and that it enabled them to make more informed decisions about the care of their patients.

- At the other practice, the staff we spoke to said that they could see the potential benefits of Single View for this, although hadn't needed to access it for their patients.

- Both practices thought the system would improve continuity of care for people

Any change or improvements:

- More practice staff to be able to access it, for example, it was mentioned that patient liaison staff would find it useful

- Over time it might include relevant information from other agencies such as mental health services and the police

What information might be useful to patients about the system:

- The staff we spoke to felt that patients would want to know what sort of information is shared and who it is shared with

- Staff felt patients would like to know the potential benefits for them, particularly the removal of the need to repeat everything especially at stressful times

- Staff felt that most patients would be agreeable to their social care information being shared with their GP practice and that some would be surprised this didn't already happen

"I think many people would be gobsmacked if they know their doctor didn't know some of these details about their care"

> **"It will benefit the public if they know they won't have to repeat all their information at a stressful time"**

- Staff felt that there may be a small number of patients who wouldn't be happy with this type of information sharing – these people might like to know how to 'opt out'

Other things people said:

- The system was most useful when it recorded details, including contact numbers, of all the agencies involved with an individual. For example: social care providers, safeguarding team, Age UK, Hearing and Vision team and Direct Payment Support Service.

- It was mentioned that information was not always up to date, for example a joint safeguarding review was not on the system two weeks after it had taken place

- It was pointed out that the system would not pick up many of the individuals who self-funded their social care or had it solely provided by an unpaid carer

- Access to the system had enabled the Care Coordinator to ensure that individuals received the social care support that they were entitled to. For example, the Care Coordinator reported that they were able find out that a patient had been allocated a Direct Payment for respite care that they had forgotten about. The Care Coordinator then connected them up with the Direct Payment Support service which meant they could be assisted to get the support they needed in place.

Potential Impacts

Staff we interviewed who had used Single View reported that they were able to quickly access relevant social care information about their patients.Therefore, one impact of the system would be a significant saving of both practice and social care staff time. The ability of practice staff to access social care information electronically often reduced the need for time consuming phone calls. Being able to establish what social care services a person is already having and/or whether a referral is currently in process also saved staff time in making unnecessary referrals to services as practice staff could establish that things were already in process. It also meant that they could better liaise with other agencies that were involved, avoiding duplication and ensuring that patients can be more accurately signposted.

A further impact is in saving patients the frustration of having to repeat their 'story' to so many different people. We know from our wider engagement that this is an issue.

Overall it was felt that people will get better coordinated and quality health and social care as a result of single view.

It was also felt that there may be further benefits of the system if mental health, police and fire service information was incorporated into it, particularly in terms of identifying at risk individuals.

Recommendations

It is recommended that the Single View Board:

1. Recognises that we only spoke to a small number of people who were using the system regularly. This was due to staff absences and a vacant Care Coordinator post at one surgery. Therefore, the system should be further evaluated as the pilot expands and more people start to use it

2. Taken on board key messages from the engagement when further developing the system.

3. That information is produced for the public based on what staff and the Healthwatch Wiltshire volunteers had told us and revisit the current Frequently Asked Questions (FAQs) which could be developed further.

4. Notes that as the Single View ACIS develops there will be a need to ensure that information on CareFirst, which will be accessed by other agencies is as up to date as possible

5. Revisits pilot practices in 6 months' time to carry out further engagement to enhance the baseline data already captured.

6. Considers the consent process, such as, whether individuals understand that they are agreeing for their information to be shared and whether and how people can opt out of this if they don't want their information shared.

"Single view is good – a step in the right direction. Integration with social services works well."

Appendix 1

Wiltshire Council and Healthwatch Wiltshire

The Adult Care Information System baseline survey 2017

We would like to get your feedback about the Single View Adult Care Information System (ACIS) that is being rolled out amongst Wiltshire GP surgeries. The survey should take no more than 5 minutes to fill out and will help us review how the new system is working and whether it needs any improvement. All your answers will be treated in the strictest confidence.

About your surgery

Q1   What is the name of your surgery?
_____
_____

Q2   Roughly how many patients are registered at the surgery?
_____
_____

Q3   Approximately how many patients have a Social Care package?
_____
_____

Q4   Approximately how many Social Care referrals does your surgery receive a month?
_____
_____

Finding information on patients

Q5   Before Single View if you wanted to access some Social Care Information for one of your patients how would you mainly have done this? Please tick all that apply.

❑   I would call the Social care help desk

❑   I would call the Social Care allocated worker

❑   I would email an allocated worker

❑   I would ask the patient directly

❑   Other

If other can you please   _____
say how?
                                 _____

Q6   How easy was it for you to get the Social Care Information you required before the online Single View system was rolled out to your surgery?
❑   Very easy

❑   Quite easy

❑   Neither easy nor difficult

❑   Quiet difficult

❑   Very difficult

Q7   If you said difficult in any way or even if it was easy can you say why?

_____

_____

Q8   Roughly on average how long would it have taken you before the Single View system to access the correct information?

❑   Less than 15 minutes
❑   Between 15 - 30 minutes
❑   Between 1 - 3 hours
❑   Up to a whole day
❑   More than 1 day

Q9   Before going out to visit a patient were you able to access Social Care Information such as Assessment and or Observation data easily? Please tick the one statement closest to your view.

❑   Yes it was easy and quick to do

❑   Yes but not always easy as it was a bit complicated

❑   No I never had the time to do it as it involved too many phone calls and or emails

❑   No it wasn't practical, it would just take too long

Single View - Adult Care Information System

Q10   Using the Single View system how many times do you now access the Adult Care Information System in a week?

❑   1-5 times
❑   6-10 times
❑   11-20 times
❑   More than 20 times a week

Q11   Regarding the new Adult Care Information System which of the following do you agree or disagree with?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
It is easy and straight forward to use	❑	❑	❑	❑	❑
I have received an overview on the new system	❑	❑	❑	❑	❑
It has saved me a lot of time in my job	❑	❑	❑	❑	❑
It has helped me make more informed decisions on patient care	❑	❑	❑	❑	❑

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
It has helped me in resource planning	❑	❑	❑	❑	❑
It has helped me clarify what care package if any is already in place	❑	❑	❑	❑	❑

Q12   Sometimes the patient has an unpaid carer involved in their care - did you find this to be the case and if so did the new system pick this up?

❑   Yes there was an unpaid carer involved with some patients and the system picked this up

❑   There was an unpaid carer involved with some patients but the system didn't pick this up

❑   There wasn't any unpaid carer involved as far as I know

Q13   Is there anything that you would like to see improved or changed with the new Adult Care Information System?

_____

_____

Q14   Finally what sort of information do you think that patients might find useful about the Single View system?

_____

_____

Why not get involved?

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