

Mini-connectathon helps Dorset pick shared care record supplier

Eight health and care organisations and four suppliers used tools from Integrating the Healthcare Enterprise, NHS Digital and Endeavor Health to test information sharing at an event that helped Orion Health to win the contract for the Dorset Care Record. Neil Robinson, chair of IHE UK, argues this could be a model for future tenders.

Two years ago, Dorset County Council issued a shared care record tender on behalf of its local health and care organisations. The county wanted to create “a full view of the patient that can be accessed anywhere that the patient is treated” to streamline care.

It also wanted a “suitable supplier” to help it “create a common health and social care record to share data using established national standards that can be integrated with existing systems.”

However, this presented a challenge. How could everybody involved know that the systems put forward would deliver the integration needed, and share information in a way that was going to work for clinicians and their patients?

As Andy Hadley, head of IT development at NHS Dorset Clinical Commissioning Group, explains: “We wanted to go beyond paperwork to test the use of different standards for doing what we wanted to do. We also thought it would be a good idea to get all the potential suppliers together, to see if they could ‘play nicely’ with others.”

Finding the right tools

To do this, Dorset needed an IT environment in which the different systems could be tested. It also needed models or examples of the kind of information sharing that it wanted to do to test them against.

Some of this existed. Integrating the Healthcare Enterprise is an initiative set up by healthcare professionals and industry groups to improve the way computer systems share information, by publishing standards for how they should structure and exchange information.

NHS Digital, the organisation in charge of NHS IT, has an Interoperability Toolkit that provides specifications, frameworks and implementation guidelines for specific information sharing projects, such as discharge from hospital or end of life care.

IHE also runs connectathons, at which vendors test their systems against its standards and protocols, and prove they can share information with each other. However, these are huge events in major European cities – in April, The Hague hosted a connectathon that ran for five days.

This was beyond Dorset’s reach; so Hadley approached Neil Robinson, chair of IHE-UK, to see if they could organise a mini-connectathon together instead.

Getting everybody in a room

Robinson, who is also director of a consultancy, White Raven, worked with international colleagues to get access to IHE’s testing tools. NHS Digital also came on board; as did Endeavor Health, a charitable trust set up by EMIS founder David Stables to support open healthcare systems and new ways of working.

A one-day event was set up at a Dorset hotel. Representatives from eight local health and care organisations and four vendors turned up. “We had teams from local hospitals, from community care, GP practices and social care,” says Robinson.

“We talked them through a set of tasks and then we walked them around the room and showed them what was going on. We said: ‘here is a piece of information’ and ‘here it is going down the wire’ and ‘here it is at the other end’.

“We used the ITK, and we sent documents using CDA (clinical document architecture, an IHE standard for coding clinical documents so any IT system can handle them) and as PDF (portable document format, the more familiar international standard for coding documents so lots of different computers can cope with them).

“But instead of talking about code, we showed people things moving around. By the end of the day, we had managed to share data, so there was proof that what vendors said, worked.”

Lifting the bonnet

Andy Hadley says the event, in February 2016, was valuable because it “got under the bonnet” of what suppliers were promising. “You get documents back in response to a tender, but sometimes you look at the wording and you think: ‘Is that quite right?’

“You can ask vendors to come in and talk to you, but sometimes they give a presentation or even show a video of their product,” he says. “You can’t really interrogate it. At our event, we could say: ‘Send this message over there’ and see if that happened or not.

“It definitely made a difference to the decision we made. That wasn’t based just on what happened on the day – it was something like 15% of our evaluation - but it definitely contributed.”

Orion Health, a New Zealand-based company, won the five year, £7.8 million contract to build the Dorset Care Record, which was signed at the end of March 2017.

The project will not only pull together information from the different health and care organisations involved, but allow patients to access and contribute to their records online. Implementation is underway, and Hadley hopes to have the foundation elements in place by January 2018.

In line with national trends

The Dorset project is in line with national developments. The NHS has a plan, the Five Year Forward View, to save £30 billion by 2020-21 by implementing new models of working.

These depend on IT to generate good data, give staff access to up to date patient information and, eventually, enable patients to play a bigger role. Information sharing and shared care record plans are a feature of the sustainability and transformation plans that are being drawn up across the country to implement the Forward View.

At the same time, NHS Digital is pushing the importance of standards for IT systems, so data created and updated in one system can be sent to another; with appropriate security and information governance in place.

It is also creating new services, such as the National Record Locator Service that will ‘find’ all the records for a single patient, wherever they are held in the country. Projects like Dorset’s, that use standards from the outset, should be first in line to benefit.

A new model for better outcomes

Standards bodies like IHE are starting to work more closely together to support this agenda; and the healthcare IT industry has responded by setting up the InterOPEN group to work on interoperability.

With all this going on, Robinson argues that the Dorset mini-connectathon could be a model for the tenders that other areas of the country are going to need to run as they get into the Forward View agenda.

“The IHE connectathons are the gold standard,” he says. “But they are not going to work for an organisation that wants to get a consultant from A&E, a GP and a team of social workers together to work on an information sharing project. This is an alternative.”

Hadley agrees, although he points out that even a mini-connectathon is expensive for all those involved. If more are going to happen, he argues, bodies like InterOPEN should capture the results, so others can use them.

Either way, Robinson says the principles and benefits of the mini-connectathon idea are clear: “You get all the vendors working together in a standards environment; you get clinicians in so they can see that it works; and at the end of the day you’re in a better position to make a contract decision.”