

THE WIRRAL CARE RECORD

safer, faster, better care

Frequently Asked Questions

1. GENERAL

1.1. What is the Wirral Care Record (WCR)?

The Wirral Care Record (WCR) is a new confidential digital care record that is being developed and will include patient health and social care information.

1.2. Why do we need a WCR?

Currently, every health and social care organisation holds a different set of patient records. Information in different records may be duplicated or even incomplete. The WCR brings data from different organisations together, so the same information can be viewed. Allowing authorised health and social care professionals to have access to the WCR will improve decision making by care professionals. This will provide patients with safer, more consistent care whether they are in hospital, at a GP surgery or any other place where care is accessed.

1.3. Who owns the WCR?

Each partner organisation which includes; Wirral University Hospital NHS Foundation Trust, Wirral GPs, Wirral Community NHS Foundation Trust, Cheshire and Wirral Partnership NHS Foundation Trust, Wirral Clinical Commissioning Group, and Wirral Council each has their own patient records and are solely accountable for their patient data. Each organisation will share and disclose appropriate data to each other as part of the WCR, but will still remain responsible for their own patient data. The WCR is simply a way of viewing the information held by these organisations.

1.4. Is this the same as 'care.data' or the 'summary care' record?

No, the Wirral Care Record is a completely separate initiative, led by the Wirral Partner organisations, outlined above.

1.5. Is this a Wirral only initiative?

Yes, the WCR will only include information from health and social care services located on the Wirral. This means that services in Liverpool and Chester such as; The Royal Liverpool University Hospital, Broadgreen Hospital, Liverpool Walk in Centres or Countess of Chester Hospital will not be able to access the WCR. They will still be able to access the information they need in order to deliver care, but this information will be shared exactly how it is now.

2. CONTENT

2.1. What information is in the WCR?

The creation of the WCR is a continual process. The data from the Wirral Partner organisations will be included at different stages from the initial 'go-live' point and will continue to be populated. Essentially more data fields will be populated over time as part of a journey to make it as beneficial as possible to patients and care professionals.

Information to be included in the record during the first 'go live' stage:

- Demographics (Patient name, DOB, Gender, Address, telephone number)
- Name of practice including usual GP and registered GP
- A comprehensive record of patient conditions and diagnoses
- Test results (e.g. blood tests, allergy tests, blood pressure). This will speed up treatment, care and prevent duplication
- NHS number to ensure we are linking the right information to the right person
- Hospital referrals, admissions and clinic information
- Hospital discharge and visit information (including dates, locations and personnel)
- Allergies in relation to food, environment and medication
- Medications (current and historical) and medication issues
- Procedures (Operations, Vaccination/Immunisations)

Information to be included in the future:

- Appointment dates and time
- X-rays
- Structured social care data including appointments and scheduling

2.2. What information will not be included in the WCR

Information of a highly sensitive nature will not be shared routinely via the WCR, this includes:

- HIV and Aids diagnosis
- Sexually Transmitted Infections
- Termination of Pregnancy
- IVF treatment
- Any complaints made to health or social care organisations
- Convictions & imprisonment
- Cases of Abuse (Physical & Sexual)
- Gender Reassignment
- Adoption

In addition, any social care information that does not directly or indirectly assist a care professional in providing the best care will not be included.

There will be no free text in the Wirral Care Record, all data is assigned a code.

2.3. How do you know the information in the WCR is correct?

Each organisation currently needs high quality data to care for their patients. The data which appears in the WCR is uploaded directly from existing clinical and social care record systems. To ensure the data displayed is correct, there will be significant testing activity to ensure the data quality. In addition patients will be able to check their WCR just like any other held by an organisation.

3. BENEFITS OF WCR

3.1. What are the benefits of the WCR?

Increased confidence in decisions regarding care

- Having access to the WCR will increase confidence in decisions by giving essential clinical and social information to enable the best possible care.

Improved communication and effectiveness

- Faster access to information available 24 hours a day, which will reduce waiting times for information from other clinicians and speed up treatment and care.
- Patients will not have to repeat their medical and social care history every time they speak to a care professional.
- Less duplication e.g. if a patient has a blood test in Arrowe Park Hospital but attends their GP surgery a week later and the GP wants to take a blood sample, the results will already be available by viewing the patient's WCR. It will not only save the patient time and anxiety of having to undergo another test but it will also save the NHS time and cost of not having to repeat the procedure.
- Fewer delays in treatment, as the care providers are able to share information. This will mean fewer records are at risk of being replicated, containing incomplete information or losing information.

More appropriate care

- The WCR will enable health and social care professionals to treat patients better by providing immediate access to a patient's medical history which will help make fully informed decisions.
- Patients will also experience more joined up care between a variety of care settings. This will be especially beneficial if a patient suffers from an ongoing condition requiring management from a number of different healthcare professionals.

More accurate decision making

- Care will be safer. For example, if a patient suffers from an allergy or a severe adverse reaction from a particular medication, this information will be immediately available to the healthcare professional.
- For professionals who regularly see patients that are not well known to them (for example at a walk in centre) the care professional that you see will have up to date, accurate information about you so will be able to provide the most appropriate care advice.

Equality

- When struggling to obtain the information from a patient this can cause delays and frustration. Having access to their information helps to reduce inequalities between patients and those better able to communicate their condition. It will allow clinical and social care decisions to be made in a more timely and informed manner.

Pro-Active care (Population Health Management)

- The WCR data will be used to create condition specific registries. The registry will allow all clinicians across the system to identify patients who live with a particular condition, for example diabetes. Alerts can be triggered so important disease markers, such as Haemoglobin A1c for diabetic patients, can be identified and therefore routinely tested and monitored by the appropriate clinician. These key markers can be identified even by clinicians who are not the patient's primary provider.
- WCR will assist in assessing the future healthcare needs of our Wirral patient population (via the registries) as we will be able to better understand diseases.

4. ACCESS

4.1. Who can see my WCR?

Only health and social care professionals involved in a patient's care will be able to see their WCR. This includes doctors, nurses, and sometimes admin staff. These professionals will only see the information they need to in order to provide the patient with better care. All access attempts to the patient's record are logged. Details of the health or social care professional will be recorded and checked to ensure that the access was appropriate. Patient data will not be shared with anyone who is not providing the patient with treatment, care or support. This means that patient data will not be made public or passed on to any third party not directly involved in their care.

4.2. Can patients access their own WCR?

Yes, under the Data Protection Act (1998) patients can request access to all information that public sector organisations hold about them, including copies of paper and electronic health and social care records, as well as who has accessed their WCR.

4.3. Will patients only have one care record now?

No, each partner organisation will continue to add information to their patient records. The WCR allows relevant information to be viewed collectively from these records.

5. SECURITY

5.1. How will my data be protected?

Data Protection

Data protection is taken very seriously and keeping personal information safe is very important. By law, everyone working in, or for, the NHS and social care (adults and children) must respect patients' privacy and keep information safe. Data is only kept identifiable as long as it is needed; in line with national guidelines. There are also mechanisms in place to enable the investigation of any breaches (if required).

Recording Access

The WCR system logs everyone who looks at a record, including the time and date of access and the information viewed. Access levels will be introduced relevant to role. For example a GP in practice can only see details of who they are caring for, not the details of any other practice. Additionally the system will encrypt data to the highest possible standard, which means it's far safer than using paper records.

Sharing information

Your WCR will not be shared with anyone or any establishment outside of the Wirral health and social care organisations without your permission. Records will not be made available to insurance companies, drug companies and third parties, or be used for advertising purposes.

In the future, elements of your WCR could be shared with appropriate care staff of health companies contracted to provide care directly to the patient. This could include pharmacists, opticians and dentists. The organisation would have to sign up to our legally-binding Information Sharing Agreement before this could happen and individual staff members would need to be involved in providing care directly to you in order to get access. Your data will not be used for business reasons. The type of data the health provider would be able to see would be limited to what they need to supply you with the care you need. Any significant changes to who can access the WCR system would be widely communicated to the public.

5.2. Can the system be audited to determine if there has been any unauthorised access?

Yes, the WCR is auditable. There will be an ongoing robust audit process in place and any concerns raised by patients or professionals will be acted upon.

6. CONSENT

6.1. What are my choices?

A WCR will automatically be created for each patient unless a practice decides to not join the care record or a patient decides to opt out.

You have the option to opt out of the WCR. If you decide to opt out, you can change your mind and opt in at a later stage and vice versa (i.e. if you decide to stay in you can opt out at any time.)

If you wish to opt out of the WCR there three key options:

Online at healthywirral.org.uk

By calling **0151 541 5440**

You can opt back in again at any time, by either of the above methods.

It is important to flag that if you are taken to A&E unconscious and you have opted out of the WCR record, the doctor will not have immediate access to your healthcare information, which could cause a delay in you receiving the right medical care.

If you have previously opted out of the 'care.data' or 'summary care' record, they will not be automatically opted out of the WCR. You will have to opt out of WCR using the channel(s) outlined above.

6.2. Children and the WCR

If you're the parent or guardian of a child under 16, you will be required to opt out of the WCR on your child's behalf, utilising the same channels outlined in 6.1.

6.3. Vulnerable patients and the WCR

Vulnerable people and those who lack capacity to make a decision will be treated in exactly the same way as now. An assessment will be made of their capacity and then actions taken in their best interests following discussion with their loved ones and/or those with lasting power of attorney.

7. FURTHER INFORMATION

7.1. How can I get more involved?

If you have any questions which are not addressed in this document please contact:

EMAIL HealthyWirral@nhs.net including in the subject line 'Wirral Care Record'

Or TELEPHONE **0151 541 5440**

8. COMMUNICATION WITH THE PUBLIC

8.1. How will we be letting the public know about the Wirral Care Record?

Public confidence in the WCR is of paramount importance to its successful implementation. A range of public awareness events have already been held with members of the Wirral Community, and staff.

There will also be some key things happening towards the end of June 2016 to tell people about the WCR and what it means for people in Wirral.

- Week commencing 20th June: Press briefing

This is planned to consist of:

- Press release to local media
- Week Commencing 27th June: Campaign Launch

This will consist of the following activities:

- Leaflet sent to every Wirral household
- Social media campaign
- Online social media campaign will run from w/c 20th June until w/e 15th July
- Social media activity will ramp up again from 1st to 31st August.

8.2. What is the public appetite for the WCR?

There is already strong support for the WCR among our community.

In a survey issued to the Wirral public in August 2015, 83.3% of the respondents said they either “agreed” or “strongly agreed” with the need to introduce the WCR.

During the “What Matters to Wirral?” initiative of January 2016, there was strong support for the system, with many members of the public agreeing that the introduction of the system is “essential”.

We know that some members of the community do have concerns around data protection and security, and we will be working hard over the coming months to engage with as many people as possible in Wirral to overcome these concerns.

9. CASE STUDY

9.1. Case study 1

Mrs Smith is aged 85, she is well known to her GP. She had a fall a week ago and now has a pain in her leg.

Mrs Smith’s daughter Claire visits her mother on a Saturday afternoon and is concerned that her mum is in terrible pain and worries she may have broken her leg in the fall. She decides to take her mother to A&E. The doctor at A&E diagnoses an infection in her leg, so he wants to give Mrs Smith antibiotics to treat the infection. The doctor asks Mrs Smith whether she has had any allergies to antibiotics in the past, she says “no.” However Mrs Smith has forgotten that she had an allergic reaction to antibiotics 5 years ago. The doctor views Mrs Smith’s Wirral Care Record and notices that her GP records state that she is allergic to penicillin. If the A&E doctor had given this it would have made her very ill. He was able to choose a different antibiotic that was suitable for her.

9.2. Case Study 2

Mr Stevens, age 68 has a history of heart disease. His health began to deteriorate and he was admitted to hospital on Friday; his medication was altered to help improve his condition and he was discharged from hospital on Saturday evening. Unfortunately since leaving hospital Mr Stevens has developed an itchy rash. He phones his practice on Monday morning and is given an appointment the same morning to see his GP, Dr Knowles.

After examining the rash, Dr Knowles suggests that it is likely to be a reaction to the new medication started whilst in hospital. Mr Stevens has not brought the medication with him, cannot remember what it is called and the practice have not yet received the information from the hospital. Dr Knowles accesses Mr Steven's WCR, can see the new medication started and replaces it with a suitable alternative to look after Mr Steven's heart, allowing him safely to stop the tablet which has caused a rash.

9.3. Case Study 3

Miss Patel is 26 and has been rushed to A&E as she was found unconscious but with no visible signs of injury. The first instinct of the doctor who is caring for Miss Patel is to order a CT scan to check for any head trauma. Before proceeding with the scan he accesses Miss Patel's WCR. Miss Patel's Care Record shows that she suffers from epilepsy; the doctor concludes she has likely suffered a seizure. The doctor views what anti-epileptic drugs Miss Patel takes and is able to administer the correct drugs immediately, saving valuable time.