



openEHR Conference Barcelona: openEHR-based Regional Care Plan in London

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Hello. My name is...

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50 + NHS Trusts & 9 regions across all 4 nations in UK use openEHR





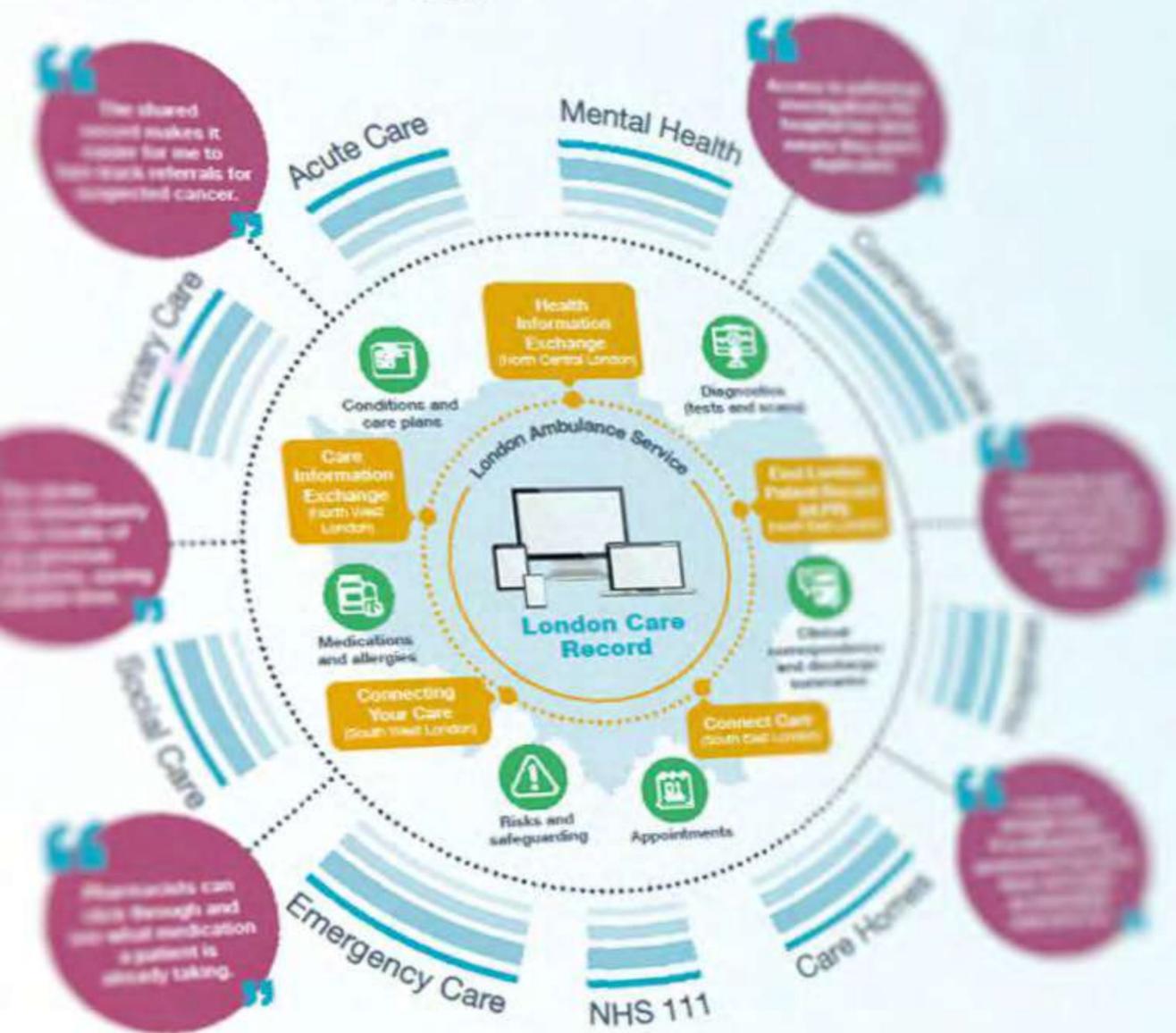
OneLondon Local Health and Care Record Exemplar (LHCRE)

DYNAMIC INTEGRATED CARE PLANNING SERVICE



London Care Record

London Care Record brings together an individual's information from health and care services across London. It's available as a single point of access through from your local electronic care record system, so there's no need for multiple usernames or passwords to remember.



one shared care record

SUPPORTED BY MAYOR OF LONDON

Vision for OneLondon

The vision for London is to be the **'healthiest city globally'**. This is only achieved by enabling information to flow across organisations and services.

In support of this ambition, London has been progressing with a connected city strategy for some time.

5 Integrated Care Systems

35 NHS Trusts

19 Hospices

1385 General Practices

8 Health Information Exchanges

3 Primary Care EPRs

24 different EPRs in use by NHS providers in London

Why a platform approach?

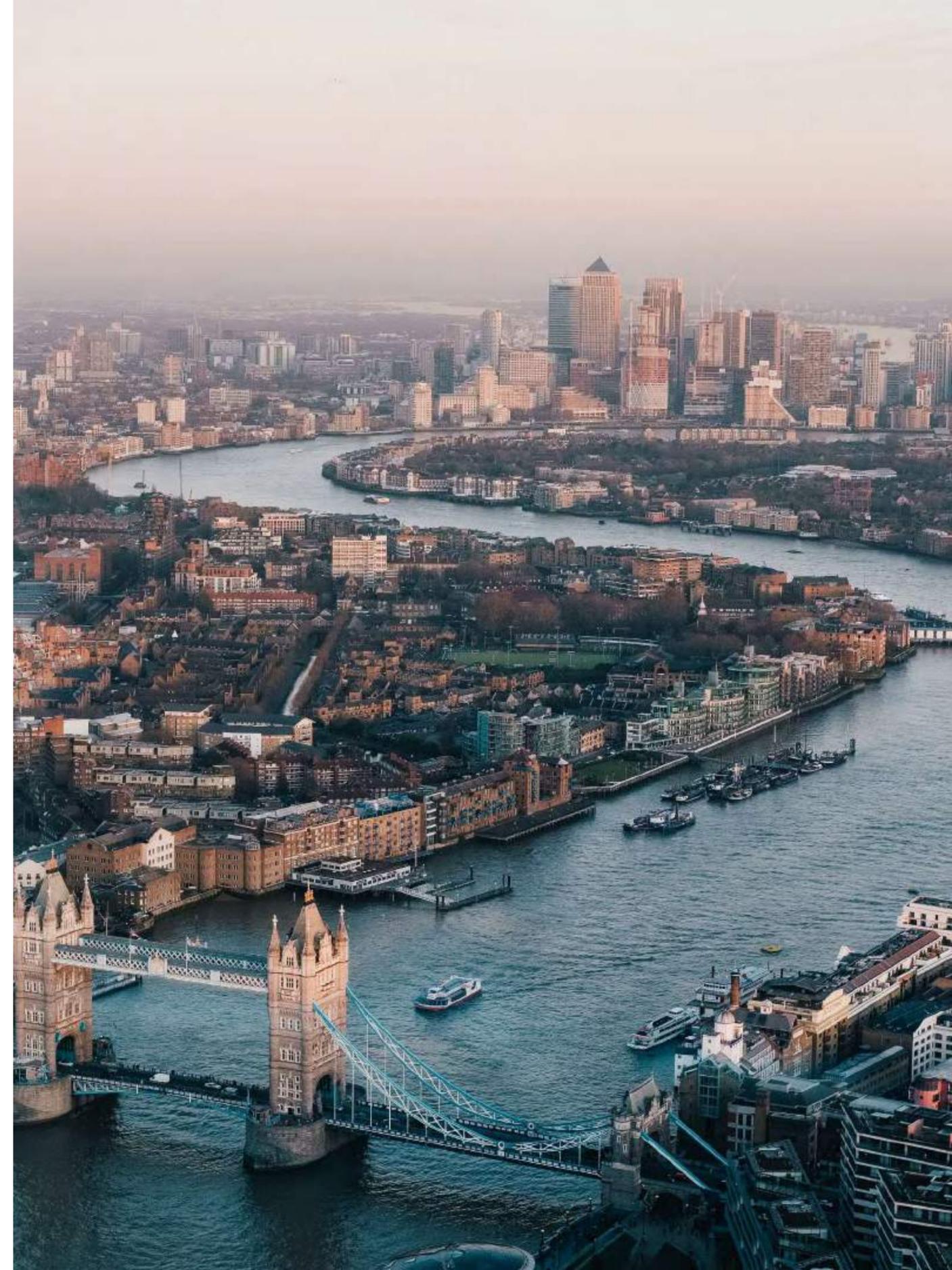
Data is key (and it is everywhere!)

There is a mountain of information within health and care system(s).

A lot of the data is 'dirty', inappropriately modelled and captured, classified incorrectly, coded improperly and not fit or safe for use.

Platform governance and a 'data-first' approach enables data (and inputs) to be designed so that it has the appropriate data governance for the desired usage.

Data in the right place, in the right time, in the right format and easy/safe to use.



OneLondon – The approach

Level 1 – Sharing patient data in the best way possible – using the Health Information Exchange (provide access to it).

Level 2 – Structured data, in place for the purposes of direct care, service improvement, research and commercialisation – The London Health Data Strategy.

Level 3 – Patient access to data, through the NHS-App or local application services. Using the structured data from Level 2.

Each of these levels promote an improvement in maturity and digitally enabled outcomes for each ICS.



Where first?

Multi-agency challenges with differing organisations requiring access to a single source of truth.

Care plans are an integral factor to the transfer of care between agencies, improving the continuity of care.

We would like patients to own their own care – and joint ownership of care plans supports this outcome.

Specific care plan examples;

- EoL care plans ensure that patients are more likely to pass away at the location of preference and have their wishes respected at the end of their life.
- Shared therapy plans provide patients with access to their prescribed interventions from any device.



London's Digital
Personalised
Care Plan

Care planning must support patients, carers, healthcare professionals and system leaders



“ I want to ensure my patient's wishes are met when the time arises ”



“ I don't want to have to repeat the same information over and over again ”



“ I don't have access to the information I need ”



One London Dynamic integrated care planning service



Worries and fears

- I'm overwhelmed already, how is it going to help me and my patients
- We don't need a new system
- Bringing the current patients across: they will call the surgery or call me
- Need it all in one place this isn't just another system

Today, what problem does a platform approach solve at scale?

1) Changes to care plans or expansion to other use cases **may require localized changes** to:

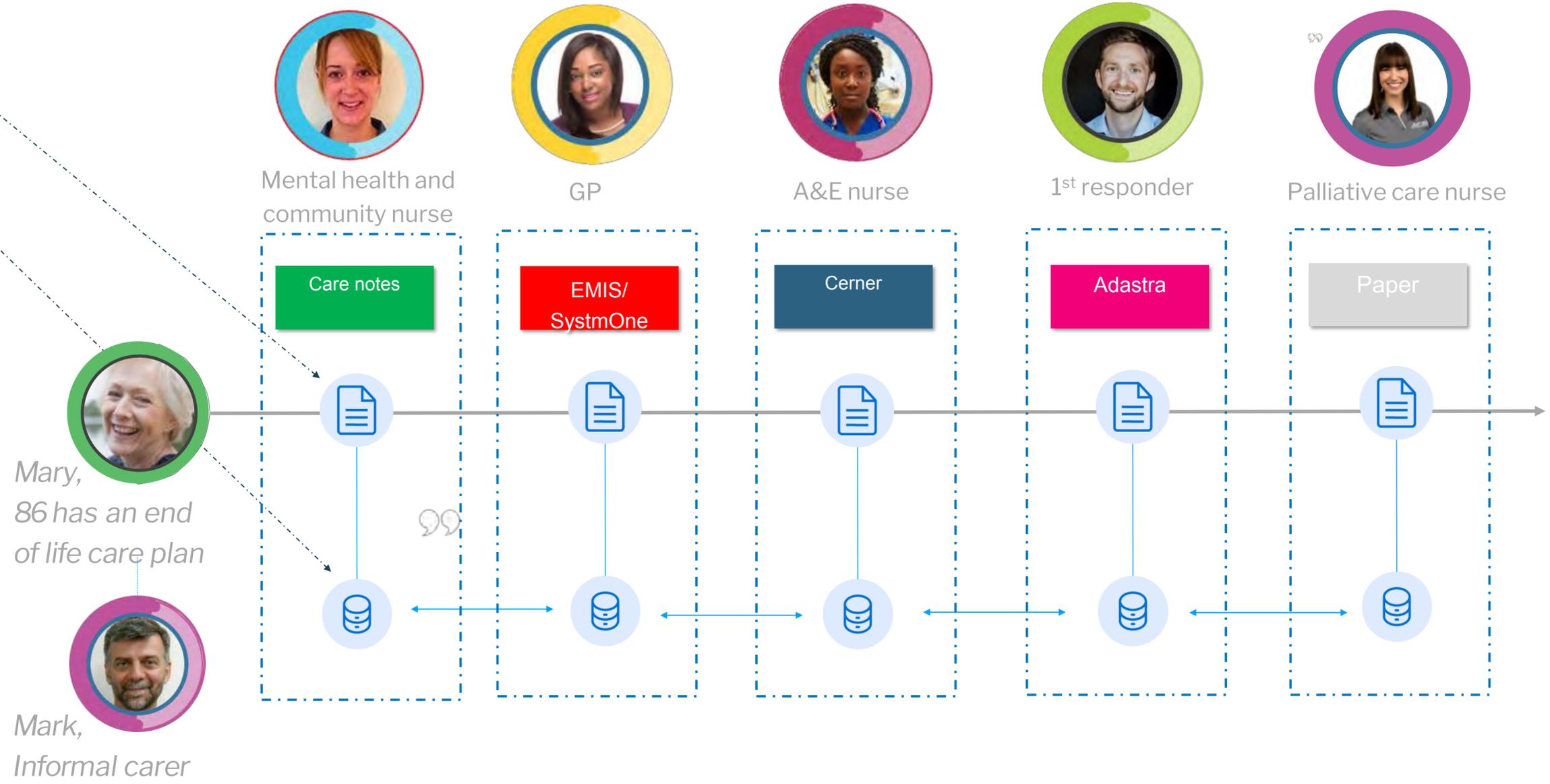
- 1) Each Front-end applications EPR
- 2) System Interfaces

2) The Healthcare organization or ICS will need to **prioritise these changes** against other local demands

3) This could require each organisation to raise **change requests to Vendors**

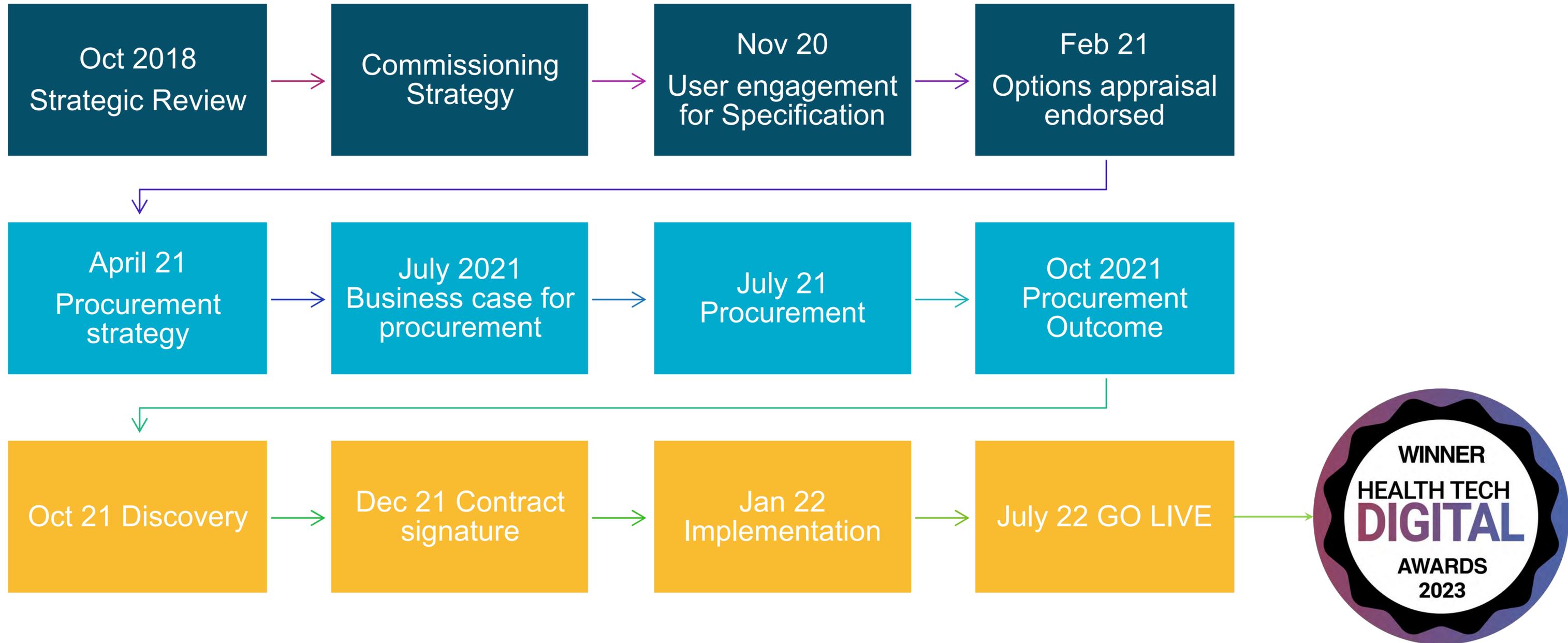
4) Not **all interfaces will be capable of instant read/write** to ensure the latest version of truth

5) The **person or carer can't directly share information**



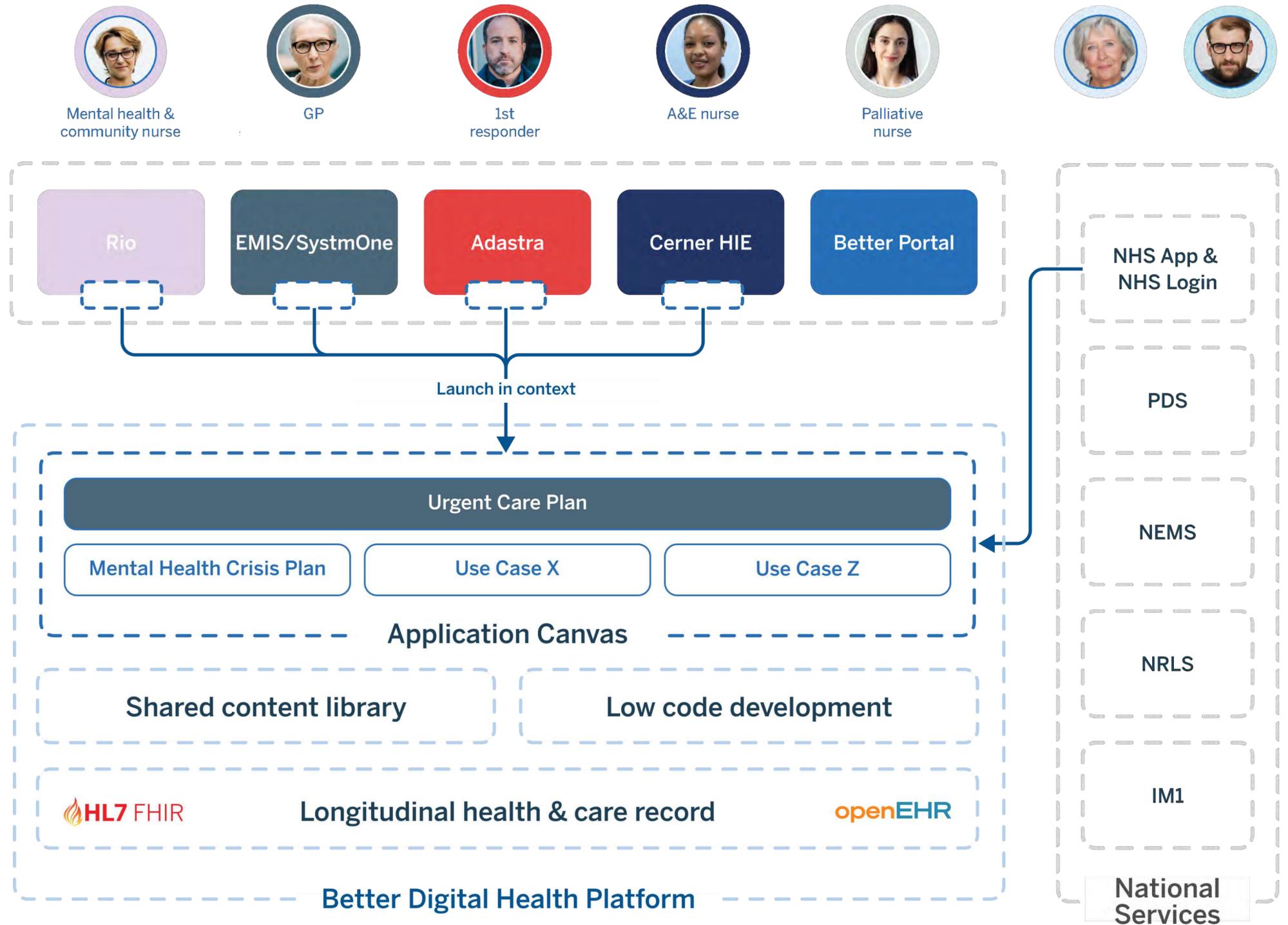
Local application stored data for care planning will cause significant problems in providing a single version of up to-date truth like the DNACPR and person's wishes at point of need.

Mission Impossible?



An integrated platform to quickly solve new challenges

- Single sign on from existing systems
- Patient and carer access via NHS App
- Centralised deployment to all users
- Rapid co-production of new use cases
- Interoperable data
- Instant read/write access to data
- Secure and governed



Urgent Care Plan (UCP) exists

Better Care OK

Timeframe Results Layout Sources Encounters

All Records All Records Automatic All Sources All Encounters

Page Search Reset

Disclaimer This is an aggregated view of information obtained from participating health and care providers. It is intended to support optimal care through more informed decision making. It is not intended to replace the person's health or care record(s) nor is it guaranteed to encompass all current or historical information. The data is not manipulated, its validity is determined by the accuracy/quality of original documentation and it may be subject to exclusions as per national guidelines on sensitive data.

Summary Report Encounters Last 30 Days

Chronic Problem	No Records Found
Latest Vital Signs	No Records Found

Encounter Information

NOENCOUNTER *From 22/02/2023 To 22/02/2023*

Filter

- Clinical Correspondence (0)
- GP Records (0) Additional GP Records (0)
- Mental Health (0)
- Community (0)
- Social Care (0)
- Problem List (0)

Shared Records Systems (1) Details

Link	Source
Better Care	..4.5.6

- Encounters (0)
- Future Appointments (0)
- Allergies & Adverse Reactions (0)
- Medications (0)
- Past Meds (0) Meds Issues (0)

- Blood Sciences (0)
- Radiology (0)
- Vital Signs (0)
- Cellular Pathology (0)
- Microbiology (0)

CARE PLAN



Urgent Care Plan i

Last update: 22 Feb 2023, 07:56 · Better Test

VIEWS

Summary

Plan management

CONTENT

Personal information (Demographic details)

Personal information (Performance and Social) In progress

Last update: 7 Feb 2023, 09:24 · DAN BROWN

Personal information (Contacts)

Advance decisions and statements

Last update: 22 Feb 2023, 07:08 · QA Clinician

Medications and allergies

Last update: 22 Feb 2023, 07:18 · QA Clinician

SUMMARY



Last update: less than a minute ago [Update now](#)

JORDAN, Sarah F 21 Aug 1922 · 100y 6m i · NHS No: 485 337 9371

⚠ Known allergies

⚠ Patient alerts (1)

DNACPR

Actions ▾



URGENT CARE PLAN SUMMARY

CPR Status: CPR not recommended

CPR decision

No

Reason why CPR inappropriate

Diagnosis of wide spread metastatic liver cancer. Her condition is deteriorating and she is not fit for further treatment.

[Print DNACPR](#)

Clinical Recommendation

Treatment of any reversible conditions but only in the home/hospice setting: keep comfortable

Main diagnoses

• Main diagnosis - 1

Version info

The Nelson medical practice (64)

filter

Forms In progress x Needs CPR review x +2 more v

Search

Clear

Patient v	Last update	Forms in progress v	CPR review ^	CPR status v	Last Urgent care view v
Miles De Veer M 3-Apr-1987 · 37y 6m MRN 130580933	Prognosis and preferences for location of care 18-Aug-2023 by Nelson medical practice	Completed	Due 7d ago	DNACPR 18-Aug-2023	Opened by 999 18-Aug-2023 at 13:20
John Boi M 12-Nov-1950 · 71y 2m MRN 130580933	Symptom management plan 18-Aug-2023 by Abbey Wood Surgery	2 Forms 18-Aug-2023 at 13:20	Due 4d ago	CPR 18-Aug-2023	Opened by 111 18-Aug-2023 at 13:20
John Boi M 12-Nov-1950 · 71y 2m MRN 130580933	Alerts Personal information (Demographic details) 18-Aug-2023 by All Saints Medical Centre Pms	Completed	Due 2d ago	DNACPR 18-Aug-2023	Opened by 111 18-Aug-2023 at 13:20
Tristan Jacobs M 12-Nov-1950 · 71y 2m MRN 130580933	Personal information (Performance and Social) Personal information (Contacts) Advance decisions and statements Medications and allergies Emergency care and treatment plan Symptom management plan 18-Aug-2023 by All Saints Medical Centre Pms	Completed	Due in 7 days	CPR 18-Aug-2023	Opened by 111 Opened by 999 18-Aug-2023 at 13:20
Mike Clayton M 12-Nov-1950 · 71y 2m MRN 130580933	Care plan created 18-Aug-2023 at 13:20 by All Saints Medical Centre Pms	1 Form 18-Aug-2023 at 13:20	Due in 9 days	DNACPR 18-Aug-2023	Opened by 111 18-Aug-2023 at 13:20
Mike Clayton M 12-Nov-1950 · 71y 2m MRN 130580933	Care plan created 18-Aug-2023 at 13:20 by Nelson medical practice	3 Forms 18-Aug-2023 at 13:20	Due in 1 month	CPR 18-Aug-2023	Opened by 111 18-Aug-2023 at 13:20
James Clayton M 12-Nov-1950 · 71y 2m MRN 130580933	Personal information (Performance and Social) Prognosis and preferences for location of care Emergency care and treatment plan 18-Aug-2023 by Nelson medical practice	1 Form 18-Aug-2023 at 13:20		No decision 8-May-2023	Opened by 111 18-Aug-2022 at 13:20



Templates



Diabetes Foot Screening Assessment



Preview

Save



Design

Content

Diabetic Foot Screening

- context*

- XDS Metadata

T Author specialty

T Class code

T Document type

T Confidentiality code

T Health care facility type

T Practice setting code

T Event code

Document_media

- Document Metadata

Document Status

- Document Tags

T Tag Name

- Document References

- Reference

T reference

T type

T identifier

T display text

- Encounter Context

T Encounter id

T Encounter type

T Encounter reason

T Appointment id

- Diabetes Foot Screening Assessment

- Diabetes Question

Assessment Date dd/MM/yyyy HH : MM

Now

Encounter id

Encounter type

Encounter reason

Appointment id

Initial Questions

Does the Patient Have Diabetes?

Diabetes Type Type 1 Diabetes Type 2 Diabetes

Is the patient a bilateral leg amputee?

LABEL

Tissue Condition

Placeholder

en Add helper text to input field

DEFAULT VALUE

code Add default value

FIELD

ReadOnly

Hidden

Presentation: button group

Show in columns

Number of columns

2

Show field provenance

MULTIPLICITY

(from 0 to 100)

min

0

max

100

LAYOUT

Label position



SIZE

API connectors

Compare

Dependency inspector

errors

Dependencies

Custom script

How did we do it?

With an amazing team... all in it together

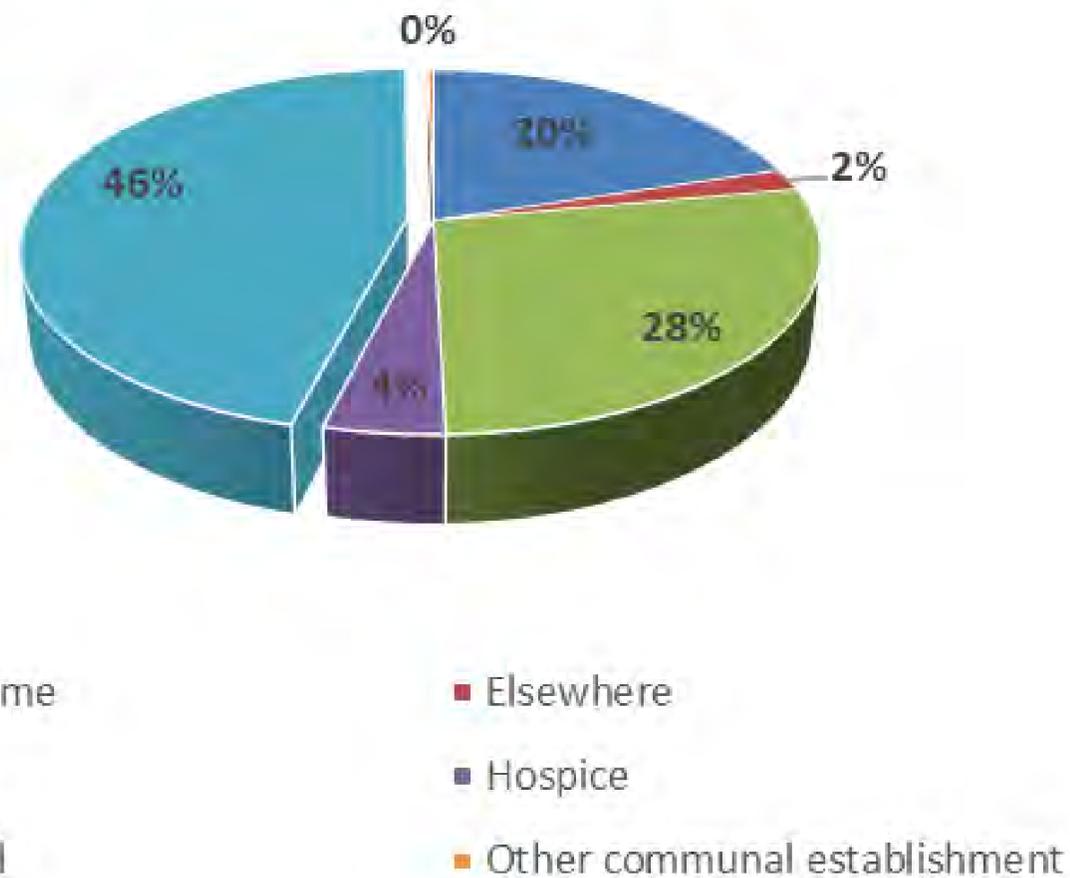


Why it matters:

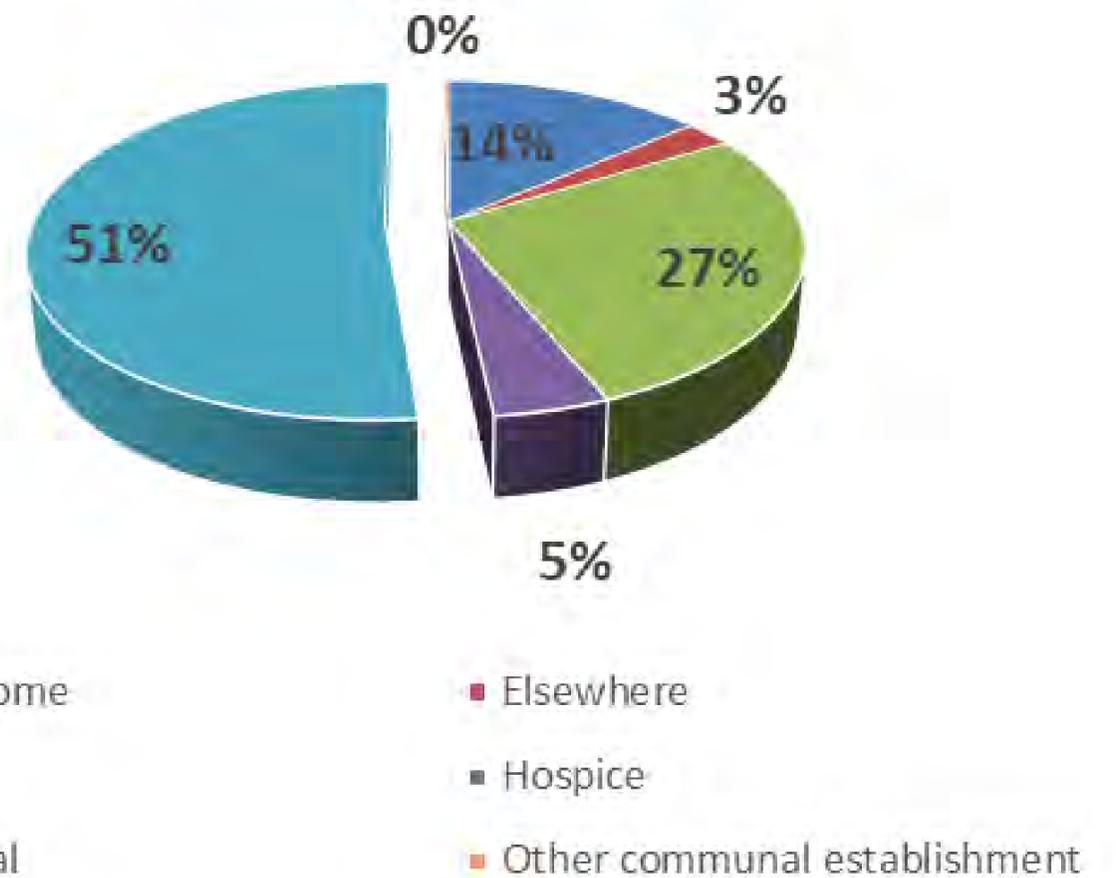


"Valuing people as active participants and experts in the planning and management of their own health and well-being ensures that the outcomes and solutions developed have meaning to the person in the context of their whole life, leading to improved chances of successfully supporting them." **NHS England.**

Place of Deaths - England and Wales



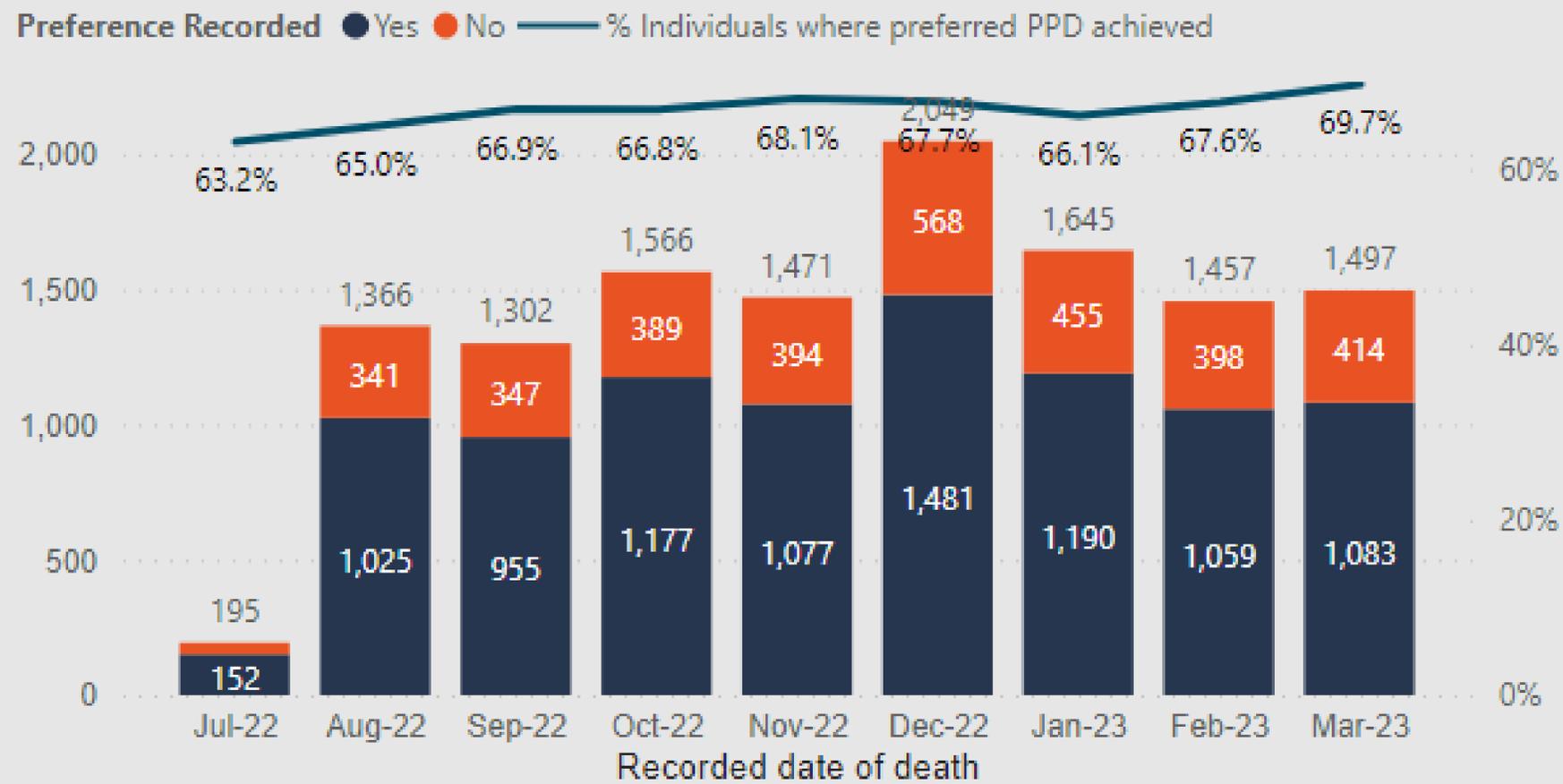
Place of Deaths in London



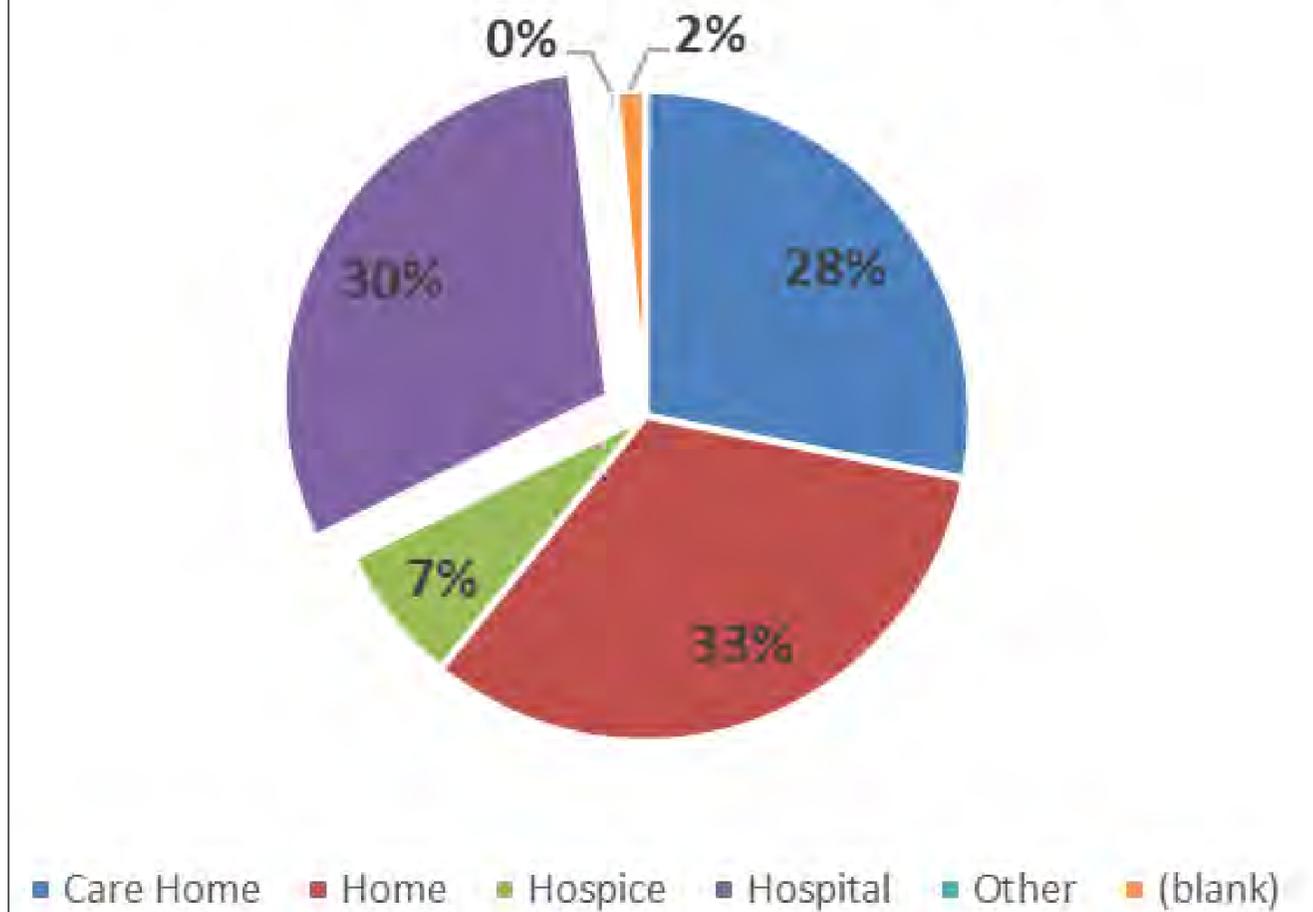
Doing the RIGHT THINGS and doing THINGS RIGHT.



3. Number of Deaths of Individuals with a UCP and % that Died in their P...



Place of deaths of people with a UCP



Where to next with London?





Thank you