



Hartlepool and Stockton-on-Tees Clinical Commissioning Group

MIG (Medical Interoperability Gateway) implementation Briefing note to stakeholders

Introduction

NHS organisations across the North East are working together to deliver better, safer care through improved digital record sharing. The first step towards this long-term vision of a Great North Care Record - taking place over the coming months – is the rollout of the Medical Interoperability Gateway (MIG).

The MIG is an electronic system enabling health and care professionals providing a patient with treatment to view a summary of their GP held medical records, with their consent. If a patient has chosen to opt out of sharing their GP record, information will not be available for the NHS professional to review.

With a range of different solutions and technical issues across the region to date, this will have the marked advantage of bringing every part of the North East up to a common basic standard of information-sharing, with significant benefits both for patients and health professionals.

As a patient, that means the specialists providing your care can see the right information at the right time, so that they can manage your care better.

Benefits of sharing information

If health and care professionals can access the most up to date and accurate information quickly and easily, they can give the patient better advice and safer, more effective care.

Patients will spend less time answering the same questions that they have already been asked in other parts of the system – and should only have to tell their story once.

For some people, this could mean avoiding admission to hospital, or reducing the time spent in a hospital bed.

24-hour access to a summary of medical records can also reduce the time wasted by doctors on checking details from multiple sources, and reduce delays to treatment if, for example, a GP practice is not open at the time to confirm the patient's current medications.

A patient's data will only be used when health and care professionals are caring for them. Professionals will ask the patient for consent to view their record.

Clinicians already using the system report benefits including reduced delays in emergency care, safer clinical decision-making, with the assurance of accurate information, fewer repeated tests and investigations, and a reduction in emergency admissions – for example when surgeries are closed and information may not be available.

What sort of information does this include?

With each patient's informed consent, information will be available during periods of care to NHS healthcare providers including hospitals, mental health services, out-of-hours doctors and the ambulance service.

This will include the sort of details that are already shared using slower and less reliable methods. Instead of phone calls and letters, the new system will make the same information available electronically in a view-only format.

This could include details of medical conditions, medication, operations and treatment, tests that have been requested or carried out, and contact details for next of kin or other carers. It will not contain information about sensitive discussions the patient may have had with their GP.

Keeping patient records secure

MIG provides a secure, encrypted electronic system, with real-time access to eliminate wasteful and slow phone calls, letters and faxes that are currently used to check medical information.

Tried and tested in several areas across the North East and beyond, the MIG is a practical solution saving clinical time throughout the healthcare system, as well as improving the patient experience.

By law, everyone working in, or on behalf of the NHS has a duty to respect patient privacy and keep all patient information safe. The new system will be viewed through a secure, encrypted and audited system that meets stringent NHS security standards and government legislation including The Data Protection Act.

The system keeps a record of everyone who has accessed a patient record, as well as the time and date when they accessed it, and the information they were viewing. The laws on data protection are clear and we will regularly check to make sure that only people who need to see your record are viewing it.

Patients can be assured that their records will only be used when health and care professionals are caring for them and will be asked for consent to view their record. If

a patient has already chosen to opt out of sharing their GP record, information will not be available to review.

Appropriate information sharing governance agreements will be in place through the Information Sharing Gateway.

Patient choice

We know that some patients will have concerns about information-sharing, and we are keen to provide as much help and support as possible so that people can make an informed decision if they are concerned.

GPs are highlighting the right to opt out, either through information on practice websites, letters directly to patients who have previously opted out of NHS data sharing initiatives, or other means. This includes outlining the benefits of being part of the scheme, while offering clear details of how to opt out, if that is the patient's wish.

Leaflets and posters will also be distributed locally by CCGs (via GP practices) and the initiative will be promoted via local press releases too. In addition, CCGs will engage with Healthwatch and community and voluntary organisations in their respective areas to ensure that local stakeholders feel able to respond to concerns and direct questions helpfully.

Any patient who would like to discuss any concerns or find out more can do so by:

- Calling the Great North Care Record helpline on 0344 811 9587
- Emailing gncarerecord@nhs.net
- Visiting www.greatnorthcarerecord.org.uk

Everyone in the region will be included in the Great North Care Record initiative if they do not choose to opt out. **Anyone who is happy to be included will not need to take any action.**

Under the Data Protection Act, all patients can of course ask to see any information held about them. To do this, a patient would need to contact the organisation(s) providing their care.

Timescales

In Hartlepool and Stockton-on-Tees the preparations to roll out the MIG started during November 2016, with the system expected to be rolled out from February 2017.

During February, NHS Hartlepool and Stockton-on-Tees CCG will engage with Healthwatch, community and voluntary organisations as above.

It is anticipated that the MIG rollout (with the listed organisations & settings shown in Section 3) will be rolled out from February with a view to completion by the end of March 2017. Work is in progress to expand from A&E to full Trust-wide viewing and

there will be further engagement with practices and viewing organisations to take this forward.

Looking further ahead

We know that technology is changing fast. In the future, there is much more we can do to improve the patient experience and the care we provide through having better information-sharing in place.

Patients will of course have the right to opt out of information-sharing at any stage, though we feel strongly that it will bring real benefits for patients and staff alike.

Who is leading this work?

As a regional project, this initiative is supported by CCGs, NHS Trusts, out-of-hours services, mental health trusts, North East Ambulance Service and GP practices across the North East. At a regional level it is supported by the North East Urgent and Emergency Care Network and Connected Health Cities.

Significant progress has already been made towards data-sharing in parts of the region, such as Northumberland, Gateshead and North Tyneside, and the regional roll-out is making use of their good practice and the work already completed in those areas. NHS Hartlepool and Stockton-on-Tees CCG have made significant progress with the early sharing of records with Social Care. There is an agreement in principle and work is progressing well. This will not happen immediately in other areas.

What they say: comments from people already using the system

“After six months of the MIG, our wards are spending less time on administrative tasks and more time with patients. On average, we are spending 71% less time on the phone to GPs. It takes just three minutes to check drug history and allergies, which is a much safer way of giving care.”

Craig Tilley, Lead Pharmacist, EPMA, Blackpool Teaching Hospitals

“When a patient is unable to clearly communicate their medications to an Emergency Department physician or pharmacist, the MIG can save 20 minutes – for both the ED and the surgery – that would otherwise be spent checking primary care records. But the main thing is a significant safety improvement that cannot be underestimated.”

Mark Thomas, Director of Health Informatics, Northumbria Healthcare NHS Foundation Trust

An evaluation of MIG use in the Rushcliffe area of Nottinghamshire found that:

- All clinicians felt the MIG had improved safety and avoided potential incidents
- 92% felt the MIG had enabled them to improve their overall care for patients
- 67% thought they could now clinically assess patients more quickly
- 75% felt the MIG had helped with prescribing or referral decisions
- Nearly all respondents found the MIG user-friendly, with minimal training needed

(Source: Nottinghamshire Health Informatics Service)

Ends.