# Frequently asked questions – for professionals

1. **What is an Integrated Care Record?**

Health and Care organisations across Bath and North East Somerset, Swindon and Wiltshire (BSW) are working together to make available an Integrated Care Record (ICR).  An Integrated Care Record is a system which interfaces with different digital health and social care records allowing secure access to key information by professionals involved in care, and these systems are being rolled out across England by the local health services. This includes GP, hospital and other health and care organisations.

1. **Why do we need an Integrated Care Record?**

The Integrated Care Record will become a fully integrated health and social care record for patients in our area to support direct patient care. It has been developed with the intent of enabling all organisations providing health and social care support in BSW to share care information with one another.

To enable the Integrated Care Record to realise its full potential, participating partner organisations are being asked to sign up to a new information-sharing agreement – the purpose of this is to provide a robust and legal framework for sharing care information between agencies in BSW to support improved health and social care.

1. **What is the benefit of sharing?**

The CCG is moving to a more integrated system of care for patients/citizens with closer working with a variety of providers. This way of working is reliant of sharing of appropriate information about an individual. Potential benefits of the ICR (which have already been started to be realised in BaNES where the ICR is already live)

* professionals have a more complete picture of a person with a reduced need to go searching for information
* less repetition e.g. asking a medical / personal history
* stopping duplication e.g. organising tests or assessments which have already been completed by another organisation
* ability to create shared care plans that all professionals can see which allows appropriate end of life decisions being made

1. **How does it work?**

The Integrated Care Record is a secure shared digital record that is only provided to health and social care organisations that are able to comply with the relevant laws about data protection.

Only those directly involved with a person’s care and authorised to use the system can see patient identifiable information, and records are kept of who accesses which records.

The Integrated Care Record system that is being used in BSW is supplied by Graphnet who provide a number of integrated care records systems, through their product Care Centric, across the UK. <https://www.graphnethealth.com/solutions/shared-care-records/>

1. **How do I enable sharing into the ICR?**

This is done on an organisational basis. For GP practices we will be setting up an organisational group in SystmOne which once joined, will allow data to flow automatically to the ICR on a nightly basis. For other providers we will be engaging with IT teams to develop the mechanisms for this data feed. Engagement with this process will be required as depending on the IT system there will a number of steps required.

1. **What happens if a patient wants to object to their information to be shared in ICR?**

We currently don't have the technically capability of opting out one organisation on its own. If a patient wishes their information not to be shared then this will need to be for the whole ICR. We would strongly recommend that this is explained clearly to the individual and the potential consequences explained (e.g. if involved in an accident the emergency teams may not be able to access important information). If the persons still wishes to object please direct them to their GP who can apply the relevant code to their record.

In the past individuals have expressed an unwillingness to share their GP information with other organisations. We still respect these decisions so if a historical code exists in a GP record an ICR record will not be accessible. It may be worth re-discussing this decision with individuals as they may not be aware of the implications.

1. **How do I handle a SAR?**

All the information in the ICR except the care plan is taken from provider professional systems. If an individual wanted a copy of the information held in the ICR they should be directed to all the providers that they have a relationship with and follow standard SAR processes.

1. **Do I need to ask consent to see an ICR record**

No. As long as you have a direct relationship with the individual and need to access information to deliver health or social care. This is part of the GDPR regulations and more information is included in the DSA which can be downloaded here : <https://bswccg.nhs.uk/docs-reports/policies-and-governance/1270-icr-phm-security-statement/file>

1. **Do we need to get consent for sharing into the ICR?**

No. We as health and care organisations have a duty to share information but patients/citizens should be informed (but not consented). The informing should occur with the privacy notice each organisation has.

[Further information on this is available in Section 11 of the DSA:](https://www.bswccg.nhs.uk/docs-reports/policies-and-governance/1269-bsw-icr-phm-dsa/file)

“The ICR is a new way of sharing data. Much of that data is already shared via phone call, email, and letter. The ICR is in effect a timelier and secure method of sharing.

Objections will need to be checked as to whether they are objections to the sharing of the data, or objection to sharing via the ICR as a mechanism. Objections to sharing in general will have to be managed by the relevant partner’s policy.

Where an individual raises concerns about the sharing of data via the ICR itself, then if these concerns cannot be addressed, a decision will need to be made by the relevant lead professional as to whether safe and effective care can be delivered without using the ICR. If the professional view is that it can be with data being shared by previous methods then the individual’s objection to the ICR may be upheld and their data prevented from being shared via the ICR.”

1. **What information from my professional record gets shared?**

The Integrated Care Record will provide a common set of information on each individual that health and social care professionals will be able to access to help them provide even better care and support, provided there is a direct care relationship with that individual. Examples of what will be shared include:

* Demographics and contact details
* list of diagnoses
* medications
* vaccinations
* allergies
* GP activity (dates/times)
* hospital activity (dates/times)
* test results
* referrals, clinic letters and discharge information.

The benefit of having an Integrated Care Record is that participating organisations can work together locally to identify the kind of information that needs sharing and develop the care record accordingly.

1. **What information will I see in the ICR?**

This is dependent on your role and described here:

The actual datasets and roles will be created in the system along similar lines and managed as an access control matrix. Each partner will be taken through an ‘on boarding process’ to identify the data they are in agreement to share, how it links to the data categories in the system and what roles will be able to access it.

*The Role Based Access Control matrix below outlines levels of permissions different professionals and clinicians will have:*

|  | **Data items** | **Health Professionals & Administrators** | **Social Care Professionals & Administrators** |
| --- | --- | --- | --- |
| **Demographics/ Allergies** | Demographics | Y | Y |
| Allergies | Y | Y |
| **GP Medications** | Repeat Medications | Y |  |
| Medications Issued | Y |  |
| **GP Problems** | Active Problems | Y |  |
| Past Problems | Y |  |
| Additional Problems | Y |  |
| **GP Results** | Results | Y |  |
| **GP Lifestyle** | GP Lifestyle (no sub categories of alcohol/smoking/exercise) | Y | Y |
| **GP Blood Pressure** | Blood Pressure | Y |  |
| **GP Additional Information** | Encounters & Administration | Y | Y |
| Referrals | Y |  |
| Vaccinations & Immunisations | Y | Y |
| Contraindications | Y |  |
| Family History | Y | Y |
| Pregnancy, Birth & Post Natal | Y | Y |
| Contraception & HRT | Y | Y |
| Investigations | Y |  |
| Operations | Y | Y |
| Radiology | Y |  |
| **Clinical Correspondence** |  |  |  |
| **Hospital Activity Summary** | Outpatient Activity | Y | Y |
| Inpatient Activity | Y | Y |
| Emergency Activity | Y | Y |
| **Acute Results** | Pathology results | Y |  |
| Radiology Results | Y |  |
| **Acute Medications** | Acute Medications | Y |  |
| **Social Care Adult** | Case Details | Y | Y |
| Events (Assessments, Safeguarding, DOLS) | Y | Y |
| Risks & Hazards | Y | Y |
| Conditions/Impairments/Disabilities | Y | Y |
| Related Persons & Carers |  |  |
| Case Workers | Y | Y |
| Classifications/Category of Need | Y | Y |
| Care Plans & Service Provisions | Y | Y |
| Needs & Outcomes |  |  |
|  |  |  |
| **Social Care Child** | Case Details | Y | Y |
| Events (Assessments, Meetings, CaseNotes) | Y | Y |
| Alert Types (chid protection, child in need etc) | Y | Y |
| Conditions/Impairments/Disabilities | Y | Y |
| Related Persons & Carers | Y | Y |
| Case Workers | Y | Y |
| Classifications/Category of Need | Y | Y |
| **Community** | Encounter details |  |  |
| Referrals | Y | Y |
| Personal Contacts | Y | Y |
| Alert |  |  |
| Diagnoses | Y | Y |
| Immunisation | Y | Y |
| Care plans, problem, intervention | Y | Y |
| Medication | Y | Y |
| **Mental Health** | Demographics | Y | Y |
| Allergies | Y | Y |
| Inpatient Activity | Y | Y |
| Referrals | Y | Y |
| Appointments | Y | Y |
| Care Coordinator | Y | Y |
| Crisis, Relapse and Contingency Plans | Y | Y |
| Perinatal Care Plans | Y | Y |
| Inpatient Discharge Summary | Y | Y |

This matrix will be under constant review to ensure most relevant/appropriate information is shared.

1. **How often is the information in the ICR updated?**

| **Organisation** | **Status** |
| --- | --- |
| 1.      GP Practices | Overnight |
| 2.      Medvivo OOH | Overnight |
| 3.      Salisbury NHS FT | Near real-time |
| 4.      RUH Bath | Near real-time |
| 5.      Great Western Hospitals | Acute data: near real-time  Community data: overnight |
| 6.      Wiltshire Council | Overnight |
| 7.      Swindon Borough Council - Children | Overnight |
| 8.      Swindon Borough Council - Adult |
| 9.      Wiltshire Health & Care NHS Trust | Overnight |

1. **How will I access the ICR?**

For the majority of professionals it will be through your current clinical system. There will be a button on the host IT system which will launch the ICR. The system uses Single Sign On (SSO) technology, no usernames or password need to be remembered. It is also context aware so will automatically load the record of the individual your host system was on.

1. **I work at a GP practice how do I access the ICR?**

These slides will help get you started with this



1. **Will the information in the ICR be secure?**

Yes. All data centres used are NHS Digital approved. All data centres are UK based. All data processing will be conducted within the UK by UK based staff.

Graphnet – Contract Schedule F confirms use of Amazon Web Services and Microsoft Azure cloud server, approved NHS Cloud providers, with data centres in the UK. Our contract assures that no Data Controller’s data would be processed outside of the EU (with additional commitment from Graphnet that no data will be processed outside of the UK).

See Security Statement for more information here: <https://bswccg.nhs.uk/docs-reports/policies-and-governance/1270-icr-phm-security-statement/file>

1. **Who is liable if someone unauthorised sees information that I have recorded in the ICR**

Liability is not with the person/organisation who is sharing into the ICR but with the person/organisation that is accessing the information inappropriately. Any complaints should be directed to organisation that accessed the information inappropriately. This is all described in the Data Sharing Agreement.

1. **How do we make sure people are informed of this change in how their data is being used?**

This will be done through updating each organisation’s privacy notice, information on social media pointing to BSW ICR website.

1. **Who owns the data you are collating/collecting?**

Ultimately patient data is ‘owned’ by the patient.  They have a degree of control over their data defined in data protection legislation.  For public services there is implied agreement between the individual and the service provider, that data needs to be used to provide a service.  That is why organisations using data are referred to as ‘controllers’, rather than ‘owners’.  Controllers are required to inform the individuals whose data they process what they process it for.  They do not always need consent to process data, but where individuals are not happy with the uses of data they have the right to object.

All controllers are bound by data protection legislation to act lawfully with the data they are entrusted with, furthermore public bodies are bound by legislation that defines their roles and services and cannot do things they are not established to do.  Organisations that supply systems for the processing of data, such as Integrated Care Records are legally identified as data processors.  They are bound both by contractual terms with the controller(s) and by data protection legislation to only use the data for the purposes defined by the controller(s).

1. **Will my organisation have to pay to access the ICR?**

No, access for those organisations in scope is not chargeable. However your organisation may need to invest in the process of linking up its current IT system to the ICR which may require development. If a new organisation wanted to access the ICR then there would need to be discussion about funding as there is a supplier cost for a provider joining the ICR

Sharing data to the ICR may also lead to a cost form the organisation of developing the method to achieve this.

1. **Who will provide training and support for the ICR?**

The ICR is a web based platform which is very intuitive to use once set up. We will provide advice to individual organisations who may decide to organise their own training. Support for the ICR should be through your existing organisation IT routes with escalation to the ICR team as required