

South Kent Coast CCG

Patients Know Best – Update

Summary

One of the three drivers behind the 'National LTC Model of Care' - National Public Service Agreement target which has been set to improve outcomes for people with long term conditions – is Self Care / Self-Management.

In order to meet these goals, South Kent Coast has volunteered to pilot a new IT platform called 'Patients Know Best' within select GP practices in the region. The PKB system enables patients to have greater control in the management of their care, and facilitates integrated working and communication, through a secure website by email, online consultations and collectively capturing patient notes and outcomes. Following initial registration, the patient / their designated carer controls which health / care professionals can access their information. Once authorised, those health / care professionals have access to the patient's electronic record, and are able to add information / view the latest updated information about the patient.

What's happened so far?

1. Following a complex piece of work, commercials for the project – including a formal contract with Patients Know Best; clarification of invoicing structure, support requirements etc. have been put in place.
2. The following GP practices have been identified as potential pilot sites:
 - Martello Road Surgery, Dymchurch
 - High Street Surgery, Dover
 - Peter Street Surgery, Dover
 - Hawkinge Medical Centre / Elham Valley Medical Centre
 - Hawkinge Care Home
 - White Cliffs Surgery, Dover
 - Dover Medical Practice
3. Initial meetings have taken place at 6 of the above practices, during which senior GPs / practice staff have been given a demonstration and overview of the system. Further meetings are currently being scheduled to provide one-to-one training and registration for those practices, and determine patient cohorts for inclusion in the pilot.
- 4.

5. The PKB project team attended the Dover/Deal Social Care Team meeting in December 2012 to provide an overview and demonstration of the system for the team.
6. Meeting with KMPT team took place in December 2013 to provide an overview and demonstration of the system for key staff, and also to determine key contacts for each area (SKC and Swale).
7. Initial training and registration has taken place for the Pro Active Care Community Team in Shepway. Initial training has also taken place for the Pro Active Care Community Team in Dover / Deal, but these staff still need to be registered on the system. Additional one-to-one sessions being scheduled for this purpose.
8. Some training for the Social Care teams in Dover/Deal and Shepway has already taken place; this is on-going.

Outstanding Issue

1. Although a very considerable amount of effort has been expended, there is still no agreement as to:
 - The Carer groups to be involved in the Pilot
 - The Process that is to be used by the Carer groups involved in the Pilot
2. Specifically, there is not a clearly defined process for the actual operation of the MDTs in the Pilots, specifically regarding the initiation of the process. Several fragments exist, but nothing written for review and agreement. It has been proposed to use the "FACE" BioOverview form for the initial assessment. As you will be aware, the "FACE" document set includes nine toolsets, each comprising a series of templates, which can be combined, in different groupings as appropriate, to promote multi-agency working. Recent discussions with CCGs, Kent County Council, KMHT and KCHT have highlighted the following issues:
 - There are several versions in current use – and, at this time, no agreement among the different Carer groups as to which will be used
 - The one loaded, by Catherine Clapton, onto PKB is a composite and is 60+ pages long; the potential users have only conducted limited testing and have identified several issues and there are very deep concerns among those potential users as to whether it could be satisfactorily completed on a device the size of a TAB2
 - Although a very considerable amount of effort has been put into the very large BioOverview document, the real requirement, as far as I can see, is for the Care Plan
 - Information governance issues have not been fully addressed and resolved for such a wide ranging document and process. It is true that the basic principle of PKB is that the Patient is the data owner but, given the potential issues affecting the patients who could be included in the Pilot, then several of the Carer groups are questioning whether the

Patient could validly give consent. Remember that this is a use of PKB considerably outside the company's prior experience or expertise. Further, if a Patient later withdraws consent, for example in a Mental Health case, where does that leave the system access?

- We have not addressed Support resourcing for the Pilot. PKB have stated that they have limited capability and the recently reduced project team is also stretched

What you can expect

1. Process design meeting to take place with Team Leaders from Community and Social Care 11th January 2013, to determine exactly how the PKB system will be used 'on the ground' by these teams. Process flowchart to be designed and confirmed.
2. Process design meeting to take place with Mental Health to determine how PKB system will be used, for any patients likely to require KMPT input into care.
3. Confirmation of requirements for hardware required, and agreement as to who will provide budget for the procurement. Although the costs were initially to come out of the LTC Programme budget this has recently been reduced by 80% and alternative sources of funding may be required
4. Information Governance implications still to be determined, although Jamie Sheldrake (Head of IG for K&M) has authorised the project to proceed in its pilot state from an IG perspective.
5. Pilot practices patient cohorts to be identified during MDTs. All potential care professionals / organisations that might need access to those patients' records on PKB to be flagged.
6. Overview and demo of the PKB system to be provided to senior KCC staff 12th February 2013.
7. System administrator at each pilot practice / care organisation to be identified and trained.
8. Ensure all care professionals involved in caring for those patients / clients in the cohorts have been trained, and are registered on the system.
9. Community Matrons / Social Care leads to visit those patients / clients identified as pilot practice cohorts, to register them on the system. Confirm care professionals to have access to PKB records with patient / client.