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in collaboration with

**Integration and
Better Care Fund**

Better Care Fund resources

Nottinghamshire Interoperability Project

Scheme

Who?
Nottinghamshire Health Information Service
Nottinghamshire County Council
Sherwood Forest Hospitals NHS Foundation Trust

What
A proof of concept trial which involved a direct system-to-system messaging platform between Nottinghamshire County Council social care and King's Mill hospital.

Why?
The project was implemented with the vision of allowing health staff access to information they needed that was held in the social care 'Mosaic' system. This enabled them to access information about patients more efficiently in order to make

decisions about care and treatment. The project focuses on adults only.

The main aim is to reduce admissions of people who are medically fit, but are admitted to hospital because health staff did not know of any existing packages of care or provider information without requesting information from the 'front door' social worker. Out of hours, people were previously admitted for their own safety because information about their social care couldn't be accessed. |

When?

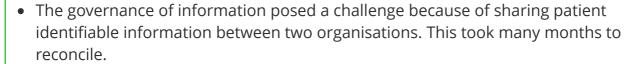The first interoperability project launched at King's Mill in November 2016 for pilot access.

How?

- The patient's NHS number is used as a key identifier.
- It is accessible 24/7 and uses transferable technology, making it implementable in different teams and different locations.
- The system enables health services staff to:
  - see what social care packages are in place and from which provider, along with contact details (but not the details of the care package)
  - get in touch with care providers directly to facilitate a safe discharge, thereby avoiding the need to involve adult social care
  - see whether or not there was an open safeguarding referral.

Challenges

- The governance of information posed a challenge because of sharing patient identifiable information between two organisations. This took many months to reconcile.
- There is no information on Mosaic that can be shared about people who are privately funded or receive direct payments, where health staff expect to find these details.

Impact

The trial resulted in:

- reduced admissions
- improved patient flow across organisations
- increased patient safety
- an improved patient/carer experience.

Because it was easier to use the system than to go through the duty social worker, the process made treatment and discharge run more smoothly, even when patients were seen within working hours. This released the duty social worker's time for other more complex cases.

Case study

Barbara, who is in her 80s, hurt herself in a fall at the supermarket and was taken to A&E. She was well enough to go home, but wasn't able to tell staff about any care arrangements that she had in place. Her sister was contacted, but couldn't help.

By accessing the system, staff discovered that Barbara did have a care package and they also identified her care provider. They contacted the care provider and ensured that care would be in place for Barbara's return home the same day. The call also reassured the care provider about Barbara's whereabouts because her care worker had reported her missing when she had been for her morning visit to Barbara's home.

Without the system, it is very likely that Barbara would have been kept in hospital overnight and the provider would escalate to the police to gain access to Barbara's home.

View all practice examples link 1 ▶

link 1 | https://www.scie.org.uk/integrated-care/better-care/practice-examples