COMMUNITY COUNCIL FOR SOMERSET

VILLAGE AGENT VIEWS AND CASE STUDIES

SOMERSET'S JOINT STRATEGIC NEEDS ASSESMENT 2019

DATA INTEGRATION

1. It would be useful to have access to EMIS[1] so that we can see if a client is registered with Adult Social Care (ASC) and clarify the care they are receiving. We are getting more and more mental health cases and of course these can come with a risk and so knowing their details would help. Being able to chat and get advice from the social worker would really help. It would be useful to be able to access files on our clients so that we can see if what they are telling us is correct. They can forget sometimes, and I put in lots of investigative work. We can talk to triage[2] which is an invaluable resource. This is the same with the health coaches who are very useful but also very busy and so there is a delay in communication.

2. It has been great to have an NHS email which has eased the referral system. I will email the practice manager with an update following a client visit and then copy and paste it into the patient's record, just wondered if it's possible to have access to EMIS when working from home so I can update the patients file directly?

3. I do not have access to EMIS/AIS[3] or RIO[4]. I think that access to EMIS would be beneficial as I would be able to understand the person's medical condition and see if they have been referred to the Mental Health (MH) team etc. This information could also assist in terms of details required for forms when they are applying for benefits /grants. It will alert us to conditions such as depression, anxiety, OCD[5], dementia etc. I have been given referrals before regarding isolation and have only found out that the patient has Alzheimer's by my conversation with them when alarm bells start ringing. I do not think that we need to able to input information at this stage as it will be another form/system to know. I think that emailing the GP directly with a referral update is working. It would also be useful for seeing if there are any warnings for violence, drugs etc.

4. With regards to AIS/RIO it is useful to be able to see if a client is already known to ASC or the MH team. Again, not necessarily to input data but to

[1] Electronic patient record system used in primary care
[2] Team of professionals that assesses level of need and ongoing support
[3] Electronic record system used in Social Care
[4] Electronic record system used in mental health, community and child health
[5] Obsessive Compulsive Disorder

see what work has already been done so far and if there are any risks or if the person is suitable to work with. I spend a lot of time trying to find the right person to speak to at Glanville[6] when I know that the patient has been supported by them but I don't know what has been tried or what has worked/hasn't worked.

5. When arriving at a client's address they assume that you already know about their medical condition or their mental health history but the reality is quite the opposite.

6. I have been exposed to risks as a consequence of a lack of information. For example, a gentleman who needed help with his hoarding problem turned out to be a male who can be aggressive both physically and verbally with those in authority, has dementia as a result of his alcoholism and takes drugs at hisproperty with other users.

7. Another example is a female who was referred as she needed 'support' with local activities /a way forward with her chaotic lifestyle. This turned out to be a woman who had been helped by the Mental Health Team, Police, CAB,domestic violence charity etc. and whose partner had been sectioned[7] a couple of days before I visited for waving a knife around in a public place and threatening people.

8. When I have asked the GP practice to check their records to gather information on how a patient has been helped with Glanville and by which department etc. there just isn't the information on the system which leads to a delay in getting the right help and having the full facts.

9. In the ideal world there would be one system to cover health/social care and mental health which would increase communication massively and make work so much more effective. I still struggle to get information when a person has been discharged from hospital as there is nothing that details the assessment carried out before departure…..what package of care was put in place, who their allocated Rehab Therapist is etc. which again wastes time trying to find out details. It can also duplicate work as they may already be supported by Pathway 1[8] or being supplied equipment etc. at a later date which I am not aware of.

10. If we had one point of contact at Glanville and at ASC this would improve communication. We would be able to check risks and understand what has already been put in place.

11. I find having no access to systems very frustrating. People at the hospital

[6] Adult Community Mental Health facility

[7] Detained under the Mental Health Act

[8] Patient is clinically stable and meets minimum eligibility criteria for discharge home to assess (NHS)

and social workers assume that we do. I have found that especially on Rio people put that I am dealing with something and I haven't even been told about it. This is terrible for the clients' outcomes. It does expose us to risks as there is information on Rio and AIS that is vital to know about people. It would help us to know who else is involved with a person and stop duplication of work, if we can talk to others that are involved.

12. Read only access to AIS would be wonderful! We often only get half the story/information so end up going to see a client unprepared for their condition/situation, or duplicate work that has already been done.

13. An example is where a Village Agent was asked to help a younger gentleman access community services. ASC had not mentioned in their referral that he was paralysed from the neck down!!

14. I think an issue sometimes is feedback. When our agents update ASC sometimes they are told that they have closed the client so not sure how much data has been captured about what we put in place by ASC. Seems to me that they often know of our involvement but what they know they can't tell us.

15. I think access to Rio would be good so we're not all crossing over.

16. I've had two discharges that were sent to me and another agent as well as the complex care team. So the patients were a little bombarded with info and it took up quite a bit of all of our time. Also, I have to make calls to hospital and social worker with updates, where as we could all be up to date on one system.

A solution focused approach: *these case studies give a flavour of problems 'on the ground' and demonstrate practical issues related to joining up data. Currently there is a live trial of AIS with two village agents with a proposed full role out later this year. CCS is working with partners on a county-wide solution to resolve access to EMIS and having ongoing discussions with Somerset Integrated E-Record (SiDeR) about access to data*