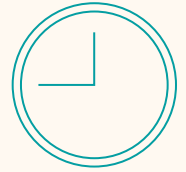
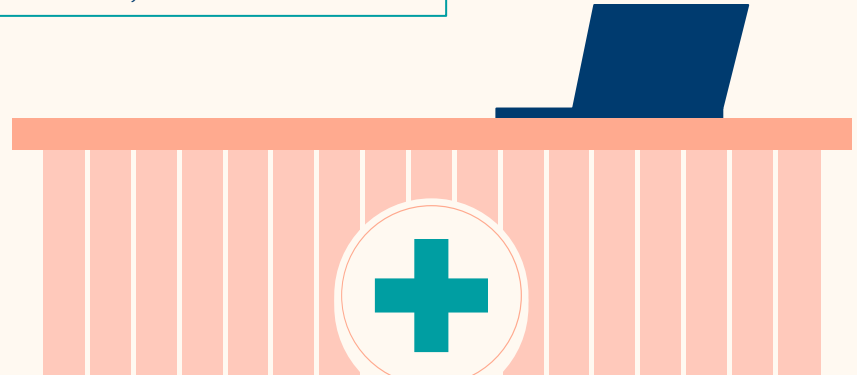
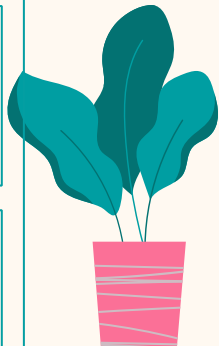


# Integrated Care Record: Benefits for Your Practice



Dr Arpit Srivastava  
Primary Care Digital Lead, BSW ICB



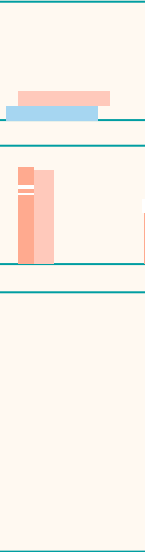
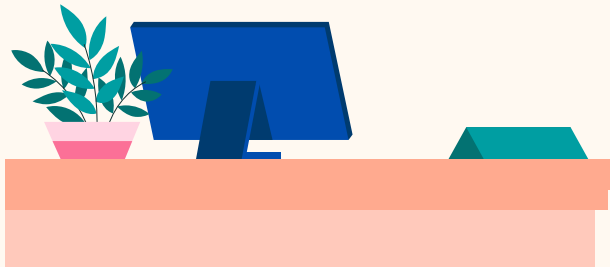
# Table of contents

**01** What is the ICR?

**02** How to Use

**03** CQC Domains

**04** Example uses



# What is the ICR?



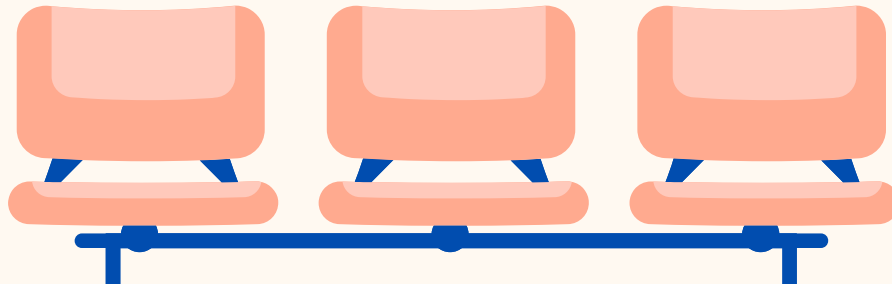
Electronic shared health  
and social care record



Data from a range of health  
and social care systems  
accessible in one place



Access embedded within  
SystemOne





**BaNES, Swindon and Wilts GPs\***



**Royal United Hospitals Bath (RUH)**  
**Great Western Hospital (GWH)**  
**Salisbury Foundation Trust (SFT)**



**BaNES Adult Social Care**  
**Wilts Social Care**  
**Swindon Social Care**



**Medvivo Out of Hours**  
**Avon & Wilts Mental Health Partnership**  
**BaNES Community Health**  
**Wiltshire Health and Care**  
**Swindon Community**  
**Oxford Health FT**



# How to Use

#2: SystmOne GP: Mr James Miller (Clinical Application Administrator) at Courtyard Surgery - Test Patients

Miss Minnie Mouse-TestPatient 01 Jan 2004 (16 y 4 m) F  
1 Cheese Street, West Lavington, Devizes SN10 4JB  
Home (preferred): 01380 222555 Mobile: 07777 999562 Test Applied, Courtyard Surgery

ICR Ja

NHS Number	First Name	Middle Names	Surname	Y	DOB	L	House Name	House	Road	Postcode	Telephone
	Mimi		Harding-Test	...	24 Jan 2009	F		3	Hawkridge Road	BA14 6AD	01225 706 5
	Mavisie		Mouse-Test	...	06 Nov 1963	F	Emmenthal	26	High Street	SN10 4JB	
	Mickey		Mouse-Test	...	25 May 1955	M		39	High Street	SN10 4JB	01380 813300
	Minnie		Mouse-Test	...	01 Jan 2004	F		1	Cheese Street	SN10 4JB	01380 222555
	Tina		Test-TestPat	...	07 Jun 1949	F		123	Colour road		

With your patient already retrieved, click on the ICR button as indicated above.

The ICR will load in the internet browser in the background

https://shermcare.org.uk/Gateway/Getway/Forms/33/Patient.aspx?P=199-199-199191-2

SSO Super user test

Miss Mouse (Miss) | Undeleted | 01-Jan-1996 (54y) | 199 199 1991 | NHS No.

MEDICATIONS | RESULTS | VITALS | ACTIVITY | PROBLEMS | GP INFORMATION | SOCIAL CARE (ADA) | COMMUNITY HEALTH | MENTAL

GP COVID-19 Status | GP Advance Care Planning

Summary View | Record Content & Demographics

Available Care Provider Records  
Showing 1 - 2 of 2 items. Click to see demographic information.

Care Provider	Local Identifier
Royal United Hospitals Bath (RUBH)	R123456
BATHS GPs	199 199 1991



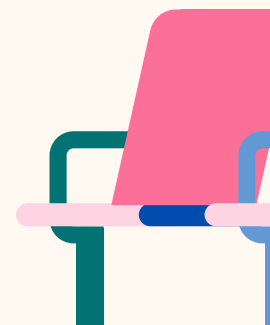
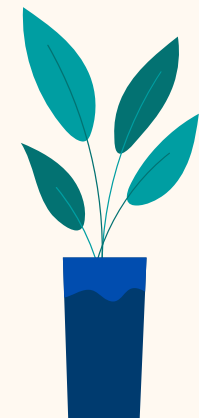
Quick and Easy



# CQC Domains: Safe



- ✓ There were systems to identify vulnerable patients on record.
- ✓ There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.
- ✓ There was a system for processing information relating to new patients including the summarising of new patient notes.
- ✓ There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- ✓ Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals.

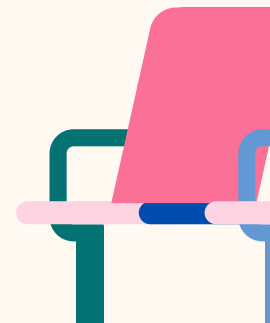
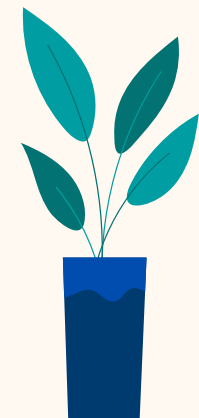




# CQC Domains: Effective



- ✓ Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- ✓ Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.
- ✓ Staff had the skills, knowledge and experience to deliver effective care, support and treatment.
- ✓ Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.
- ✓ Patients received consistent, coordinated, person-centered care when they moved between services.





# Real World Use

## Immediate Access to Clinic Letters

### Scenario

80yo patient discharged from hospital confused about several new medicines for a gastrointestinal condition but no discharge summary

### What usually happens?

Duty doctor and admin spend lots of time trying to speak to discharging ward, chasing doctors on ward and trying to get discharge summary emailed

### What happened

Care co-ordinator accessed the discharge summary (immediately available on ICR) in 3-clicks, reassured the patient







# Real World Use

## Supporting vulnerable patients

### Scenario

Vulnerable blind elderly patient with significant appointment burden, struggling to co-ordinate appointments including transportation

### What usually happens?

Lots of stress for the patient, DNA to appointments, admin time used to find out appointment times and co-ordinate appointment/transport

### What happened

Within 3 clicks, frailty team can see upcoming appointment times and support patient with planning attendance





# Real World Use

## Checking Appointment Attendance

### Scenario

CQC recommend a process for ensuring patients referred for urgent assessment or investigation (for example 2 week wait referrals) are tracked to ensure appointments are booked and attended.

### What usually happens?

Admin team spend significant amount of time manually tracking urgent referrals

### What happened

Within 3 clicks, admin team can see appointment booked and attended





# Real World Use Child Safeguarding

## Scenario

3yo child with rapid onset unilateral swollen eye. Known safeguarding concerns on record. Likely orbital cellulitis/allergy but want PAU review to exclude non-accidental injury

## What usually happens?

Good practice is to ensure patient has attended for review on PAU after being referred, usually requiring duty doctor or admin to call PAU to check.

## What happened

Within 3 clicks, Duty doctor was able to check attendance to inpatient unit via “Activity” tab, and Discharge Letter was already available to view too.





# Real World Use

## Gold Standards Framework



### Scenario

Palliative Care patients are discussed in GSF meetings

### What usually happens?

Discussion is documented on local clinic record and only accessible to users with local access

### What happened

GSF team now able to upload and jointly edit care plans, visible by all organisations with ICR access





# Real World Use

## New patient history and medication

### Scenario

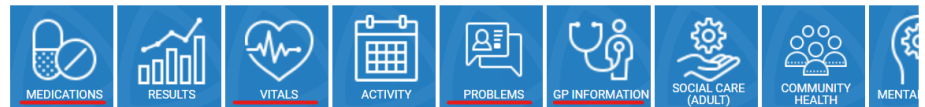
65yo newly registered with surgery in urgent need of medication for complex conditions including cardiomyopathy. Records not yet transferred.

### What usually happens?

Duty doctor, pharmacy team and admin spend significant amount of time chasing previous GP and pharmacy

### What happened

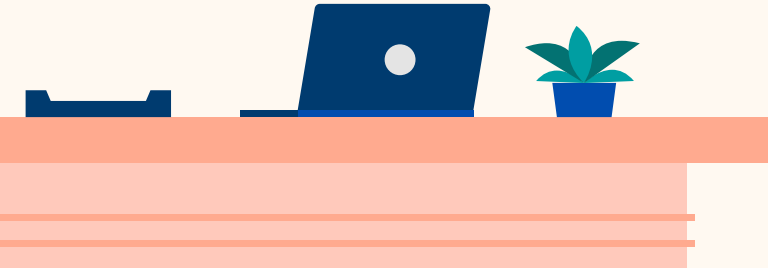
Within 3 clicks, duty team was able to access previous medicines, vitals and clinic letters, ensuring patient safely continued medicines.





## Ever growing...

The ICR will keep getting richer with more information from more services



# Thanks!

Do you have any questions?  
Feedback?  
Your own examples?

[arpit.srivastava1@nhs.net](mailto:arpit.srivastava1@nhs.net)

