



**Professional
Record
Standards
Body**

**Better records
for better care**



Findings from exploratory meetings with
NHS organisations on their progress in
implementing the discharge summary
standard

JANUARY 2018

**“Standards are really important.
We need clinical champions that can
articulate the benefits of standards
to clinicians”**

Dr Neelam Dugar | Doncaster & Bassetlaw Hospital NHS Trust

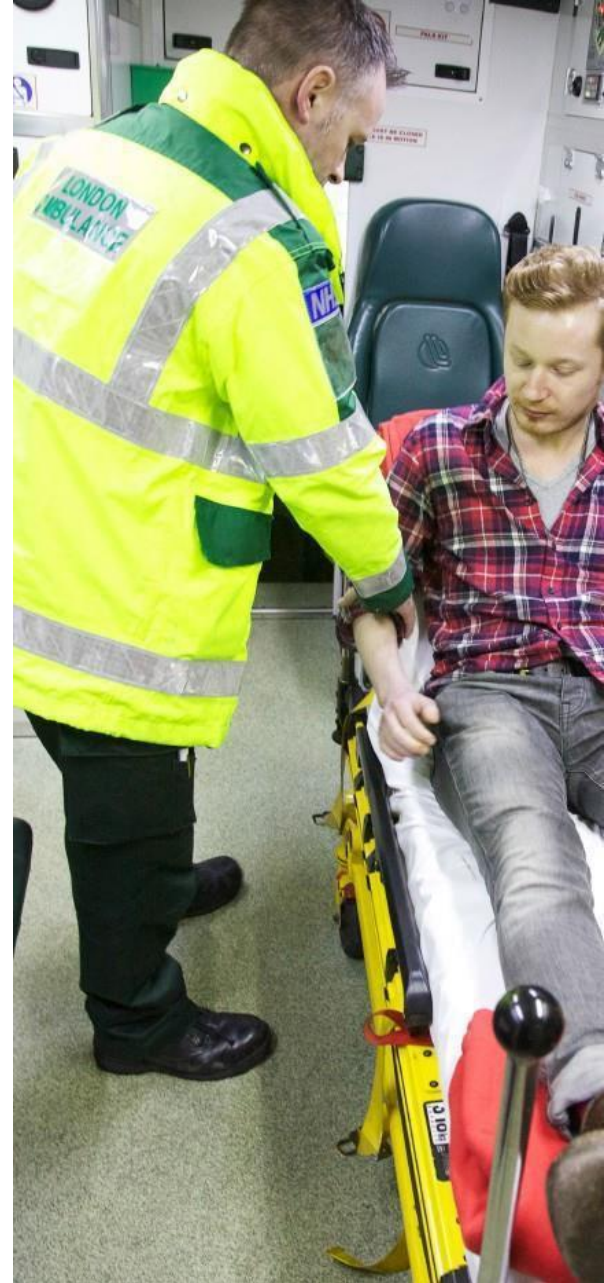


**“The ability to
capture and
transmit high
quality clinical
information leads
to safer and more
efficient continuity
of care”**

**Luton and Dunstable
University Hospital**

“Discharge summaries are the ONLY record that primary care receives about an admission. They need to be much more detailed, thorough, and should be written by a senior member of the team.”

**Southend University Hospital
NHS Foundation Trust**



“Good digital information sharing means we can provide safer, more timely care. This should help us address the challenges we face as we embrace digital ways of working.”

Dr Afzal Chaudhry | Cambridge University Hospitals

Report on the findings from exploratory meetings with NHS organisations on their progress in implementing the discharge summary standard

The Professional Record Standards Body (PRSB) has been commissioned by NHS Digital to develop information standards to support the transfer of clinical information as patients are transferred between care settings along their care pathway. The first in a series of information standards developed was the discharge summary which enables the capture and sharing of information relevant to the patient's discharge.

The PRSB's strength lies in the coalition of the many professional associations and patient groups it represents with an interest in improving health and care. Of course, that legitimate interest in the implementation of standards will always fall well short of being accountable for seeing that they are implemented. That accountability is quite widely distributed, but rests with Boards and organisational leaders of healthcare organisations, with system regulators, with suppliers delivering services through contracts and with professional regulators, where they incorporate professional record standards into their broader professional governance.

If PRSB is to play its appropriate role in the translation of professional records standards into practice, then it must ensure its work is informed by a realistic appreciation of everyday care delivery and for this reason, we are now carrying out a series of exploratory visits to local health systems to understand, from the perspective of health and care professionals, where and how this information standard is being used and to identify any challenges and benefits to inform future standards development.

The NHS Standard Contract set out a requirement that by December 2016 organisations should have been sharing discharge summary information using the PRSB standard (stage 1) and by October 2018 this information should be shared as fully coded, structured messages (stage 2) using SNOMED CT as the national standard for clinical terminology and FHIR profiles (Fast Healthcare Interoperability Resources) to carry the information.

It is important to note that the majority of the organisations visited have taken, or are taking, the first step in using the discharge summary standard which is to agree the format for the discharge summary with GPs, aligned to the standard, and to share the information electronically as a document. This delivers some benefits, but it is when the discharge

information is coded and sent digitally to other systems that greater benefits should be achieved. We sought feedback on their delivery of stage 1 and their plans for delivery of stage 2.

This report focuses on the cultural and organisational challenges and benefits of sharing discharge information in a consistent format with GPs rather than on the technical aspects of implementing digital sharing of the information, although where technical issues were identified these have been reported.

Fifteen organisations were visited (Appendix 1), including acute and mental health trusts as well as STPs. Our findings and recommendations are detailed in a table below. This was not a systematic review, more a series of short interviews at which some common themes emerged. The outputs fall into two broad categories: five overall findings, followed by five implementation recommendations.

Overall Findings

1. Our findings reinforced the widely recognised importance of clinical leadership and engagement across the local health system to the successful implementation of the discharge summary standard, enabling it to meet the needs of both the discharging clinicians and the GPs. Collaboration across the system facilitates developing a usable user interface and pilot testing with the ability to learn and improve before rollout.
2. We were told that the importance and value of the discharge summary was not always understood by those charged with completing it, which may result in poor quality, incomplete and inaccurate discharge summaries.
3. We found that there was a lack of understanding of the minimum essential information required to be compliant with the discharge summary standard leading to a concern that the data capture requirements may place additional burden on junior doctors. This was of particular concern in organisations that were unable to readily “pull” existing information from systems to pre-populate the discharge summary.
4. Organisations are keen to engage with patients and provide them with the information they need on discharge but some are not sure how to approach this and what good looks like.
5. We found that a lack of compliance with the national standards of some installed clinical systems, and cost to the individual trusts of deploying compliant systems, are barriers to implementing the discharge summary standard.

Recommendations

1. PRSB to develop materials to support CCIOs and Medical Directors in driving the change locally.
2. PRSB to develop generic learning resources to support local education on the importance of a high quality discharge summary.
3. PRSB to review, clarify and communicate the minimum essential information required to comply with the discharge summary standard to ease the burden on those organisations without the ability to capture or use information to pre-populate the discharge summary from clinical systems already in use.
4. NHS Digital should pilot the implementation of the discharge summary standard (in its structured, coded form) with a range of trusts, EPR systems and GP systems to help identify potential implementation issues and to ensure compliance and readiness of the major systems suppliers.
5. NHS Digital should communicate future plans for the development of standards and requirements for compliance as part of their vendor engagement strategy and facilitate collaborative development to minimise cost for individual organisations.

Conclusions and next steps

This was an informal review with a relatively low number of organisations but it has nevertheless revealed important learning. It is clear that the shift to a standards based culture is starting to happen and organisations are responding to the mandate to implement the standards and doing their best to make this happen locally. This was apparent across all organisations and not limited to the most advanced.

There is a need to recognise and respond to the broad range of local circumstances and maturity in terms of targets, expectations and deadlines and the support national bodies can provide.

National bodies (including the PRSB) can and should do more to support local organisations in making these transitions and ensuring that the standards are implemented in a way that is meaningful to those using them, that they deliver benefits and is more than a box ticking exercise. We need to make it as easy as possible to comply and accept that organisations

are on a journey and celebrate progress towards standards being use to share essential information across organisational and care setting boundaries.

This work reinforces the need to keep close to the real issues of local organisations working to implement the standards and provide them with the help and support they need throughout their journey. This needs to start with launch of the standard with much focus on early testing and piloting and then continue until the standard is in widespread use. The model and infrastructure to support implementation needs to develop and mature and needs to be agreed across the system.

Getting discharge information right is really important. Not only does it deliver significant benefit in its own right in terms of better, safer care but it is also an important learning exercise for the skills and approaches that will be necessary to achieve interoperability on the broad scale proposed in P2020.

Our next step is to work with contributors, PRSB members and colleagues in NHS Digital, NHS England and INTEROPen to confirm the issues raised and co-develop the plans to address them.

We will consider how the work should go forward to cover other standards and organisations including how we can improve our approach and potentially take a more systematic approach to future reviews.

Thank you to all the individuals and organisations who participated in this review of adoption of PRSB's e-discharge summary standard. Your generosity with your time and willingness to share your experiences has proved invaluable and we hope that the learning we share from this exercise will be of equal use to your colleagues across the system.

Table of Findings and Recommendations

Topic: Planning and preparation for implementation			
Theme	Findings	Actions for PRSB	Recommendations for others
Understanding the requirement	Some organisations assumed that compliance meant implementation of every information element of the standard. There was little appreciation of mandatory, required and optional elements (set out in the documentation). Organisations asked for greater clarity on the “must do” elements of the standard.	Review and ensure minimum dataset for the discharge summary is clearly described in the documentation. PRSB website refresh December 2017 will provide greater clarity.	Collaborate with INTEROPen on review of minimum dataset as part of the FHIR profile development work and ensure consistent messaging. NHS England system-wide communication on availability of standards implementation guidance on the PRSB website once updated.
Implementation guidance	Some organisations commented that the implementation guidance for individual standards was lengthy and complex making it hard to assimilate. Greater clarity regarding recording co-morbidities was sought by clinicians – some felt co-morbidities should be a heading separate to diagnoses.	Review implementation guidance and refresh if necessary.	
Education	In high performing systems time is invested in training junior doctors, explaining the importance of the discharge information and consequences of their actions, and their work is regularly reviewed with senior clinicians.	Support organisations to educate junior doctors by sharing best practice models and case studies and by developing generic learning resources that can be tailored and used locally.	HEE and the Faculty of Clinical Informatics incorporating the importance of standards and good record keeping in curricula and training materials.
Piloting and testing standards	There was a wide variation in the amount of local testing that took place prior to full implementation due to, for example, a lack of time, resources and appropriate tools. Local testing is key to ensure patient safety, that the		NHS Digital should pilot standards (across a variety of trusts, with a variety of EPR and GP systems) to test the change

	<p>standard is implementable and that there are no unintended consequences of implementation.</p>		<p>and identify any potential issues with the standards prior to wider rollout.</p> <p>Local health systems to ensure rigorous testing of discharge information sharing between acute and primary care.</p> <p>Reference to the importance of local testing could be made in NHS England's Digital Academy learning modules.</p>
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Implications

It is clear that local health systems are responding diligently to the drive to implement standards and are making significant progress. However advice and guidance from national bodies is easily misinterpreted and can cause unforeseen work and consequences. It is, therefore, incumbent on national bodies to ensure that advice is clear and should ideally be tested in a live situation before publication.

Implementing a standard, will not on its own deliver a higher quality discharge summary but the education and training for junior doctors in why the discharge summary is important and what a good looks like along with the system changes to make it as easy as possible for the information to be captured and shared.

Implementing technology can lead to unforeseen problems including potential safety issues. Testing of all aspects of the change nationally will greatly improve the situation but will not preclude the need for rigorous local testing.

Topic: Using the standards

Theme	Findings	Actions for PRSB	Recommendations for others
Populating the discharge summary	Organisations that could not pre-populate the discharge summary with information captured in their EPR or clinical systems found the burden higher	Review and ensure minimum dataset for the discharge summary is clearly described in the documentation. PRSB website refresh December 2017 to provide greater clarity.	
Commissioning contracts	Some organisations have reported that local CCGs have written compliance with standards into CQIN contracts, and have added other local requirements which imposes an additional data capture and audit burden. Despite being positive that CCGs are reinforcing the standard, the additional burden is having a negative effect on completion of the discharge overall.		NHS England should consider whether guidance should be issued to commissioners.

Implications

It is important that local organisations see the standards as an achievable goal. Compliance at the minimum level is still an important achievement and appropriate in some cases where the digital maturity precludes more. It should be recognised that every health system is on a unique journey and progress in the right direction needs to be celebrated as much as perfection. Those able to should aspire to achieve closer to the best practice set in the full standard.

Topic: IT systems and suppliers

Theme	Findings	Actions for PRSB	Recommendations for others
Lack of compliant clinical systems and cost of upgrades	Lack of clinical systems compliance with the national standards, and the expense of locally commissioned adaptations, is a barrier to implementing standards.		NHS Digital should ensure that vendors are involved in standards development to improve systems compliance.
Clinical co-design	The health systems with locally developed bespoke systems reported much higher levels of user engagement and buy-in from clinical staff. The organisations at which clinicians had less involvement in the design of the user interfaces reported that if the system did not fit with the working practice, the pressure was such that the system may be bypassed.	Work with Tech UK and INTEROPen to facilitate better working between vendors and clinicians to improve usability and utility of the user interface.	NHS Digital's KLAS survey will inform this work.
Procurement	Some organisations have asked for effective procurement guidance to support local procurement of system changes to enable standards compliance.		NHS England is producing additional guidance to support the NHS Standard Contract requirements for compliance with transfer of care standards.

Implications

Vendor systems that are not compliant with the standards are perceived as one of the most significant barriers to progress. Engagement and collaboration with the vendors nationally would support individual organisations to plan the implementation of standards. Consideration of local levels of digital maturity and systems in place (and plans for upgrades or replacements) should be given when assessing compliance and developing national implementation / rollout plans.

Topic: Clinical leadership and engagement

Theme	Findings	Actions for PRSB	Recommendations for others
Investing in CCIOs	There was a wide variation in the role of the CCIO across organisations from a limited part-time role to a distributed leadership model across the organisation. Those organisations that have invested in the CCIO role demonstrate better clinical engagement.	Share evidence and case studies of most effective clinical leadership models.	Development of CCIOs is part of NHS England's Digital Academy
Board support	The supporting role of the Medical Director was also apparent in organisations demonstrating good clinical engagement. Their backing of change initiatives, influencing peers and Board colleagues were key to ensuring sponsorship and organisation-wide buy in to change.	Engage Medical Directors network	
Clinical engagement	The importance of clinical engagement (including clinical safety officers and teams) in the design and implementation of the e-discharge standard was recognised across all organisations, however ineffective clinical engagement can lead to challenges in the partnership working with GPs.		Included in NHS England's Digital Academy leadership development modules
Communications	Organisations asked for a concise description of how the transfers of care standards work fits with the wider P2020 programme that would be meaningful to clinicians.	Produce materials that explain how standards fit with the P2020 programme and work with NHS Digital and NHS England to ensure clinicians have access to them.	

Implications

Expectations on CCIOs are often huge considering the ratio of CCIOs to clinical staff that they are trying to inspire, mobilise and motivate. CCIOs should be provided with practical advice and support and tools to help them to engage the wider professional communities and not feel they have to shoulder the burden alone. The role and relationship of Medical Directors should also be encouraged to align more closely with CCIOs and to encourage them in their work.

It is widely recognised that clinical engagement is key to success. This applies equally to involving the end users in designing how systems will work to educating junior doctors to treat discharge documentation as a critically important function with wide reaching implications for patient care. We can do more nationally to showcase good practice and save time for people locally.

If interoperability is to succeed, clinicians need to work together systematically and regularly across organisational boundaries. Whilst it is not new to most clinicians to collaborate with peers across patient pathways, the organisational boundaries and drivers often override this. We need to get this right on the simpler changes such as sending and receiving discharges so that it becomes habitual as we advance to the more sophisticated interoperability.

Topic: Patient engagement

Theme	Findings	Actions for PRSB	Recommendations for others
Communication at discharge	Organisations are keen to engage with patients, and want to learn from others. Approaches are varied and there is a lack of clarity on what constitutes best practice.	Collate good practice, publish principles of good communication with patients at discharge. Champion with national patient partner organisations e.g. National Voices	NHS England and NHS Digital should share through communications channels.

Implications

There is a significant opportunity to engage patients more directly with the discharge as a good route in to learning and developing these behaviours in other areas of care. This could be particularly effective with older, co-morbid patients who may be frequent acute attendees.

Topic: Realising benefits			
Theme	Findings	Actions for PRSB	Recommendations for others
Delivering and evaluating benefits	<p>Most organisations are keen to explore the potential for evaluating the benefits of implementing the discharge standard. However, some felt it was too early.</p> <p>In the most advanced trust where the discharge summary standard is well embedded, significant benefits have been reported, for example, Addenbrookes saved £2.6m from electronic discharge summaries and clinical letters.</p>	<p>Early discussions with West Midlands CLAHRC to undertake a literature review into the benefits of standardised discharge summaries.</p> <p>Raise awareness of findings from literature review and develop a plan for evaluation.</p>	
Experience of other UK nations	<p>A system developed in Wales to enable discharge information to be sent electronically to GP practices is now also being used to share discharge medicines information with community pharmacists. The community pharmacist is notified by e-mail when a patient registered for a DMR is discharged from hospital. This supports the Discharge Medicines Review (DMR) service introduced in Wales in 2011. The medicines information is imported into the DMR form and compared with the GP prescription. The pharmacist is responsible for resolving any differences and ensuring the patient understands how to take their medicines. A review of the DMR service found that it avoided A&E attendances, hospital admissions and drug wastage.</p>		
<p>Implications</p> <p>There are benefits of standardising the information in the discharge summary and of sending the information electronically to healthcare professionals that require the discharge information to provide continued care to the patient This has been shown. Further benefits will be realised as organisations move to sending structured, coded messages that are received by primary care systems. To date there has not been much systematic evaluation of the benefits. This will be required to help to drive greater rollout and adoption.</p>			

Topic: Preparing for 2018 target for fully coded discharge summaries

Theme	Findings	Actions for PRSB	Recommendations for others
FHIR profiles	Organisations have asked for clarity on when the FHIR profiles will be available to enable configuration of systems to send structure discharge summary messages.		NHS Digital, NHS England, INTEROPen to communicate the timetable.
Change to ways of working	SNOMED CT (the coding system for medical terms) is not currently being used to record information in the electronic patient record at most trusts. To begin using SNOMED CT throughout the trusts to support easier transfer of information between systems, such as at discharge, would be a major cultural change for the staff.		NHS Digital and NHS England to ensure that SNOMED CT implementation roadmap and standards compliance reporting takes into account individual organisations plans for upgrading to SNOMED CT compliant systems.
Lack of clinical system compliance with SNOMED CT	Some clinical systems are not compliant with SNOMED CT and there is considerable work need to ensure that SNOMED CT codes can be recorded and shared so staff can send coded discharge summary messages. Providers will need to upgrade to enable use of SNOMED CT coded messages. This would potentially be costly and need to align with EPR upgrades / deployments.		As above.

Implications

The sending of a fully coded and structured message version of the discharge summary is significant step on from sending the discharge summary as a structured document and requires SNOMED CT coding to be in use, FHIR profiles and intensive work and testing with GP systems to work out how the messages sent can be received and acted upon in primary care systems and presented in ways that are useful to GPs in their work. Work n eeds to mobilise urgently if the target is to be met.

Appendix 1 - Contributors

Acute site visits

Cambridge University Hospitals
Doncaster Royal Infirmary
Luton and Dunstable NHS Foundation Trust
The Royal Free Hospital
Salford Royal NHS Foundation Trust
University Hospital Southampton
Southend University Hospital
University Hospitals Birmingham
West Suffolk Hospital

Mental Health Sites Visited

South London and the Maudsley NHS Foundation Trust
Oxleas NHS Foundation Trust

STPs

Kent
Luton, Bedfordshire and Milton Keynes

Wales Informatics Service

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