

Professional Development Webinar 24 March 2021

Technology to facilitate borderless integrated care

Many comments and questions were asked through chat during this session so we decided to provide a transcript and provide answers.

Presentation one – Patient Knows best

Mohammad Al-Baydli share his experience of founding Patients Know Best (PBK). PKB is Europe's largest personal health record platform, enabling patients and healthcare professionals to access real-time health information - anytime, anywhere.

The system connects information from primary, secondary, social and mental health care providers, to create a single, unified copy of patient data. Mohammad will be supported by Ryan Palmer, Business Development Manager for UK and Europe.

[08:15] Participant A

Under GDPR is the patient therefore the data controller?

[08:17] Participant B

How did PKB succeed with navigating round the minefields of data sharing agreements?

[08:19] Participant D

My question is whether we should first migrate to a single integrated patient record, spanning all sectors of health and care and make this record available to patients. Or as this presentation appears to suggest, create a separate PKB record alongside other patient records?

[08:21] Mohammad Al-Baydli (Patient Knows Best Presenter)

To create a single integrated patient record across all sectors, you will always need a third party system [Participant C]. (None of the individual systems can do this.) So the question is - should an all-sector system only work in the health economy, or should it work with the patient and the rest of the UK? That's what you can use PKB for.

[08:22] Mohammad Al-Baydli (Patient Knows Best Presenter)

Ryan is showing you the patient-facing user interface, but PKB provides full clinician-facing record, and it can integrate with existing medical records systems with single sign-on or APIs if you want to pull data back into individual sector records.

[08:23] Participant D

SO this would be the integrated health care record, with the benefit of being able to link in with any off island treatment that is also linked?

[08:24] Mohammad Al-Baydli (Patient Knows Best Presenter)

Exactly [Participant D], it would be

[08:24] Participant C

Why do you need a third party system? I have seen US systems such as Kaiser Permanente or Stanford where there is a fully integrated patient record with full patient access level functionality.

[08:25] Participant E

Do you already have the APIs to integrate with the clinical systems used in IOM? E.g. EMIS, Rio?

[08:26] Ryan Palmer PKB (Patient Knows Best Presenter)

Hi [Participant E], yes we already work closely with EMIS (Partner API and Single Sign On) as well as RiO (SSO and data shared from RiO with PKB via an integration engine).

(1 liked)

[08:26] Participant D

We recently had a demonstration from System1 who also offered integrated care record, with similar functions. I think for me, working in mental health, I like the idea of full partnership with service user, feeling in control of information about them.

[08:30] Participant F

What about patients who are not in the digital world....we have a high elderly population, many who do not use IT?

(1 liked)

[08:31] Mohammad Al-Baydli (Patient Knows Best Presenter)

Carer functionality allows people looking after a frail patient to log in and see everything for the patient (with the correct consent) [Participant F]

(1 liked)

Presentation 2 - Brain In Hand

Carl Crossley and Fiona Campbell, respectively Business Development Manager for the North of England and Senior Programme Manager, introduce Brain In Hand (BiH).

BiH is a truly person-centred approach and can be implemented with people who are being supported in care settings or in the community. Each BiH implementation is tailored to person's needs, desired outcomes, local support networks, personality and daily routine.

[08:48] Participant G

I love that this is solution driven to help coping mechanisms and is individually tailored to each person. This is helping people to keep as healthy as they can be. These challenges are often hidden until a crisis occurs.

(1 liked)

[08:49] Fiona Campbell (Brain in Hand Presenter)

Absolutely! It's a really good tool for avoiding crisis but it can also be really helpful when someone is being stepped down from services

[08:50] Participant G

Have you noticed any increased use over night?

[08:51] Fiona Campbell (Brain in Hand Presenter)

It very much depends on the user but a lot of users do use the red button overnight when they feel anxious as the service is 24/7

[08:52] Participant D

I can really see the benefits in my service. We often put in very costly wraparound packages and this would certainly impact on that. Would you have to go with the Year 1, 2, 3 model, or would you be able to design the package based on individual need and service provision?

[08:53] Participant H

This is a great tool and would work for many and may even be looked at for carers?

Carl Crossley (Brain in Hand Presenter) answers after the session ends: We certainly can design the package around the individual or service provision, but for the first year we've found that the service is received a lot better when most of the responsibility is taken away from the local authority. But to answer your question, we can tailor it to fit the service.

[08:54] Participant G

Do you have people living with dementia using the tech?

Carl Crossley (Brain in Hand Presenter) answers after the session ends: We have service users who have an acquired brain injury resulting in forgetfulness, where they use

Brain in Hand to remind them how to do things in a step by step form, like making a cup of tea from Fiona's example. So I don't see an issue with Brain in Hand being used be someone living with Dementia. I will double check with Fiona when she's out of her next meeting if we have users with Dementia using Brain in Hand.

[08:57] Participant H

Using it for care support would be wonderful. We spend hours tracking other agencies down.

[08:57] Participant I

Thank you for two very interesting presentations.

[08:59] Participant G

I have to go but very impressed with both options which are exciting and extremely patient centred. Thank you.

[08:59] Participant D

Regret got to leave for another meeting. I have enjoyed both presentations. Really useful with potential application in the IoM

[08:59] Participant D

Do you have any issues with ending the service for people? Difficulties with dependence or using it as a safety behaviour rather than developing the independence that you set out to do?

Carl Crossley (Brain in Hand Presenter) answers after the session ends: We would look at reviewing with users and supporters as well as any professionals involved. It's usually not an issue although we need to be cautious with the support service to ensure that it doesn't become a safety behaviour. The person aspect of BiH is at least as important as the technology.

[09:00] Participant F

Has a good use, but I would also ask that IT connectivity needs to be paramount for staff to access. But thanks for interesting...

[09:01] Fiona Campbell (Brain in Hand Presenter)

We would look at reviewing with users and supporters as well as any professionals involved. It's usually not an issue although we need to be cautious with the support service to ensure that it doesn't become a safety behaviour. The person aspect of BiH is at least as important as the technology

[09:01] Participant H

That was really interesting and I think we need to look further into this technology. I am interested in the costs involved. Thank you very much (smile)

[09:01] Participant J

Thank you very much

[09:01] Participant K

Thanks really interesting.

Thank you for your support in making this a success

To get in touch with the Transformation Programme Management Office (TPMO) contact us at HealthandCareTransformation@gov.im

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