



Case Study

Leeds Partnerships **NHS**
NHS Foundation Trust

Over 1600 staff went live across 85 teams working in over 55 locations throughout the Trust. All implemented with the full clinical solution in a 6 month window with full localisation to meet operational needs.



Leeds Mental Health successfully upgrades to Paris

In a welcome piece of good news for the NHS National Programme for IT, a Mental Health Foundation Trust has successfully upgraded its legacy patient administration system to a trust-wide electronic care record system. The implementation was carried out on a tight schedule while complying with the special challenges of computerising a Mental Health care environment, characterised by the complexity of the range of services provided by the Trust and associated security and access requirements.

Leeds Partnerships NHS Foundation Trust provides a wide and complex range of specialist Mental Health and Learning Disability services. By its nature, Mental Health care is multi-disciplinary, often long-term, and usually involving a significant amount of activity in a community rather than an institutional setting, indeed the NHS Information Centre recently confirmed that approximately 90% of Mental Health activity takes place in the community. This service configuration poses a challenge to conventional healthcare IT systems which are often based on Acute models of care, says Dave Shelley, the Trust's Head of ICT: "Most PAS and EPR systems were designed with acute secondary care in mind." In Mental Health for example, a single care plan may have a number of different pathways through different professions and interventions in community and in hospital. "That's a challenge in designing care record systems," Mr Shelley says.

The Trust had been scheduled to receive a new IT system through the National Programme for IT in 2005, to replace a first-generation patient-administration system (PAS). However, the original system on offer from the local service provider was unsuitable both in its timing and specification. A review of systems on the market was carried out in partnership with northeast neighbour Tees, Esk and Wear Valley NHS Trust (TEWV), and a choice was made to install Civica's Paris system with support from NHS Connecting for Health. The two Trusts agreed to install the system in parallel, to share experiences and make the best use of project management skills.

Unlike most EPR systems, Paris is designed specifically to create a single case-management system spanning Health and Social Care. The key is flexibility, enabling information processes to be configured to support the widest possible number of settings which is critical with community-based services in particular which includes Mental Health services and Local Authority Social Care. A single system working across institutional boundaries reduces risk for both providers and clients by eliminating many of the data silos that can occur both across multiple providers or even departments in the same organisation.

Despite complications including the change of local service provider contractor, the deployment project was launched in January 2007. It was a formidable cultural and organisational challenge,

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involving migrating 40,000 records and training some 2,000 users. "We went from a PAS with 300 authorised users, of which 30 or 40 might be concurrent, to a system with 1,800 authorised users with 200-300 concurrent," Mr Shelley says.

To get there, the Trust decided to implement the system one set of clinical services at a time, working in tandem with TEWW. Between the Trusts there were nine clinical services cohorts. Leeds had four: Learning Disabilities, Older People, Specialist Services and Adult Mental Health Care.

Having made the implementation decision, the project team was able to devote the rest of 2007 to a thorough period of preparation, including "a lot of process re-engineering", Mr Shelley says. Engaging clinical users was crucial. Few clinicians had much involvement with the previous PAS, which was essentially used for administration and generating returns for the NHS. The new system, destined to become the main care record, would require clinicians to be engaged. "We had the usual issues, questions about confidentiality, clinicians saying 'we're not typists', but in general there was recognition that this is the way we have got to go." The clinching argument was that the system would create something of real clinical value: a trust-wide electronic care record.

Deployment began in earnest in summer 2008, with Learning Disabilities in July, Older People in late August, Specialist Services in October and Adult Services at the end of November. All went on schedule, despite Civica having to develop a new model to handle the statutory requirements of the Mental Health Act 2007 (which was also implemented on time) in parallel. All services were migrated off the old system by early December, and it was finally decommissioned in March 2009.

The system is already proving its worth in supporting the new demands of working as a Foundation Trust and in moving towards payment by results. However Mr Shelley says the key benefit is in the improvements to care and clinical safety created by an end to end record. "Before deployment, we identified 40 or 50 information gaps across the Trust. That's now down to about 14; by the end of the year all should be filled."

Security, always a priority in Mental Health care, has also greatly improved over that offered by the previous ad-hoc arrangements of departmental systems. "Professionals such

as psychiatrists are very sensitive about what information they hold on the system," says Mr Shelley. All users have unique log-ins, full training, and all system usage is recorded. Paris enables the Trust to proactively control access to patient records on a need to know basis and in addition a full audit facility allows administrators to check system usage. The system is remotely hosted in a state of the art data centre with full disaster recovery.

Mr Shelley says that the key to success was first class project management, engagement by Civica and really comprehensive user-training. He admits that the deployment process adopted by Leeds has been more incremental than that at TEWW, but this approach was more suited to the clinical culture of the individual Trust, with different departments and services allowed to move at different speeds. "Curiously, it was easiest in areas where previously they didn't have any system whatsoever." He praises the functionality of Paris as well as its flexibility to handle the always unique organisational arrangements of individual Mental Health services.

Although initial deployment is complete, the process of evolution to a full electronic care record continues. Phase two of the programme is to extend the electronic care record to areas that previously never even had a PAS. "By the end of 2009, Paris will be the care record system across all Trust services." Phase 2 also involves using the system to support care pathways. The Trust is also actively investigating technical options for remote access in the community.

Mr Shelley is passionate about the potential of technology to improve the safety and efficacy of a neglected but vital NHS service and that the time to take the plunge into electronic records – subject to rigorous safeguards for security and confidentiality – is now. "Mental Health has lagged behind, but we now have the opportunity to catch up."

The metrics

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