ONE LONDON

LONDON CARE RECORD

NHS

TOP TIPS: maximising use of the London Care Record

Over the last year Central London Community Healthcare NHS Trust (CLCH) have been running a project to support their staff in using shared care records, including the London Care Record and the Hertfordshire and West Essex Shared Care Record (for their services in West Hertfordshire).

Their goal was for staff to maximise the benefits of the additional patient information available at the point of care. In just a year CLCH more than quadrupled the total views of the London Care Record and HWE Shared Care Record and more than doubled the number of staff using the tools.
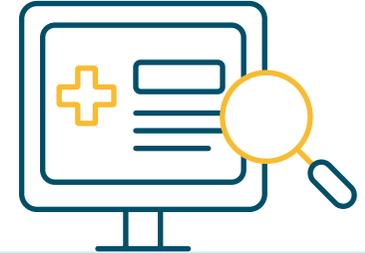
Here are CLCH's top ten tips for other organisations looking to do something similar:

1

Senior-level support:

Securing support from senior leaders and managers at an early stage is vital. Our Divisional Operational Leads, Medical Directors, and Directors of Nursing and Therapies were key in communicating the importance and benefits of attending the training to their teams.

2

Resources:

To deliver an effective programme across an organisation as large as CLCH, you need an appropriate budget. We employed a trainer and project support to manage and deliver this training campaign. Trainers with expertise in SystmOne and EMIS helped ensure people got the most out of the sessions.

3

Tailored training sessions:

Tailoring training sessions around the different needs of your staff, both in terms of practical arrangements and content, is crucial for maximising attendance and making it relevant to how they use the tools.

4

Caring for staff:

Using the tools is about supporting more effective patient care, but it's also about supporting staff. Therefore, the training should include elements about how it can make a positive difference to staff through time savings and building their confidence in the care they provide.

5

'What is the London Care Record?'

It was surprising how many staff had not heard about the London Care Record or had not seen it. Don't be surprised if you have to start from scratch with some staff. Training needs to cater to those with zero knowledge and those who already use the tools but want to understand how to use them better.

6 Getting the information governance right:

Information Governance is a critical part of the training, so make sure you speak to your Information Governance team early and get their input as you develop your plans. You need their expertise. Many clinical staff don't know they are allowed to access the tools. Therefore, the training needs to include clear information and discussions about when staff can use them.

7 Understand variance:

It's difficult to make direct comparisons across teams. Utilisation will depend on the clinical system used, GP system shared, and information shared from local health and care organisations.

8 Clinical Record-Keeping:

One of CLCH's objectives for this project was to promote good practice in clinical record-keeping. It was important for staff to know how to reference information seen through the London Care Record in their notes and consider how best to record information that will then be seen by staff in other organisations. We took a 'dos and don'ts' approach in the training, which was very well received.

9 A constantly evolving tool:

Different organisations start sharing different information into the London Care Record and HWE Shared Care Record all the time. One of our key messages to staff was to keep checking the tools, as new data sharing could be key to the care someone is providing (e.g., a hospital starting to share pathology information). We supported this through ongoing communications to staff about new information available.

10 Staff stories:

Staff stories and shared experiences are powerful tools to encourage others to use the shared record. It's important to allocate time in your project to collect and share these stories among teams and through divisional and trust-wide communications.

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