**Implementer - Interview Notes for eRedBag User Story**

**Name:** Helene Feger

**Role:** Director of strategy, communications and engagement, PRSB (Professional Record Standards Body)

**As someone involved in the eRedBag project Steering Group what did you see as your role in particular?**

My role was to keep people on the Steering Group up to date with the progress at the Professional Record Standards Body in developing a standard that would support information flows from care homes into hospital for individuals who have urgent health care needs.

We’ve now undertaken widespread consultation with people who use care home services, people who work with them and people who work across the healthcare system. This was to ensure that individuals who have a role in caring for anyone have the information they need accessible digitally so that they can provide good quality care. Our work was to develop the information as a standard so that it could be usable and effective for the eRedBag not only in Sutton and south west London but across the country.

**What were some of the issues that came up in your consultation exercises regarding sharing information between care homes and hospitals?**

Regarding the flow of information from hospitals to care homes once a resident had been discharged, there were instances in which people had been discharged with their medication, but there was no information about how that medication should be taken or administered. So, in a situation like that the care home had no alternative but to send the individual back to hospital, which is not good for the patient themselves as it is very disruptive for them and it also wastes time and resource for the care home and the hospital. So, ensuring that whether you are going into hospital or back out of the hospital into the care home it is critical to ensure that information is shared to support a good handover of care.

One of the other really important pieces of work we did was to create an information standard called About Me and that’s information that the individual thinks is important for clinicians to know so they can tailor the care needed for that individual. For example, if they have particular communication needs you would want to know that as part of their care. Geriatricians that we worked with told us that it is really important to have that thumbnail sketch of the individual so that they have a better sense of the individual they are treating, their background and their behaviour and appearance normally.

**So how will the Standards make a difference?**

We recognise that the quality of information moving between care homes and NHS provider organisations is hugely varied both going into the Emergency Department and back out to the care homes. That has enormous consequences in terms of people being able to provide the right care to individuals both in the care home itself and also at the other end in an emergency situation.

If we are able to provide standardised information in real time, using digital systems, then critical information Is available when people need it in order to provide care. That will drive up the quality of care that clinicians and professionals are able to provide because there won’t be any delays or need to ring the care home or ask individual themselves, who might not be able to answer fully, or contact the next of kin. Rather, the information will be right there at the clinician’s fingertips so there are huge benefits in terms of both time savings and improvements to care.

We have produced five standards across health and care for integrating the two systems. The challenge is how do we ensure they are implemented nationally and for me that is working with and supporting local areas to recognise how the standards can be used and adapted by their IT systems so that they can get the benefits of information sharing.

**What if a local area decides the standards don’t meet their local needs?**

When we publish a standard and when it gets implemented in a system, we recognise that although we have consulted widely there might be practical issues around the standard that we might want to update and address. So, we would absolutely want to work with local implementers and talk to them about any issues arising so that we can then adjust the standards or make some changes to them as they see necessary.

However, I would say that implicit in the name, standards, is that they are designed to be used nationally and widely and unless we have national standards then there will be limits as to how much Information can be shared between different systems and organisations. Ultimately you would want to be able to share information anywhere where care is needed, and our principle is that information should be able to flow from any system to any other system to support high quality care.