

# CASPA GP CONNECT WHITEPAPER

Joining up the front line:  
A proven blueprint for data exchange  
between health and social care



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# JOINING UP THE FRONT LINE

*A proven blueprint for data exchange between health and social care*

The screenshot displays a patient summary dashboard with a sidebar menu on the left and a main content area on the right. The sidebar menu includes: Summary (highlighted), Encounters, Clinical items, Problems and issues, Allergies and adverse reactions, Medications, Referrals, Observations, Immunisations, and Administrative items. The main content area is titled 'Summary' and contains several sections:

- Last 3 Encounters**: A table with columns Date, Title, and Details. One entry is shown: 01-Feb-2018, Care navigation, Reception signposting regarding exercise classes.
- Active Problems and Issues**: A table with columns Start Date, Entry, Significance, and Details. Two entries are shown: 25-Apr-2018, Lower back pain, Minor; and 01-May-2015, Type II Diabetes mellitus, Major, Diabetes type II blood glucose management.
- Major Inactive Problems and Issues**: A table with columns Start Date, End Date, Entry, Significance, and Details. One entry is shown: 01-Mar-2006, 03-Aug-2010, Essential hypertension, Major.
- Current Allergies and Adverse Reactions**: A table with columns Start Date and Details. One entry is shown: 15-Mar-2016, Allergy to Penicillin, Patient experienced rash, nausea and vomiting.
- Acute Medication (Last 12 Months)**: A table with columns Type, Start Date, Medication Item, Dosage Instruction, Quantity, Scheduled End Date, Days Duration, and Additional Information. One entry is shown: NHS Medication, 25-Apr-2018, Tramadol 50mg capsules, one tablet every 4 to 5 hours, 30 days, 25, Take 1 or 2 tablets as directed up to 4 times daily.

*June 2023*

# JOINING UP THE FRONT LINE

## *A proven blueprint for data exchange between health and social care*

### **Executive summary**

The healthcare challenges of recent years have rapidly accelerated the need for closer collaboration between health and social care.

The NHS is beset by workforce shortages while dealing with growing waiting lists and pandemic-related backlogs. Meanwhile, there are longer-term trends at play, with more people in the UK living longer and with multiple complex health conditions.

Hospitals and GP surgeries are pushed to their limits.

The social care sector has an increasingly important role to play in keeping people healthy in the community. Care providers can only fulfil this role effectively if they have fast, complete and accurate information about the people in their care.

Better data sharing between health and social care is key.

To start the journey towards a more joined-up approach between the two sectors, The Care Software Providers Association (CASPA\*) worked with the NHS Transformation Directorate (and previously NHS Digital and NHSX) to deliver a GP to Social Care data-sharing solution, including necessary Information Governance pathways and approvals, e.g. the ICO & NDG.

This solution gives authorised social care providers access to care receivers' GP data via Digital Social Care Records (DSCRs) and GP Connect, the latter being the NHS digital service which enables clinical staff to view GP practice medical information securely online in real-time. Over a thousand social care sites have signed up for the solution since it went live in 2021, looking after 48,283 care receivers (May 2023), and care provider interest continues to grow rapidly.

\*The Care Software Providers Association (CASPA), is an independent, not-for-profit trade association representing the views and interests of over fifty UK social care software providers. <https://caspa.care/>.

This white paper outlines the process used in gaining stakeholder buy in, as well as the progress made since the launch of the solution and looks at the early impact on social care providers and those they care for.

The paper also explores what still needs to be done to further join up health and social care to relieve pressure on the NHS and help people live happier, healthier lives in their communities.



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# Background

With the NHS under pressure from workload shortages and record levels of patient demand following the pandemic, it has become increasingly important to help people manage their health conditions so they stay well and out of hospital whenever possible.

This will become even more essential in the years to come as people live longer and wish to age comfortably in their communities.

[Age UK](#) figures show there are currently 1.6 million people aged over 85 in the UK, and this is projected to double to 3.2 million by 2041. People are also living with more complex medical issues. One in three patients admitted to hospital as an emergency has five or more health conditions, up from one in ten a decade ago, according to the [Department of Health and Social Care](#).

Social care providers have the skills and expertise to keep people healthy and well in the community so they can live as independently as possible. However, social care professionals need access to those people's medical records to best provide this support.

Without knowing the full picture of a person's medical history, it's simply not possible to build an effective care package for them. Indeed, a lack of information can even put people at serious risk.

Take the example of a person with complex dietary needs who is admitted into residential care on a Friday. But because the patient is confused and disorientated, care staff remain unaware of the patient's severe allergies until the following Monday morning when they telephone the GP. Meanwhile, the patient has become unwell over the weekend and must be admitted to hospital.

If the care home team had been able to access that person's GP records instantly, a medical emergency could have been avoided.

Until recently, it has been difficult for social care providers to get quick and easy access to medical information about the people they support.

This paper will examine why care providers need ready access to the medical data of those they care for, highlight how early data-sharing initiatives are delivering real benefits for both care receivers as well as the broader Health and Care system and identify the barriers to further data sharing which still need to be overcome.

The journey towards improved data sharing is now well underway, so the paper will also explore the impact of the early stages of using existing Digital Social Care Records systems (DSCRs) with GP Connect to share GP medical records with care providers – and why it is so important for that journey to continue.

Throughout this paper, we use the term “Patient”, “Care Receiver”, or “Service User” as being interchangeable and referring to the individual being cared for, be that by a GP, a Nurse or a Care worker. Care workers can also be referred to as Care Givers. This disparate nomenclature highlights the gulf that often exists between Health & Care, a gulf that this data-sharing initiative is helping to remove.

## Why care providers need access to medical data

Without up-to-date vital information about the care receivers they support, care providers are held back from delivering the targeted, high-quality care which keeps people living their best possible life and, ultimately, out of hospital.

So, why do care providers need access to medical data?

- **To better understand patients' needs**

***"A really big challenge with care homes is often when somebody comes out of the hospital, you get very superficial information about their health and background."***

Managing Director, nursing home

Lack of access to patient data by the right people at the right time can lead to delays in hospital discharge and to providing good quality social care. Patients must tell their care providers their story multiple times and might miss out or forget important details, potentially leading to staff making the wrong decision about someone's care package.

Imagine a case where a care provider visits an elderly person in their home to give them doses of three different types of medication, not knowing that the patient's GP has recently changed the doses and prescribed a new treatment.

Unfortunately, scenarios like this are not unusual and can lead to avoidable harm.

When care providers need medical information about an individual, the processes are clunky and time-consuming. It generally involves calling, emailing or writing to GP practices in order to find out essential details such as test results and prescribed medication.

Not only does it take time to track this data down, but it can also mean care companies are only given the information they have requested and nothing else. Other relevant facts, such as a patient's allergy to dairy products or their history of mental health difficulties, might be left out, facts which would make all the difference to someone's care package.

- **To help people stay healthy for longer**

There's a clear need for a better dialogue between health and social care in order to support an ageing population as well as people living with complex medical issues. The Covid pandemic uncovered stark and shocking health inequalities across the country and revealed the vulnerability of people living with underlying health conditions.

Health and social care need to work closely together to help people stay healthy and live fulfilled lives, but unless care providers have comprehensive and up-to-date information on a patient's medical needs, they cannot help that care receiver manage their long-term health conditions in the community.

- **To relieve pressure on the NHS**

***"Historically, we would have just had to go to the GP and wait for the GP to respond. And quite frankly, at the moment, that response time will be pretty poor ... It's not a criticism of the GPs, but just the reality of the situation."***

Managing Director, nursing home

When care providers have insufficient or outdated medical information, there is a risk that patients' health will suffer, making them more likely to need further GP or hospital treatment as a result.

With GP practices and hospital emergency departments already severely overstretched, there needs to be a much greater shift of emphasis towards prevention rather than cure.



Care providers have the knowledge and expertise to keep people healthy in the community, reduce hospital admissions and speed up hospital discharges with easier entry into community care.

But they can only do this if they have a full picture of a care receiver's conditions and needs. Ease of access to care receivers' medical records also saves time for GP practices, freeing up more time for them to focus on their core tasks.

#### **Care providers access service users' medical records:**

- to design holistic care packages which address patients' every need
- to avoid accidental harm due to a lack of information about allergies or other conditions
- to focus on prevention and to minimise the need for medical intervention
- to save time for care providers to spend delivering care
- to relieve the pressure on hospital wards
- to reduce pressure upon GP practices

## **The challenges of joining up health and social care**

While the use of DSCRs in conjunction with GP Connect has highlighted the early benefits of care providers having better access to medical data, there are still some major technical, organisational and regulatory challenges standing in the way of regular two-way data sharing.

### **1. Different ways of working**

As local authorities and the NHS operate and are funded in different ways, there can be difficulties coordinating roles and responsibilities. Occasionally this leads to situations where a care provider is not invited to attend discussions about a patient's treatment or is not involved in conversations about changes to treatment plans.

A lack of clear accountability can leave professionals on both sides of the fence unsure who is taking the lead on decisions around a patient's care. These problems are exacerbated in the current climate, with both health and social care experiencing extreme workforce and funding challenges.

## **2. Cultural divides**

Adult social care covers a vast array of responsibilities. This can range from personal care, such as helping a patient get up in the morning and ensuring they have eaten their lunch, right through to support with the most complex physical or mental health issues. Without direct experience, it can be difficult for those working in health to appreciate the full remit of social care and to understand the need for data sharing. Differences in the way organisations in health and social care are managed, governed, resourced and communicate can also lead to a lack of understanding between professionals in the sectors.

## **3. Data security concerns**

Medical records contain personal patient data, and there can be a reluctance on the part of health authorities to ease the flow of confidential and potentially sensitive information, even when there's a much greater safety risk arising from not sharing that information.

A combination of security issues, information governance concerns and complex frameworks create bottlenecks and often stop vital medical information from getting into the right hands at the right time.

## **4. Technical challenges**

With an organisation as large and complex as the NHS, getting IT systems to talk to each other and to link with systems outside health is extraordinarily challenging. Incompatible systems, variations in terminology and data quality, along with a lack of analytical capacity all conspire to make integration or data sharing difficult to achieve.

The fact that some care providers still rely heavily on paper-based processes and are at the start of their digital transformation means they have a lot of work ahead of them before they are ready for electronic data sharing.

The government started to address the issue in 2021 with the initiation of the Dynamic Purchasing System (DPS) for digital social care record solutions. The initiative is designed to make it quicker and easier for social care and NHS organisations to make the switch to digital social care records by giving them access to a list of quality-assured, accredited supplier solutions.

The adoption of digital social care records will play the key role in joining up patient care across both social care and the NHS, creating a platform such that real-time information sharing then being possible between health and care commissioners and regulators.

This level of data sharing and its timeliness is not feasible with paper-based systems. The DPS-accredited supplier list presents a marketplace where social care providers can be reassured their preferred digital solution has met both functional requirements and standards, helping to remove a lot of the stress from purchasing a digital social care record system.

***“Integrated care – joining up services within the NHS and across health and social care – has the potential to improve people’s outcomes and experiences of care, particularly for older people and those who have multiple long-term conditions and use a number of different services.”***

The King’s Fund, May 2022



# The journey so far

Although there are challenges to better data sharing, they are not insurmountable. For example, CASPA has been working for several years with the NHS Transformation Directorate (and previously NHS Digital and NHSX) to improve access to GP patient records for care providers.

The vision for effective data sharing is now being realised, as the following timeline shows.

## **July 2020 – Insight into the pandemic**

In the early days of the Covid pandemic in the UK, CASPA members provided NHS Digital with real-time, anonymised, aggregated data on the Covid-19 status of both care givers and care receivers directly from their care management systems, at their own expense. This data helped the NHS carry out vital research and supported its pandemic planning through the challenges of successive Covid waves.

The NHS recognised CASPA as a trusted source of timely and accurate data, and the project opened opportunities to build even stronger connections between health and social care.



## **December 2020 and 2021 – Early steps to data sharing**

In a pivotal move towards integration, CASPA worked with NHSX to enable registered nurses working in social care to use their DSCRs to gain access to GP Connect, the NHS digital service which enables clinical staff to view GP practice medical information online. Previously, access to GP Connect had been restricted to NHS organisations such as NHS 111, ambulance services and hospitals.

This was achieved by CASPA members individually developing their organisations DSCRs to safely connect to the NHS SPINE and GP Connect. This engineering development and conformance process was undertaken by each CASPA member organisation at their own cost.

This was an important step forwards, but limited in its impact as registered nurses represent only a small proportion of the social care workforce. They mostly work in nursing homes and some residential settings but may not always be part of a domiciliary care team visiting people in their own homes. This initial restriction limited the breadth of the benefit that data sharing could bring.



### **March 2022 – Wider social care access to GP records**

A further breakthrough came in March 2022 when NHS Transformation and CASPA received approval from partners, including the Information Commissioner’s Office (ICO), the National Data Guardian (NDG), the Royal College of General Practitioners and the British Medical Association to extend GP Connect access to those professional non-clinicians providing care in the social care sector and having a “standards met” DSPT.

This enabled registered managers, care managers, senior carers and care supervisors to obtain vital health information about the people they look after.

## **How far have we come?**

**“My vision is for a frontline care worker to be able to access everything they need to know about the people they care for in one place. They should not need to log into many separate systems or make lots of phone calls. All the information should be pulled through into one, easy-to-use tool so care staff can make decisions on how to support a person.”**

Peter Skinner, Programme Director - Digitising Social Care, NHS Transformation Directorate

CASPA and its partners have now worked together to create the “building blocks” for better data sharing between Health & Social Care with a solution which enables care providers to access GP records quickly and easily in a safe and secure way. As anticipated, there has been a significant uptake of this GP data among social care providers.

At the 24th of May 2023, there were 1,035 sites live and 2,917 authorised social care professionals were accessing GP records on a regular basis for the benefit of 48,283 care receivers. This proof-of-concept pilot confirms a universally positive response to the initiative.

These “building blocks” include the following steps outlined below:

### **1. Focussing on improving outcomes for care receivers**

CASPA worked in partnership with NHS Digital and NHS X with the clear goal of improving outcomes for care receivers. NHS provides their GP Connect system, and CASPA members provide their Digital Social Care Records systems. Each party undertook development work at their own expense, and as part of the agreement, GP Connect is not a chargeable feature for the end user.

### **2. Improving digital literacy for care providers**

In order to be cleared for access to medical records, care providers have to pass the Digital Security Protection Toolkit (DSPT). Some care providers did not have high levels of digital literacy so CASPA, along with Digital Social Care (DSC), supported care companies through the processes with training to bolster their digital skills and develop their understanding of the principles of cyber security and GDPR compliance.

Having secured the agreement of the NHS and other healthcare organisations, CASPA was able to bring GP information to care providers, both in domiciliary and residential settings, by integrating their DSCRs with GP Connect Access Record: HTML.

### **3. A simple user interface**

Care staff can now access GP Connect via DSCRs on PCs or tablets, and navigation is easy due to the set format, clear interface and logical organisation of information on the system. A search function helps users to home in on the data they need.

An approved care supervisor can log in to the GP Connect page in their DSCR system and open a table with subsets of patient information. The GP record begins with a summary of the key issues affecting the patient, and the carer can scroll down and see when the patient last saw their GP and read any notes from the appointment. See Picture 1 overleaf.

This means a care provider can find out an array of relevant information about someone, such as a new prescription for antibiotics, whether a patient’s blood pressure is a cause for concern and if a patient has been referred to a memory clinic.

**Social care professionals can now view real-time GP record data, including:**

- Appointments – for example, hospital visits
- Active problems and issues, such as diagnoses
- Allergies and adverse reactions
- Acute and repeat medication
- Referrals

Picture 1: Example of the GP Connect Summary within a Digital Social Care Record (DSCR) system.

**Summary**

**Last 3 Encounters**

Date	Title	Details
01-Feb-2018	Care navigation	Reception signposting regarding exercise classes

**Active Problems and Issues**

Start Date	Entry	Significance	Details
25-Apr-2018	Lower back pain	Minor	
01-May-2015	Type II Diabetes mellitus	Major	Diabetes type II blood glucose management

**Major Inactive Problems and Issues**

Start Date	End Date	Entry	Significance	Details
01-Mar-2006	03-Aug-2018	Essential hypertension	Major	

**Current Allergies and Adverse Reactions**

Start Date	Details
15-Mar-2016	Allergy to Penicillin. Patient experienced rash, nausea and vomiting

**Acute Medication (Last 12 Months)**

Type	Start Date	Medication Item	Dosage Instruction	Quantity	Scheduled End Date	Days Duration	Additional Information
PHS Medication	25-Apr-2018	Tramadol 50mg capsules	one tablet every 4 to 6 hours	28 days		28	Take 1 or 2 tablets as directed up to 4 times

Picture 2: Example of the GP Connect Medications Information within a Digital Social Care Record (DSCR) system.

The screenshot displays the 'Medications' section of a Digital Social Care Record (DSCR) system. On the left is a sidebar with navigation options: Summary, Encounters, Clinical Items, Problems and issues, Allergies and adverse reactions, Medications (highlighted), Referrals, Observations, Immunisations, and Administrative items. The main content area has filters for 'Add start date' and 'Add end date', and an 'Apply filter' button. The 'Medications' title is followed by 'Acute Medication (Last 12 Months)' and a sub-header 'All relevant items'. Below this is a table with one row of medication data.

Type	Start Date	Medication Item	Dosage Instruction	Quantity	Scheduled End Date	Days Duration	Additional Information
NHS Medication	25-Apr-2018	Tramadol 50mg capsules	one tablet every 4 to 6 hours	28 days		28	Take 1 or 2 tablets as directed up to 4 times per day

The next section is 'Current Repeat Medication' with a sub-header 'All relevant items'. It contains a table with two rows of medication data.

Type	Start Date	Medication Item	Dosage Instruction	Quantity	Last Issued Date	Number of Prescriptions Issued	Max Issues	Review Date	Additional Information
Repeat	01-May-2015	Metformin 500mg tablets	one tablet 2 to 3 times daily	28 days	28-Mar-2018	3	6	15-Oct-2018	Take one tablet three times daily
Repeat	01-Mar-2008	Lercanidipine 20mg tablets	one tablet daily	28 days	20-Mar-2018	3	6	15-Oct-2018	Take one tablet daily

The final section is 'Discontinued Repeat Medication' with a sub-header 'All repeat medication ended by a clinician action'. This section is currently empty.

#### 4. Information governance

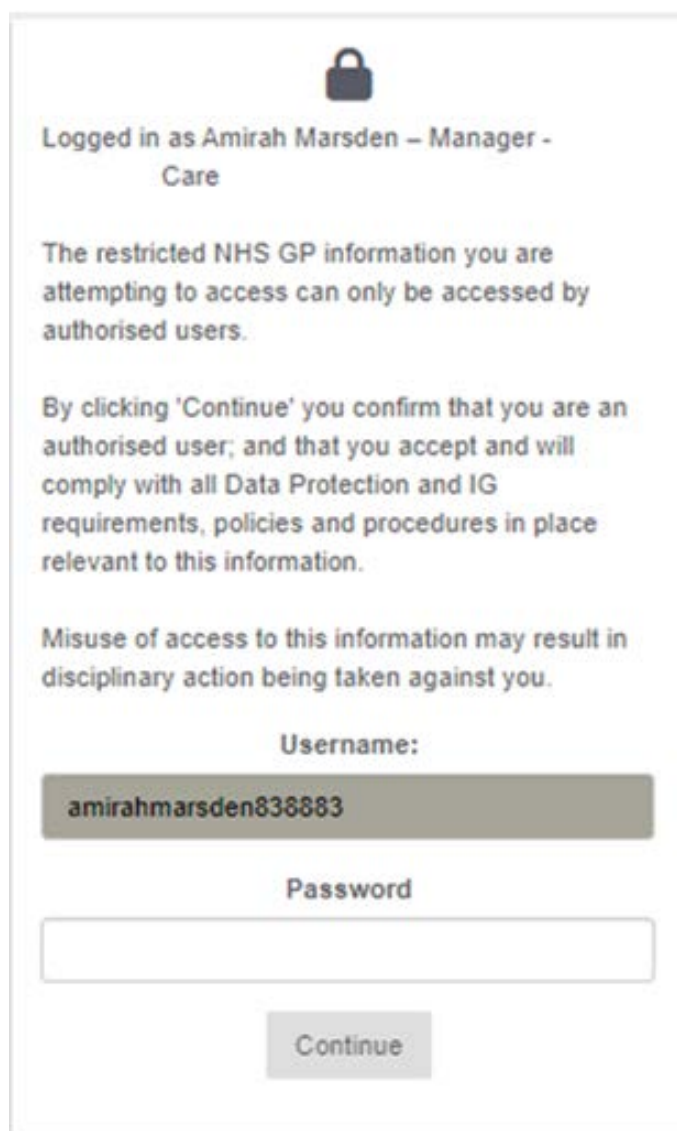
Medical records contain sensitive personal information, and it is important that care providers follow strict protocols in handling confidential data in a digital format. To make the transition as easy as possible, CASPA gives care providers guidance and support on DSPT implementation and provides a privacy notice as well as suggestions on data protection impact assessments.


Role-based access control enables only authorised staff to access the data, and these staff members must be fully trained with the skills to handle sensitive medical data (see Picture 3 overleaf).



NHSX and CASPA worked with the Royal College of General Practitioners and the British Medical Association to agree the data subset that needed to be shared, whilst also working with the Information Commissioner's Office and the National Data Guardian to agree an appropriate method of sharing. See Appendix 1 for the ICO response letter to NHS X and Appendix 2 for the NDG response letter to NHS X (now NHS Transformation Directorate)

Picture 3: Example of the Log In Screen for accessing GP Connect Information within a Digital Social Care Record (DSCR) system in use by Care Providers across England.





**Logged in as Amirah Marsden – Manager - Care**

**The restricted NHS GP information you are attempting to access can only be accessed by authorised users.**

**By clicking 'Continue' you confirm that you are an authorised user; and that you accept and will comply with all Data Protection and IG requirements, policies and procedures in place relevant to this information.**

**Misuse of access to this information may result in disciplinary action being taken against you.**

**Username:**

**amirahmarsden838883**

**Password**

**Continue**

Care providers inform patients – or their families where appropriate – that they share medical information with their GP. When a patient is admitted to a care home or starts receiving domiciliary care, they are invited to give their consent for the information sharing to take place.

# The impact of joining up health and social care

To evaluate the initial impact of rolling out GP Connect to care providers, the NHS commissioned Ipsos MORI in 2021 to interview providers in residential and domiciliary care who have trialled the solution.

The research provides evidence that GP data sharing with social care is already having a demonstrable impact in the following ways:

## 1. Deepening understanding of an individual's needs

When a patient enters a care home following a hospital stay or somebody starts to receive care in their own home, care professionals are confident they have all the pieces of the jigsaw to build a detailed picture of a person's needs.

*"One of the things that we didn't know was that his pacemaker had been reset in December again. Because of the GP Connect, we were able to find that out." - Managing Director, nursing home.*

There is also less of a risk of essential facts being missed. This is particularly important when the patient or their family may not be able to explain their circumstances themselves.

*"Sometimes, when you ask family or next of kin, with the best intention in the world, they miss out vital things. So the history is the biggest thing for me. I can go on the GP Connect and access the information on the system." - Care Home Manager.*

## 2. Improving the quality of care

People receive much better support as their care providers have all the relevant information to hand to put together an effective care plan.

*"If you have the full knowledge of a person's history you can get to understand a bit more about how best to look after that resident. We used to wait more than 72 hours or even a week. Now we have this information as soon as the resident is admitted." - Registered Nurse, residential home.*

It also means carers can make urgent decisions more quickly and patients get the treatment they need for a swifter and more effective recovery.

*“If we were to get told about a new medication on a Friday afternoon about 4pm, and we had a question about it, we are not going to get a response from the GP until Monday, so there’s a possibility of two-or-three days’ delay in administering. Now it is literally a minute.” - Home Manager.*

If a care professional can access medical data, they are better placed to support a patient by helping them understand their own health needs. This can be useful for virtual GP appointments where the carer can be on hand to help a patient make sense of the information their GP gives them.

### **3. Saving time for care providers**

Being able to see an individual’s medical records instantly eliminates the need for a caregiver to request information from the GP and wait to receive a response. Not only can decisions be made more quickly, caregivers spend less time on administration and more time on the specialist work they are trained to do.

*“Normally, we would have to contact the GP surgery to get the information. By the time the receptionist picks it up and passes it on to somebody who will fax it over or email it to us, it can take several days. It’s nice to be able to instantly see what’s on there.” Lead Nurse, domiciliary care*

With more time to devote to people rather than processes, care professionals gain greater job satisfaction and feel valued in their role.

### **4. Saving time for GP practices**

When a care provider contacts the GP practice for information about their service user’s medication, GP visit or treatment, responding to that request can often involve several people, the practice manager, administrator, nurse practitioner and GP.

*“It (GP Connect) is massively quicker and probably more importantly from a system perspective, it actually means we’re not taking up GP time unnecessarily.” Managing Director, nursing home.*

Data sharing saves time across multiple roles in a GP practice.

### **5. Helping care providers work more efficiently**

Having digital medical records at their fingertips streamlines working practices and care professionals buy in to the system because it is easy and straightforward to use. Once they are familiar with the system, care providers are able to reduce the volume of paper-based processes which in turn reduces errors and contributes to a more efficient way of working.

*“Nice and clear subheadings are there to find what you want. So, you’ve got obviously medications, previous visits and various information. Really well laid out. Easy to find for me.”* Lead Nurse, domiciliary care

## Care provider case study - Home (Domiciliary) Care Setting

One registered care manager talks about her own experience of GP Connect whilst providing community care at home.

### **“GP Connect is an essential safety net.”**

Baxters Homecare provides a range of services, including specialist, dementia and palliative care. Registered Manager Andrea Baxter has been using GP Connect in her Digital Social Care Record since early 2021, and the ability to access GP records enables her to check patients’ medical history quickly before making important decisions.

*“We are seeing more patients with cognitive issues, and in many cases, they don’t have family members who can provide us with a reliable history,”* explains Andrea. *“We also don’t get all the information we need when a patient is referred to us. Previously we would have to call or email the GP, but now all I need is the patient’s name, date of birth and NHS number, and I can log onto GP Connect and get the information I need.”*

GP Connect has improved medication safety, as Andrea explains. *“We often have situations where a patient thinks they need to take a certain tablet in the morning and the evening, but the label on the packet says once a day. We can check immediately on GP Connect to make sure the patient gets the right dose.”*

Andrea also finds it easier to manage complex treatment regimes. *“We had a very ill patient who was taking antibiotics and steroids with the dose varying daily – when one medication increased, the other would decrease. GP Connect enables us to make changes to the doses in real-time and maintain the right balance for the patient.”*

Safeguarding is another area where Andrea has seen a positive impact from data sharing. *“Sometimes we have a case which rings alarm bells with us and could be a potential safeguarding incident. I can look on GP Connect and see whether the GP has had similar concerns or if the physiotherapist has also flagged up issues. We can all work together to ensure a patient stays safe.”*

## Care provider case study - Care Home (Residential & Nursing) Settings

One registered care manager talks about her own experience of GP Connect whilst providing care in residential and nursing care homes.

### **“GP Connect contributes to safe and effective care with accurate records.”**

The Future Care Group operates eighteen residential and nursing homes across the UK.

Stacey, Clinical Development Nurse at Future Care Group, explains, “Staff can understand the resident before they arrive. We can see what decisions their GP has made and reasoning for that. They can prepare accordingly and trust that the information is accurate.”

Before using GP Connect, Future Care Group would have to call through to the GP to access medical information, which took up a lot of staff time. If they were preparing to welcome a new resident, notes were not always accurate, and staff time was spent calling different places to retrieve the correct information. As Stacey explains,

“GP Connect contributes to safe and effective care with accurate records. It saves time and we have confidence in the information we’re receiving. The more you can get paperwork out of the way, the more time you can spend caring for residents.”

Before reaping the benefits of GP Connect through their DSCR, Future Care Group completed their Data Security & Protection Toolkit (DSPT), a self-assessment tool that all CQC providers should complete annually, to demonstrate that they had good data and cyber security arrangements in place. As Stacey explains,

“Achieving Standards Met on the DSPT meant we were able to access shared systems through our DSCR like GP Connect. The DSPT does take a while to complete, but after you’ve done it once, the resubmissions are so much easier. It opened up so many avenues for us, and our DSCR supplier was really supportive when we went through the process of completing it.”

# Wider implications for UK health and social care

***“Greater visibility in healthcare will help people manage long-term conditions more effectively on an individual basis. Data sharing could also enable more proactive planning on an organisational level to better manage the future needs of an ageing population.”***

Katie Thorn, Project Lead, [Digital Social Care](#)

Through the GP Connect working example, CASPA and its partners in health have created a working blueprint for a more joined-up future which will have far-reaching implications for the country's care providers, GP practices and hospitals.

Greater interoperability between health and social care is more than just a vision for the future; it is a reality for the here and now. Over the last two years, the barriers have started to come down, and there are exciting opportunities for more streamlined, two-way data sharing between social care and healthcare with a range of positive outcomes.

- **A healthier population**

Better information about patients will enable social care companies to deliver holistic, all-round care and keep people healthy for longer. Avoiding lengthy hospital stays allows people to maintain their independence and manage their health conditions in more comfortable surroundings near friends and family.

Elderly people and those with complex health needs – who make up a sizeable proportion of the future population – will ultimately gain a better quality of life.

- **Reduced pressure on hospitals and GPs**

A well-informed adult care sector can take some of the weight off the shoulders of the healthcare system. Instant access to medical and other relevant information means a care provider can make faster decisions about admitting new people into residential or domiciliary care, and this will help to address the issue of delayed discharges from hospital.

Having key health information means the care sector can reduce the number of people who need hospital treatment or GP consultations by delivering more targeted healthcare interventions in care. It will also mean GP practices spend less time retrieving and sending medical records to caregivers.

- **Fairer access to healthcare**

A better data-sharing solution will support the government in its ambition to level up health outcomes across the country. Closer collaboration between health and social care will sharpen the focus on prevention rather than cure and drive up the quality of community care.

Putting the emphasis on helping people look after their health will help to rebalance healthcare inequalities which were thrown into sharp relief during the Covid pandemic.

- **More accurate local and national planning and forecasting**

When social care providers using digital systems can easily share data with NHS entities, their Local Government Authority and the CQC, this data can be of benefit to both the care receiver whose data it is, and when anonymised and aggregated, provide additional insight for future planning. Data on the numbers of people being admitted into hospital from social care and why they are being admitted can help healthcare professionals develop interventions to support those people.

There is also potential, looking ahead, to use artificial intelligence to build risk profiles of people based on their care record, GP consultations, hospital admissions and other characteristics, for example, details such as when an elderly person is most likely to have a fall, or at what point people living with dementia need an increase in home care visits. This can feed into decisions about how and where to direct resources in the future.

- **Greater innovation**

The success of the CASPA partnerships in improving data sharing through GP Connect is a reflection of what can be achieved by involving pioneering and entrepreneurial private-sector businesses. The CASPA software companies are used to operating in a competitive marketplace and staying one step ahead in terms of vision and invention.

As was the case with GP Connect via DSCRs, this innovation is frequently achieved at no cost to the taxpayer, as it is considered necessary product research and development by CASPA members operating in a well-supplied and competitive UK marketplace. This is a differentiating factor between software in social care and how the market has developed in health.

This spirit of innovation and partnership will allow both the social care and health sectors to become more fleet of foot in addressing new challenges and adapting to change.

- **A stronger dialogue**

GP Connect integration is currently a one-way street, with care providers able to access GP records. The next logical step would be to move to a two-way information exchange, where care providers can share their data with GPs. The benefits of this are clear. A GP could log on and see how their next patient has been faring in their care setting and check for any recent incidents such as falls, mood changes or events such as bereavements before that person even enters the consultation room.

The GP Connect initiative for care providers is just the start of the journey towards better integration between health and social care. But one of the clear benefits of the CASPA blueprint is that it is building stronger relationships between the two sectors based on the mutual trust, respect and understanding of all stakeholders.

## Conclusion

Hardly a day goes by without a news report about hospital bed shortages, burdens on NHS staff or long waiting lists for treatment. But the only way to relieve pressure on the NHS is to give social care providers the additional insight they need to easily and rapidly keep people healthy in the community.

While there have historically been many barriers to closer collaboration between health and social care, these are gradually being broken down. CASPA and their NHS partners have created an Information Governance blueprint for better data sharing between health & social care, along with a commercial/operating model for software providers to consider, which is now giving care providers instant access to GP records. This is already resulting in a greater understanding of patients' needs, better quality of care and time saved for care professionals and GP practices.

Continued Government support for digitising Social Care, such as that provided for Digital Social Care Records via the NHS/Digital Social Care Assured Solutions List, has been and continues to be a foundational step in joining up health and social care.

Access to GP Connect via DSCRs is now helping care providers work more efficiently, and the logical outcome of this is likely to be a better use of time and resources, improved decision-making and increased job satisfaction and retention among the care workforce. Due to the success of this initiative, other data-sharing projects between health and social care are now being considered.



But it's the human impact of the initiative which is transformational, as the care providers' testimonials in this paper show.

Social care professionals are already able to act more swiftly because they know a patient's pacemaker has been reset, a new arrival has a serious allergy, or someone needs antibiotics right now and can't wait until after the weekend.

As health and social care continue to work more effectively together, there will be a greater understanding between the two sectors and a closer dialogue which will translate into a more informed and joined-up healthcare service.

In a country which is tackling ingrained health inequalities, and managing an ageing population, joining up health and social care through data is not only about efficient ways of working; it is an urgent moral imperative.

## CASPA

For more information about CASPA and its work in joining up health and social care, please visit <https://caspa.care/news/> or contact [membership@caspa.care](mailto:membership@caspa.care).



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# Appendices

## Appendix 1:

Copy of the communication between the Information Commissioner's Office and NHS X (now NHS Transformation Directorate).



Upholding information rights

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[www.ico.org.uk](http://www.ico.org.uk)

22 March 2022

Dear Catherine and Simon,

Thank you for your letter outlining your approach to access to filtered NHS GP Connect HTML Data by Registered Managers and other non-clinical staff in social care. We've also seen a response to you on this matter from Dr Nicola Byrne, the National Data Guardian (dated 14 March 2022).

We wanted to respond to confirm that we also feel reassured by your proposed approach. In particular it is positive that you have listened to feedback from us and the sector, and are now proposing to limit access to clinical data that is necessary and proportionate to the roles of non-clinical staff. We are encouraged to hear that your new proposal has received support from key sector stakeholders including the British Medical Association and Royal College of GPs.

We are also reassured that you are starting this programme through an initial cohort of approximately 400 CQC registered care providers who meet the specific criteria as set out in your letter. We feel that this would provide the scope you need to understand how the arrangements will work in practice and also to incorporate any lessons learned that will positively impact the programme ahead of further roll out.

We also welcome the requirement for care workers who access GP Connect to show evidence of completion of mandatory information management/governance training. The extra weight that UK GDPR gives to health data as special category data means that it needs to be treated with greater care when processing. Care home residents or people in care are among some of the most vulnerable members of society. Ensuring that staff have the competencies and training to undertake this role is key to making sure that people's personal data is used in a compliant way.

Finally, communication and engagement will be vital to ensuring that people understand how their personal data will be used. As we have seen from recent proposals for large scale data use proposals - including the General Practice Data for Planning and Research programme - transparency is key to securing and maintaining public trust. People need to understand what is happening with their data and why. It is positive that your proposals have considered this and focus on how you will inform people in care, through their social care providers, about gaining access to additional information. Information about the use of their data,

and how they can exercise their data protection rights, must be easily accessible and understandable, using clear and plain language. In addition, I'm pleased to read that there will also be an overall communication plan for GPs and the care sector.

There is an opportunity here to evaluate the effectiveness of your planned communications activities, to see if there are lessons that could be learned and shared with colleagues throughout the health sector who are working on similar initiatives using patients' data to achieve best practice in transparency and openness about how their data is being used.

Please do continue to keep me updated on the roll out of the programme.

Yours sincerely

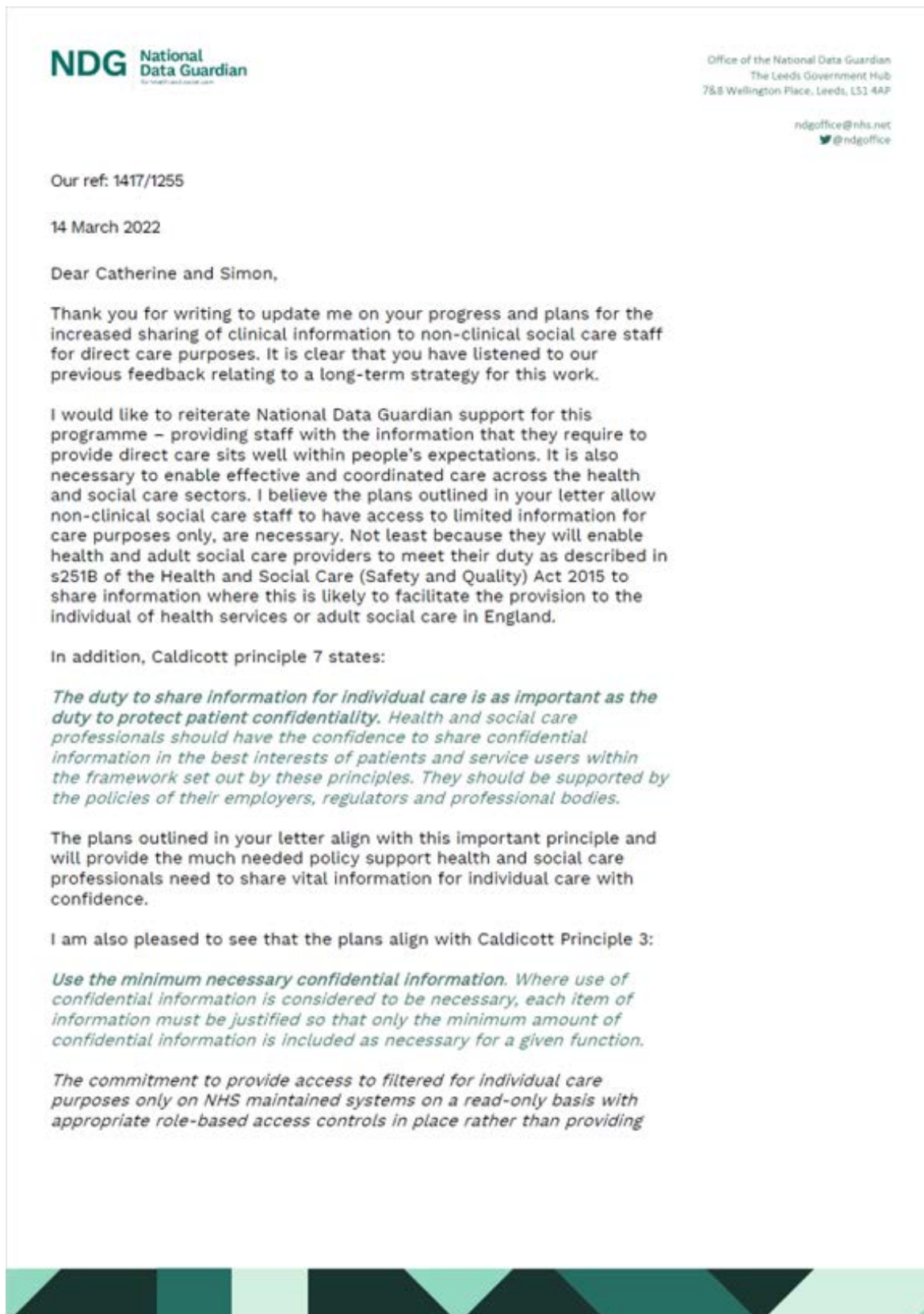


Ian Hulme  
Director, Regulatory Assurance

Cc: Nicola Byrne, National Data Guardian for Health and Social Care

## Appendix 2:

Copy of the communication between the National Data Guardian and NHS X (now NHS Transformation Directorate).





*routine access to the full GP records, ensures that non-clinical care staff will only have access to the information that they need in order to provide care to the individual.*

This work also seems a step towards achieving the ambitions below, as set out in the white paper – Health and social care integration: joining up care for people, places and populations:

- *People will move seamlessly between health and care settings because people and those supporting their health and care, including both professionals and unpaid carers, will be able to see and contribute to their care record and care plans.*
- *They can be assured that they will not become lost in the gaps between services, either experiencing long delays or with risk factors that should be proactively managed, because data is joined up and everyone who needs it can access it.*

That paper aims for professionals from social care and health to be able to contribute to a patient's care record. It would be interesting to understand if there are ambitions for non-clinical staff to be able to contribute to patients' records through this functionality.

I am reassured that you will be starting to grant this access to GP Connect to a cohort of care providers that have a 'met' status for their DPST standards, and that there will be audits of access and that safeguards will be in place for sensitive information. I am also pleased to see that you plan to communicate to, and engage with, patients and professionals.

I would appreciate if you would be able to keep me updated on:

- the progress on the roll-out
- plans to share good news stories of where this access has improved care for patients, and
- your plans for this programme once you have delivered and evaluated this initial cohort

With best wishes



Dr Nicola Byrne  
**National Data Guardian for Health and Social Care**

cc. John Edwards, Information Commissioner



## **Disclaimer**

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For more information about CASPA and its work in joining up health and social care, please visit <https://caspa.care/news/> or contact [membership@caspa.care](mailto:membership@caspa.care).

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