



Health and Justice

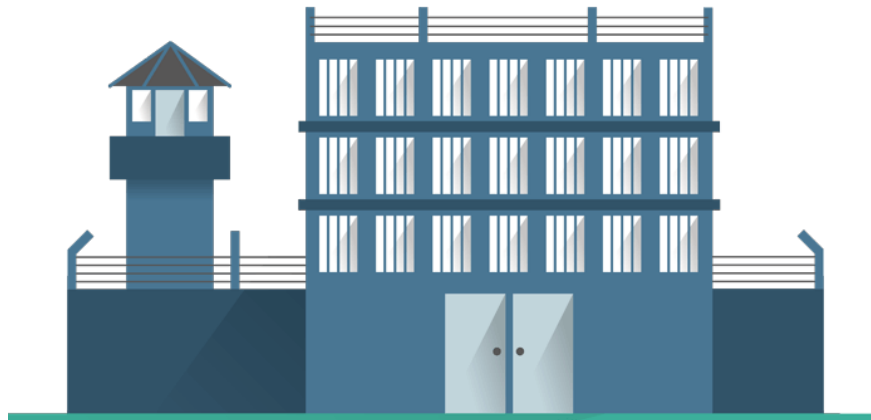
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Strategic direction for health services in the justice system: 2016 – 2020

- A drive to improve the health of the most vulnerable and reduce health inequalities
- A radical upgrade in early intervention
- A decisive shift towards person-centred care that provides the right treatment and support
- Strengthening the voice and involvement of those with lived experience
- Supporting rehabilitation and the move to a pathway of recovery
- Ensuring continuity of care, on reception and post release, by bridging the divide between healthcare services provided in justice, detained and community settings
- Greater integration of services driven by better partnerships, collaboration and delivery

Coverage and purpose

- 116 prisons, 11 IRCs, 14 secure children's homes and 4 secure training centres
- The new IT contract is the enabler
- Health needs are greater than that of the general population
- Care, not custody
- Focus on continuity of care including period of custody
- Prison performance reports are to be published



EHR benefits

- Clinical safety
- Optimised care along pathways
- Standardised care
- Quality care - transparency
- Patient experience
- Efficiency

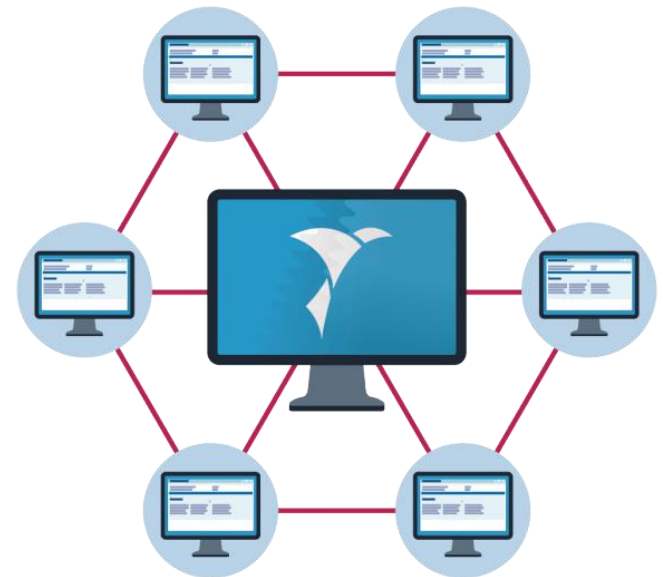
Quality – Safety – Finance

New in Health & Justice

- ✔ SPINE connectivity
 - PDS + RBAC
- ✔ Mobile working – flexibility
- ✔ Data extracts
- ✔ GMS equivalent registered patients – registration links
- ✔ GP2GP
- ✔ Greater sharing of records – SystemOne and wider interoperability

Across the Health & Justice estate

- Custody suites, greater SystemOne expansion
 - Northumbria, Northampton, Dorset, and the whole of Yorkshire using SystemOne in custody suites
- Courts
- Liaison & Diversion teams designed to be the link between care and custody.



Data Quality

- Improve data quality across the estate
 - needed to track improvements in the quality of patient care
- Outcome measurement
- Greater use of tools already in SystemOne
 - templates: mandating data entry across the whole estate for consistency and ease of reporting
 - Questionnaires
 - Protocols; CCDS
 - Prescribing

Sharing across Health & Justice (1)

- ✔ Christina Edkins
- ✔ Sharing information within the Health & Justice estate including temporary services – custody suites, liaison & diversion teams and courts.
- ✔ Sharing information while the patient is in prison with emergency services and mental health
- ✔ Ensuring the right information is shared so that they will get the right follow-up care
- ✔ Improving integration across physical and mental health



✔ Integrated record \neq integrated care

Sharing across Health & Justice (2)

- Transitions
 - Entry
 - Transfer
 - Release

- In custody co-ordination of care
 - Mental health
 - Drug and alcohol services
 - Long term conditions
 - End of life
 - LD
 - Health promotion

Research

- Data quality will ensure valuable research
- Secondary use, including healthcare analytics & public health surveillance. Examples include:
 - Syndromic surveillance
 - Reducing care inequalities
 - Reduce re-offending rates and premature deaths



Sharing the EHR (1)

- The enhanced data sharing model
- Consent driven
- Share INTO the organisation
- Share OUT OF the organisation
- Individual items marked as private
- Effect of GP2GP
- Sharing for pathways

Sharing the EHR (2)



GP, community, MH, substance misuse records shared

Shared record available to diversion services

Shared record available on admission to secure facility

Shared record available at intersite transfers

Shared record available for externally provided services

Shared record available during release planning

Shared record available to external agencies during and after release, including registered GP

