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Inter-Trust Cancer Messaging system set to 'go live'

In November's newsletter we highlighted a Working Together led pilot project for a UK first technology solution designed to speed up cancer patient referrals between NHS organisations. The project, which will reduce treatment waiting times and the likelihood of breach occurrences between acute providers, is now set to be rolled out across 19 tumour sites.

Inter-Trust messaging (ITM) has been developed thanks to the Working Together Partnership Vanguard and technology data management company CIMS using their InfoFlex Cancer Management system. The system allows patient data that has been inputted into the system at a referring Trust, to automatically be added to the cancer trackers worklist for the receiving trust, it also encourages an enhanced level of information exchange. This reduces the need for transcribing, ensures the information is received by the correct health professional in a timely manner and also reduces the risk of errors, all of which contribute to an improved service for the patient.

Over the past 5 months pilots have taken place for referrals of patients requiring lung, thoracic and upper gastrointestinal cancer treatment.

Comments from those involved in the pilot have included:

"It's going well. I think it will save time once we don't have to do both old and new systems." (Barnsley Hospital)

"Pilot going well, much quicker to send the new way. No issues I am aware of." (Sheffield Teaching Hospitals)

Consultation Findings on Children's Surgery and Anaesthesia and hyper acute stroke published

The Working Together Partnership Vanguard has been working with Commissioners Working Together on plans to improve the sustainability of children's surgery and anaesthesia, which has led to a consultation taking place over the past 5 months. Findings from that consultation are now available in the public domain, alongside findings from a consultation into hyper acute stroke: <http://bit.ly/consultationanalysis>

Responses received were of mixed sentiment depending on location and interest. Those who agreed with the proposal to change children's surgery and anaesthesia services did so because they felt the proposals offered a better quality of care for children with fairer and more equal access to services. There were also responses to say that people trusted in the NHS locally to make the best decision on their behalf. Those who disagreed did so because they felt the proposals would reduce access to care closer to home, the impact on patient outcomes and patient safety and some were sceptical about the reasons for change. A full analysis of all the findings and more detailed themes from both consultations can be found within the report.

The pilot has been successful, and April will see the fixing of all the technical issues that have been identified in the pilot, with a view to a go live decision across 19 tumour sites in May 2017. As part of the 'go live' Trusts will be able to access local support with any issues for a five week period, with the specialist technician who has developed the programme based at Sheffield Teaching Hospitals but able to quickly travel to the other Trusts to support any issues they might face.

Using the feedback from all partners, public and patients, full business cases, which will include the independent analysis of the responses to the consultations, will be considered by the Joint Committee of Clinical Commissioning Groups on 24 May (changed from original planned date of April 18 due to pre-election period) where partners are expected to make a decision about the future of the two services.

Radiographer Reporting Academy plans gather pace

For some time in radiology workforce recruitment has been a growing concern, both to acquire and particularly to report imaging investigations. In response, Working Together Programme has instigated an innovative clinical academy to increase the numbers of radiographers trained to report x-rays. This will be a collaborative approach within a single facility to ensure the standardisation and transferability of skills.

The plans for the academy are now well underway, with a first cohort of trainees due to start in a tailor-made suite in Rotherham in early September. Alongside education in the university setting a Clinical Educator will be recruited to deliver the course alongside input from radiologists across the region.

Helping shape the national accountable care collaboration network

As part of work to share learning and best practice, the Working Together Partnership Vanguard is currently working with the national new care models (NCM) team on the development of a 'framework document' which captures the learning from the Acute Care Collaboration vanguards and helps to share the learning and common models that can be adopted across the NHS.

The framework will describe why hospitals should collaborate, the different models that the Acute Care Collaborations have followed, and reflections on how to implement these models. Its intended audience is Acute Trusts, STPs and other local health systems.

Working Together Programme Team update

The Working Together Programme Team is heading into the 2017/18 year with some new faces in the team.

Michael Rodgers has now replaced Robin Drummond-Hay as the Informatics Lead. Michael said, "I'm excited to join the Working Together team. They've already achieved a lot with the informatics workstream but we have many more opportunities to further improve the joined up working across the region. I'm looking forward to playing my part."

Jonathan Edwards who had been the team's procurement lead has now left. Paul Ralston, Head of Procurement at The Rotherham NHS Foundation Trust has taken on responsibility for leading the collaborative approach.

Paul Ralston



Michael Rodgers



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