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**CONFERENCE ABSTRACT****Integration through Practitioner Ownership: A Welsh Story**17<sup>th</sup> International Conference on Integrated Care, Dublin, 08-10 May 2017

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**Background:** Development and provision of health and social care, based on the principles of Prudent healthcare<sup>1</sup>, centred around individual's needs continues to be the vision of Welsh Government (WG). Amongst the multitude of challenges, meeting the needs and expectations of 'High-need, High-cost'<sup>1,2</sup> population with complex needs, is currently affecting UK healthcare economy the greatest. Provision of care and partnerships amongst citizens and care-providers in more coordinated and integrated fashion is fundamental to achievement and demonstration of outcomes.

**Objective:** In recognition of the policy direction on integrated working practices, development of joint Health and Social care a Welsh Community Care Information Solution (WCCIS) is currently underway. Development and re-design of systems, processes, forms and care recording, which are consistent across and within care settings is recognised to be critical in addressing the aforementioned challenges and realising a range of additional benefits<sup>3</sup>.

**Highlights:** Senior sponsorship and endorsement of approach to review and standardise of clinical record and process across Wales, from the Therapy Adviser to WG and Welsh Therapies Advisory Committee (WTAC) and clinical informatics leadership steer NHS Wales Informatics Service (NWIS) has enabled National consensus on:

- a) Standardised therapy core data items: data definition, recording and collection of information
- b) Standardised and clinically assured set of Uni professional and Multi professional clinical templates, clinical reference data and in progress alignment with SNOMED-CT
- c) Specification for current and future information and reporting requirements
- d) Model for effective communication between and with health and social care.

This is a significant clinical and behavioural transformational change. An unintended consequence in form of increased trust in professional competencies and skills has been noted. Inter-professional integration in defining and specifying standards for clinical records has utilised in developing national standards for various assessments such as Foot Assessment and clinical record for Diabetic patients by the 'Gold Standard' Podiatrists, adopted by Diabetologists.

**Transferability:** Here in NHS Wales the clinical leadership and ownership of the above approach by frontline clinical staff is leading to development of first in class 'Clinical Interoperability' across range of professions. In complement the model has the potential to safely and effectively blur the professional boundaries, through utilisation and sharing of standardised information, assured to be compliant with clinical, professional, information governance standards.

Approach and the products on offering from NHS Wales are portable, these should be of interest and application beyond the health and care boundaries of UK. Provision of evidence based care, similar epidemiological state and common challenges affecting the developed world healthcare services strengthens the above argument.

Clinical and Policy leaders have an opportunity at hand to collaborate with NWIS in scaling and overcoming the challenges by adopting an alternative bottom up approach empowering clinicians<sup>4</sup> critical to success<sup>5</sup> to lead and catalyse whole system wide transformation. In recognition of the discovery of potential 'winning formula' interest from colleagues in New Zealand, Northern Ireland, Academy of Royal Medical Colleges etc is being progressed.

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**Keywords:** integration; standardisation; change; interoperability; empowerment; leadership

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