



**Great North<sup>®</sup>  
Care Record**

Bringing the North East and  
North Cumbria's healthcare together



Celebrating  
the Great North Care Record

# Welcome

Since the public launch of the Great North Care Record (GNCR) in 2020, our region has been at the fore in the development of shared care records to support direct care. Collectively, through promotion and use of GNCR, we have all broken down local borders in respect of appropriate data being made available, which once would have limited the experience provided.

When the GNCR was first conceived, there was some negativity and naysayers who challenged that information governance rules and public perceptions would prevent shared care records from getting off the ground. I'm delighted to say that now seems a long time ago. Guided by the Caldicott principles, our region has delivered an interoperable healthcare system, saving professionals vital time, where everyone involved in the care of a patient can see and share their relevant health and care data.

Clearly a lot has changed since the original concept of the Great North Care was born. Patients and the public are more comfortable and confident with their health data being securely shared with those who need access to it. Health and social care staff are more proficient in using various EPRs and continue to develop innovative ways to streamline data capture tools and systems.

Previously, there was one service which had 16 different systems for managing a single patient. This was not interoperable or capable of sharing high quality data, so there was no single view of the patient available. I'm delighted to say that these scenarios in the main are a thing of the past.

We continue to see month on month growth, regarding the number of views the platform achieves across the region – with the GNCR surpassing 10 million user views in the summer of 2023. Together we have demonstrated what can be achieved with a common purpose working at scale and providing care professionals with the right data at the right time.

As you will see with the stories shared from GNCR ambassadors, our roadmap and the content on our newly redesigned website, our service plays a vital role in the care being delivered for patients and delivering on the NHS's national agenda.

After years of planning and collaboration there is still much to be done. Although we are seeing record views each month, we do so with just over 24,000 users. By sharing the benefits and awareness of the GNCR across each organisation in the region, in every clinical discussion you have, we will see usage skyrocket and crucially see an increase in positive patient outcomes and engagement.

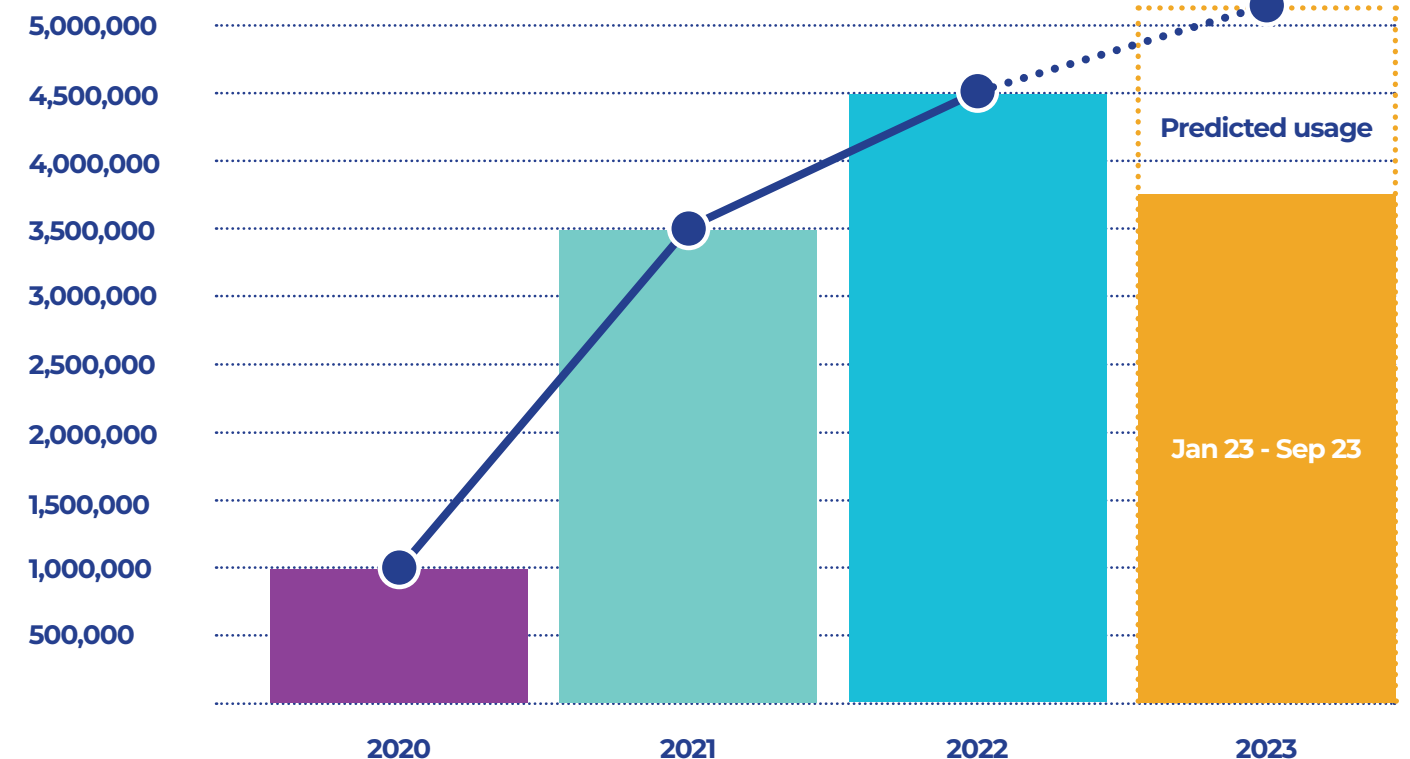
We acknowledge that due to a disparity in digital maturity across the sectors, places and care settings that not all information can be presented. However, the national Levelling Up agenda will support the availability of appropriate data across all our organisations in the region.

Together we must continue to collaborate, as we have done so well throughout the journey of the Great North Care Record.

**Lisa Sewell**  
Programme Director

# Usage Stats

Yearly views



“It’s an excellent way to follow my patients’ progress”

**Jay Vasani**  
Consultant Physician North Tees Hospital





# Case Study

Ish is a Consultant Upper GI Surgeon at University Hospital of North Tees. He works in outpatient clinics, carries out elective operations and works on call with patients in need of emergency surgery. He works mainly with patients who need surgery on their gallbladder or pancreas and handles referrals to and from the Freeman Hospital in Newcastle (about 40 miles away, in a different NHS organisation) where they are assessed and treated by a multidisciplinary team (MDT).

Alongside his clinical work, Ish supports North Tees to deliver its digital agenda and digitise all care across the Trust, as part of his role as Clinical Safety Officer (digital).

**Ish Ahmed**  
Consultant Upper GI Surgeon  
North Tees Hospital

“It’s bringing all the digital records across the region together into one platform”

## How he uses the Great North Care Record

In Ish’s hospital, there is an electronic patient record (EPR) called TrakCare that is linked directly to the Great North Care Record (GNCR). Primarily, Ish uses the GNCR to look at a patient’s GP record. This is the most common way amongst Ish’s team to get information on a patient, including GP contacts, diagnoses, or allergies. The GNCR also now provides ambulance data, which is beginning to be used more frequently.

Ish often has to care for patients that are referred to or from the Freeman Hospital and he uses the GNCR to track discussions from the MDT there to understand what their plans are for each patient. For example, they may not want to proceed with surgery if they are still investigating.

“Every episode related to that patient in the Freeman, including the benign hepato-Pancreatico (HPB) MDT discussion where they discuss a lot of the patients, I’m involved with. All those discussions are recorded on the GNCR so it does make it a lot easier.”

## Why the Great North Care Record makes a difference

“There’s nothing I would change about it”

Prior to the introduction of the GNCR, Ish’s interactions with the Freeman Hospital MDT were a lot more cumbersome. He would have to call various secretaries to get the relevant clinic letters, which can take up a significant amount of time. As the GNCR provides that information immediately, Ish no longer needs to chase around or try to piece different pieces of clinical information together.

“In the days when we didn’t have the GNCR, I would not have known if the patient has been referred to the Freeman or not. So, if I knew the patient has been referred, then I’ll go down the route of ringing up the secretaries to find out what’s the latest plan for that patient. Now I don’t need to know whether they have been referred or not, I just open the GNCR, get into that correspondence section and if they have been referred. All the data, all the letters are in there.”

Ish also says that when reporting test results through various systems, having them all in one place in the GNCR is much easier than it used to be, lessening the risk of error.

“In the past we used to have [all our different reporting screens] open separately, and then you’re copying a number and pasting. This is fine when you’re just seeing one or two patients, but when you’re doing a ward round of 30 to 35 patients, it’s just a matter of one wrong click and you’re seeing the wrong report.”

## Plans for the future

As part of Ish’s digital role, he wants to ensure all clinicians in his hospital are using GNCR as their main source of patient information. From junior doctors to nurses, he believes that the simplicity of having everything in one place can save time and hassle for his colleagues and there are plans to make access to the GNCR even wider across his trust.

“We are on call every six weeks for about a week or so (on average). In every cycle you do find one or two junior doctors who have not been exposed to the Great North Care Record and that’s when I say ‘look, you can access these from the GNCR’.”

# What's Being Shared

Data shared	Foundation Trusts	Primary Care	Local Authorities	Community Services	OOHs GPs	Hospices	0-19 Services	Child Health
Allergies	✓	✓	—	✓	✓	✓	✓	✓
Problems & diagnosis	✓	✓	—	✓	✓	✓	✓	✓
Investigations	✓	✓	—	✓	✓	✓	✓	✓
Vital signs	✓	✓	—	✓	✓	✓	✓	✓
Consultations	✓	Coming Soon	—	✗	✗	✗	✗	✗
Vaccinations	✗	✓	—	✓	✓	✓	✓	✓
Documents/ letters	✓	Coming Soon	—	✗	✗	✗	✗	✗
Appointments & encounters	✓	✓	—	✓	✓	✓	✓	✓
Medications	✗	✓	—	✓	✓	✓	✓	✓
Risks/Alerts	✗	✓	—	✓	✓	✓	✓	✓
Maternity	Coming Soon	—	—	—	—	—	—	—
Adult Social	—	—	✓	—	—	—	—	—

## Foundation Trusts

- The Newcastle Upon Tyne Hospitals NHS Foundation Trust
- South Tyneside & Sunderland NHS Foundation Trust
- Gateshead Health NHS Foundation Trust
- County Durham And Darlington NHS Foundation Trust
- North Tees And Hartlepool NHS Foundation Trust
- North Cumbria Integrated Care NHS Foundation Trust
- Northumbria Healthcare NHS Foundation Trust
- South Tees Hospitals NHS Foundation Trust
- Tees, Esk And Wear Valleys NHS Foundation Trust
- Cumbria, Northumberland, Tyne And Wear NHS Foundation Trust
- North East Ambulance Service NHS Foundation Trust

## Primary Care

- Primary Care - County Durham
- Primary Care - Newcastle Gateshead
- Primary Care - North Tyneside
- Primary Care - Northumberland
- Primary Care - South Tyneside
- Primary Care - Sunderland
- Primary Care - Tees Valley

## Out of Hours GPs

- Out of Hours GatDoc
- Totally Group (Vocare)
- Cumbria Health on Call (CHOC)
- ELM Alliance
- Tyne Health
- Durham Dales Health Federation
- Hartlepool & Stockton Health
- Sunderland GP Alliance

## Local Authorities

- Stockton Council
- North Tyneside
- South Tyneside
- Cumbria Council
- Darlington Council
- Redcar & Cleveland Council
- Middlesbrough Council
- Gateshead Council
- Newcastle Council
- Hartlepool Council
- Durham Council
- Northumberland Council
- Sunderland City Council

## Community Services

- The Newcastle Upon Tyne Hospitals NHS Foundation Trust
- South Tyneside & Sunderland NHS Foundation Trust
- Gateshead Health NHS Foundation Trust
- County Durham And Darlington NHS Foundation Trust
- North Tees And Hartlepool NHS Foundation Trust
- North Cumbria Integrated Care NHS Foundation Trust
- Northumbria Healthcare NHS Foundation Trust
- South Tees Hospitals NHS Foundation Trust
- Tees, Esk And Wear Valleys NHS Foundation Trust
- St Cuthberts

## Hospices

- Hospice at Home West Cumbria
- Hospice at Home Carlisle and North Lakeland
- Hartlepool Hospice, Alice House
- St Oswalds
- Eden Valley Hospice
- Marie Curie
- St Benedicts Hospice
- Butterwick
- Teesside Hospice
- "St Teresas Hospice (Darlington & District Hospice Movement)"
- Willowburn Hospice (Derwentside Hospice Care Foundation)
- Tynedale Hospice

## 0-19 services

- 0-5 North Yorkshire
- 5-19 North Yorkshire
- HDFT Childhood Immunisations
- 0-19 County Durham North
- 0-19 Darlington
- 0-19 County Durham South
- 0-19 County Durham East
- 0-19 Gateshead
- 0-19 Stockton
- 0-19 Sunderland
- 0-19 Middlesbrough
- 0-19 Northumberland
- 0-19 Children's Public Health Service – North Tyneside

## Child Health Information Services (CHIS)

- Newcastle Upon Tyne NHS FT (Newcastle / Gateshead Area)
- Northumbria NHS FT (North Tyneside & Northumberland Area)
- South Tees NHS FT (Tees Valley & South Tees Area)
- Cumbria NHS FT (North Cumbria Area)
- North Tees and Hartlepool NHS FT (Tees Valley & Hartlepool & Stockton Area)
- South of Tyne (South Tyneside, Sunderland & Newcastle/Gateshead Area)
- County Durham Darlington NHS FT (County Durham & Tees Valley & Darlington)

## Out of Hours Dentistry

- TI DCAS – Bernicia House
- North Cumbria – Carlisle DAC & Whitehaven DAC Hospital Sites
- North of Tyne – RVI DEC / Wansbeck Hospital / Molineux Centre
- South of Tyne – Sunderland City Royal Hospital / Palmers Hospital
- Durham & Darlington– N Durham University Hospital / Darlington Memorial – Firthmoor
- Teesside – North Ormesby Health Care Village



# Case Study

Julie has been a mental health nurse for 34 years – working largely for CNTW – supporting patients facing serious mental illness. Her interest in physical health alongside mental health led to her current role as a Community Practitioner. She provides regular health checks, around things such as blood pressure, lifestyle, alcohol, substance misuse, blood sugars, cholesterol, and BMI to people with serious mental illnesses.

This helps support them more holistically and ensures that any side effects from any prescribed medication are managed.

“We do those initial health checks when people are starting on anti-psychotic medications and if they’re on, for example, lithium for a mood disorder, then we’ll do the ongoing monitoring of that.”

Julie and her team work closely with GPs across the region to make sure they’re not duplicating any medication, treatment, or checks. She started using the HIE (Health Information Exchange) as soon as it was rolled out, having used a more basic shared care record system beforehand.

**Julie Taylor**  
Community Practitioner  
(Physical Health)  
Cumbria, Northumberland,  
Tyne and Wear NHS Foundation Trust

## How Julie uses Great North Care Record

“I use it every day! It’s my first port of call.”

There are several ways Julie uses the Great North Care Record in her day-to-day work.

Firstly, from a clinical perspective, if there is an appointment for a basic health check, she uses it to see if a patient has recently had any of the tests she’s due to carry out – so she doesn’t have to repeat them. This saves time and disruption to her patient – by seeing their GP record, she can confirm what is needed to be done by her team and can support GPs by offering any tests or checks they may be due to undertake soon as well – meaning unnecessary, repetitive appointments can be avoided.

Secondly, Julie uses it to source further information about a patient, and shape their story – what additional treatment, medication, or support they are receiving, as well as any changes that may impact their illness.

“We check anything else that’s going on from a health point of view because patients are not great historians. They’ll use different words to describe different diagnoses, that can have a bearing on their treatment.”

It’s therefore important for Julie and her team to understand all prescribing and treatment a patient is receiving, to ensure they can manage any potential complications.

This was particularly important on one occasion where a patient had not turned up to Julie’s clinic. They had been prescribed with clozapine – an anti-psychotic that needs to be carefully managed and regularly taken. They had a number of physical health problems, including benign brain tumours, and had recently been in hospital. Upon discharge, the patient was due to attend Julie’s clinic for a health check within three days – on this occasion, they did not turn up. Julie called the patient’s phone and went to their house, but there was no answer. Previously, at this point, Julie and her team would have contacted the police to do a welfare check, as prolonged periods without this medication can be a risk.

Before she called the police, Julie checked the patient’s shared care record on the GNCR. She saw that the ambulance service had indeed taken them back to hospital – she was able to see where the patient had been taken, and why, and was able to communicate with those caring for them so they could administer the clozapine dose they needed.

This incident is a great example of how Julie uses the GNCR to provide better care for her patients, saving additional public resource.

Thirdly, as this example shows, the GNCR is a valuable resource for Julie to communicate with other organisations and departments about her patients’ complex needs. If a patient has contact with multiple care organisations, if they are not all in touch, they can prescribe care or medication that can have a negative impact on their illness.

“As a prescriber you’ve got to have that knowledge, but if it’s not there, you’re going off the best information you can, and that can put people at risk.”

## Using GNCR in the future

Julie encourages all her team to use the GNCR as a key source of information about patients – she regularly reminds new staff members of its functionality, and encourages questions to be asked about the system.

“There are so many people who can be involved in someone that they don’t even think to tell you about.”

As more social care organisations come on board with the GNCR, Julie sees this as an important step in providing person-centred care for her patients. As many of her patients are in contact with several social care aspects – including accommodation support, homelessness specialists, and social workers – she finds the more she knows about what support a patient is getting, the better care she can provide.

Going forward, Julie can only anticipate the GNCR continuing to be a valuable resource for her team, and supporting the care she provides to patients.

“I use it every day! It’s never not been useful.”

“We are able to double check against acutely prescribed medications for risk of potential for side effects”

# Roadmap

2023 - 2024

## 01 August 2023

- South Tyneside Council (Viewer)
- County Durham & Darlington FT (Phase 1)

## 02 September 2023

- Change Freeze 11.9.23 GNCR System Upgrade 2023.1
- OOH Dentistry Viewing Access
- Gateshead FT – Vital Signs

## 03 October/November 2023

- Upgrade 2023.1
- Gateshead Council
- Remaining 0-19 Services

## 04 December 2023

- BadgerNet Integration – Gateshead FT
- GP Connect Integration – HTML Reports
- Hospices Phase 2
- County Durham & Darlington FT (Phase 2)
- South Tees FT

01

02

03

04

05

06

07

# Feedback

We are always keen to hear from our users and partners on what they think of GNCR. We're also always on the lookout for new GNCR ambassadors and patient stories!

If you have any feedback, an example where patient care was improved through using the GNCR that you'd like to share, or would like to become a GNCR ambassador, please email [michael.lowdon@nhs.net](mailto:michael.lowdon@nhs.net)

## 05 January 2024

- BadgerNet Integration
- GP Connect Integration - Structured Data
- North Tees FT – Additional Data
- Hospices Phase 2

## 06 February 2024

- BadgerNet Integration
- GP Connect Integration - Structured Data
- Northumbria FT

## 07 March 2024

- BadgerNet Integration
- GP Connect Integration - Structured Data
- Tees Esk & Wear Valleys FT
- Cumberland and Westmorland Council
- NCIC FT



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