Digital Guide

There has been considerable interest in a 'digital' version of ReSPECT. This document has been written to provide an overview of current position and also to provide a roadmap toward digital maturity.

Digital Maturity

In order to fully appreciate the current position, it is important to understand that there are a number of stages on the road to a fully digital solution for a dataset like that of ReSPECT. Whilst it is theoretically possible to jump straight from the beginning to the end of this journey there is no current way of facilitating this.

For the purposes of ongoing discussions, we have described the stages of ReSPECT digital maturity below:

Level 1: All documentation paper based. No electronic records.

Level 2a: Documentation is completed on a computer using a word processor and stored to a word or pdf file. These files may then be saved on an existing electronic patient records (EPR) system, saved to a local hard drive or printed out and placed in the notes. The information stored at levels 1 & 2a only is known as unstructured data; the data is only available in its entirety and cannot be interpreted by any EPR.

Level 2b: Documentation is completed on an EPR and the individual fields are captured separately so that they can be flexibly called and inserted into displays or documents as required. This is known as structured data.

Level 3: This captures additional functionality required for multiple organisations to access the data in order to provide a seamless patient experience. This may be at a regional or national level. It includes level 2 function but in addition all records are managed by a central system that ensures there is only one version of each patient's data. It should also provide a directory of where that data can be found. Appropriate staff can access the data, by accessing the server.

Level 4: As level 3 plus the local (or regional) EPR system is integrated with the managed central repository to enable the data contained in the ReSPECT dataset to be imported and surfaced in the EPR. Full functionality should also allow it to be updated and exported back to the hosting service.

It is worth noting that the centrally accessible data described at level 4 may also be realised without the structured data format described in Level 2b. The central repository may also be read only or read/write thus creating hybrid levels to those described above.

Current Position

The majority of centres are currently operating at level 1 or 2. If your centre is fully paper based you can obtain a structured word file and a writable pdf document from the ReSPECT implementation team to facilitate progression to level 2a.

A few centres have reached level 2b by configuring their EPR to capture the data into their system and making it available all users of their systems.

We are not aware, at the current time of any projects that have progressed to level 3. The national Chief Clinical Informatics Officer is strongly supportive of digital tools to facilitate communication of clinical data, between different EPRs through the use of standard digital protocols. NHS Scotland is currently committed to developing their IT infrastructure to deliver this functionality but at the current time there is less coordination in the UK.

Sharing Electronic Resources

There are currently at least four suppliers providing EPR software to primary care and significantly more providing it to secondary and tertiary centres.

Each time an EPR system is deployed it is built and tailored to the local requirements. The consequence of this is that if an electronic version of ReSPECT is built, using Centre A's software platform, supplied by vendor 1, it is may not be portable to Centre B's platform, even if it was also supplied by Vendor 1. This would be possible if a standard configuration was used for core data, but there is no mechanism, or regulation to ensure this happens in the UK at this time.

The guidance emerging from NHS Digital will mandate that new EPR systems must be able to communicate using standard digital protocols. Further, national guidance directs that the PRSB should oversee clinical data standards and CareConnect supervise FHIR standards. However, these processes and their integration into current systems is only just beginning to be developed.

ReSPECT Digital Sub Group Activity & Function

This group is supporting a dialogue between parties that are trying to facilitate the full digital realisation of ReSPECT. It is also lobbying for a standard, central management system, or central host, for ReSPECT form data that could provide a model for other key clinical data sharing.

The group is also keen to hear from any centres that have built a ReSPECT form module into their EPRs. Where possible it will facilitate the sharing of such developments within the constraints described above (and within the IP constraints of the organisation that developed the module).

Regulation

At the current time all centres that wish to utilise the ReSPECT form on their EPR systems must use exactly the same data fields that are present on the paper form. Also, any output from those systems of printed or digital unstructured data must reproduce the same structure and layout as the current ReSPECT paper form.

It is noted that it may not be possible to exactly match the physical layout of the current form, but there must be no ambiguity introduced. All electronic pdfs or printed forms carrying the ReSPECT logo should be submitted to the implementation team for approval.