

# **SIDeR**

(Somerset Integrated Digital  
electronic Record)

## **Benefits**

## **Realisation**

**Report 2020-2024**

**v1.0**

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## Section 1- Introduction

### Background

SIDeR (Somerset Integrated Digital electronic Record) is an integrated digital electronic person record service that brings together information, on demand, from provider health and care systems across Somerset into one place, so that health and care professionals can see a ‘whole system’ person record when they are providing direct care. The SIDeR Programme was commissioned in 2018, the live system launched in late 2020.

The first SIDeR development and support contract, with our technology partner Black Pear, expires in March 2024. The programme team followed a national framework procurement process to establish a fresh new second contact, called SIDeR+, which will run for at least five more years, to March 2029.

Key information such as alerts, medication, allergies, problems, procedures, encounters and contacts are available in SIDeR, compiled on demand from person records held by the following organisations in Somerset:

- Somerset NHS Foundation Trust Acute Trusts (Musgrove Park Hospital and Yeovil District Hospital)
- Somerset NHS Foundation Trust Community and Mental Health
- 61 out of 62 GP Practices
- St Margaret’s Hospice
- Somerset Council- Adults and Childrens’ Social Care, plus Public Health Services

SIDeR can be launched via a contextual launch button built into each main native health and care system used in the above settings, avoiding the need for the user to have to connect and login to a separate system and spend time searching for the same person’s records.

In addition to the organisations listed above, the following organisations can also access SIDeR:

- NHS Somerset
- University Hospitals Bristol and Weston
- Dorset County Hospital
- The Blackdown Practice
- A number of Community Pharmacies

There are plans to expand SIDeR access to a range of other health and care organisations in Somerset and in the neighbouring counties, including:

- Dorothy House Hospice
- South Western Ambulance Service NHS Foundation Trust
- 
- Devon Doctors
- Royal United Hospitals, Bath
- Practice Plus Group Hospital, Shepton Mallet

To view more information on SIDeR please select the following link:

[SIDeR - NHS Somerset](#)

To view a video tutorial on SIDeR please select the following link:

[SIDeR Shared Care Record - YouTube](#)

To view SIDeR's FAQ please select the following link:

[SIDeR - further information - NHS Somerset](#)

## Document Overview

The SIDeR Benefits Realisation Report looks at the return on revenue and capital investment during the period of 2020-2024, the duration of the first SIDeR contract.

This document will be focusing on the benefits of the first SIDeR contract to clinicians across Somerset and aims to establish a baseline for future benefits management work, usage and outcomes from 2024/25 onwards.

The document is split into seven sections:

**Section 1- Introduction-** Sets the scene for the report, provides background and key SIDeR information.

**Section 2- Summary of Findings-** Includes high level headlines from the SIDeR Benefits Realisation Questionnaire and the SIDeR Benefits Workshop.

**Section 3- Survey Results-** Dives into the SIDeR Benefits Realisation Questionnaire results.

**Section 4- Workshop Results-** Dives into the SIDeR Benefits Workshop results.

**Section 5- SIDeR Statistics-** Focuses on usage statistics for the duration of the first SIDeR contract from November 2020 (go live) to March 2024 (end of the first contract).

**Section 6- Conclusion-** Summaries the report, bringing it to a close.

**Section 7- Appendices-** Includes supporting evidence that links to certain sections in the main report.

## Benefits Management Tools

In preparation and during the SIDeR Benefits Realisation project, the SIDeR programme team were reaching out to subject matter experts and learning tools that would assist them in carrying out this project.

The SIDeR team have regularly met with the NHS England Benefits Team over the last year, to gain knowledge and best practice for when starting and working on a benefits realisation project. A range of different meeting methods were conducted by NHSE in this period, to try and give us the best understanding of the subject. These included:

- Attended the Shared Care Record Summit- This included a benefits session and show and tell exercise on other counties benefits experiences, it was beneficial to get an understanding of the fundamentals of benefits and to identify lessons learned from other counties.
- One to ones between the SIDeR team and NHSE- These were beneficial to ask any further questions and to focus guidance on areas that were not understood as well as others.
- Benefit Workshops- An interactive learning session around the fundamentals of benefits realisation.
- Knowledge sessions- Similar to the above, a session presented by NHSE, passing benefits knowledge to the group.
- Quiz and assessment sessions- Helps to retain information and to identify areas of benefits methodology that we are not as strong on, to then rectify.
- Show and tell discussions from other county's ShCR's- Acknowledging areas of strength that could also be used as a positive in Somersets project, as well as being cautious to any lessons learned, preventing them from surfacing in Somerset.
- National reporting- Completing monthly progress and quarterly benefits reports to NHSE has been beneficial to cement knowledge and to view tasks from a benefits perspective, identifying areas to consider that might have otherwise been missed.
- Guidance on the questionnaire- The SIDeR team discussed the questionnaire with NHSE who in turn provided advice and areas to consider before sending it out.
- Guidance on the workshop- The SIDeR team discussed the plan for the workshop with NHSE who provided some good tips. NHSE were also asked if they could help facilitate the session as they are subject matter experts.

The SIDeR Team have also been in contact and met with Somerset Foundation Trusts Benefits Team. It was beneficial to gain advice and best practice from subject matter experts in the benefits field. The questionnaire was discussed and reviewed with the team before sending it out and a couple of team members have agreed to help facilitate the benefits workshop on behalf of the SIDeR team to ensure we get maximum output from the day.

The SIDeR team have been networking with other counties shared care records and in particular the Dorset County Record. This is to understand their approach to benefits realisation, any helpful tips they identified and any lessons learned, to ensure the SIDeR benefits realisation project is conducted to the highest quality.

## Section 2- Summary of Findings

### Summary of Survey Findings

The SIDeR Benefits Realisation Questionnaire was sent to 1,758 contacts (made up from 1,616 April SIDeR Users and 142 GP Practice Users) on 14/06/23 and subsequently closed on 14/07/23, therefore live for a calendar month, there was also a reminder sent out to the 1,758 contacts on 23/06/23. In total, 349 responses were received which is a response rate of 19.9% and on average it took 6 minutes and 23 seconds to complete the questionnaire. A full breakdown of the 349 responses to each question can be found in appendix B. NHSE and the SFT Benefits team both advised a target of between 10-15% was a satisfactory response rate, so nearly 20% was substantial.

A summary of the key survey findings are as follows:

- The three top scoring organisations that SIDeR users work for are Somerset FT (Community & Mental Health), NHS Somerset and Somerset Council (Adults).
- The three top scoring job roles for SIDeR users, other than the 'Other' option, are Nurse, Mental Health Team and Doctor.
- 87.7% of SIDeR Users said they that find SIDeR useful.
- The top three scoring areas of SIDeR that SIDeR users find useful are GP Information, Medication and Active Problems.
- 186 responses were submitted by SIDeR users sharing their opinions on what information is currently missing from SIDeR that would help them.
- 83.3% of SIDeR users said that using SIDeR saves them time on a daily basis.
- Out of the 211 SIDeR users that said SIDeR saves them time daily, a potential daily cost avoidance of approx. £1,169.62 will be saved.
- The two top scoring methods of how SIDeR users use to gather information before using SIDeR were a telephone call and via another electronic record.
- 57% of SIDeR users thought that using SIDeR saved them paper on a daily basis.
- Out of the 330 SIDeR users that said SIDeR saves them paper daily, 560 pieces of paper will be saved a day.
- For every 12 clinicians using SIDeR across a year, one whole tree and 18,870 gallons of water will be saved.
- 79.9% of SIDeR users thought using SIDeR improves the persons care experience.
- 82.2% of SIDeR users thought using SIDeR improves person safety and management of risk.
- 76.8% of SIDeR users thought using SIDeR improves clinical confidence and decision making.
- SIDeR users provided 222 responses for an example of when SIDeR has helped them treat / care for a person.
- 69 SIDeR users provided their email address for the team to contact them to provide them with more information on SIDeR.
- All of the above survey findings can be found in Section 3, further down the report.

## Summary of Workshop Findings

A SIDeR Benefits Workshop was held on 20/09/23 at The Holiday Inn Taunton, with the aim of collating user feedback and experiences of SIDeR, how it helps and how it could also be improved for clinicians across Somerset. The attendees were made up of 26 SIDeR users, 4 members of NHS Somerset/The SIDeR team, 3 members of the SFT Benefits team, the SIDeR Clinical Safety Officer and NHSE’s One South West Shared Care Records Programme Manager.

A summary of the key workshop findings are as follows:

- All 26 SIDeR Users contributed to creating a range of process maps for the patient pathway, going into detail on how SIDeR would support the user in their day-to-day role at each step of the patient pathway.
- All 26 SIDeR Users shared their opinions on potential SIDeR enhancements/change request ideas that would benefit them and other clinicians across Somerset, for the SIDeR Programme Team to review.
- All 26 SIDeR Users relayed their thoughts on how SIDeR improves their day-to-day role, using the benefits pathway to capture key information.
- All of the above workshop findings can be found in Section 4, further down the report.

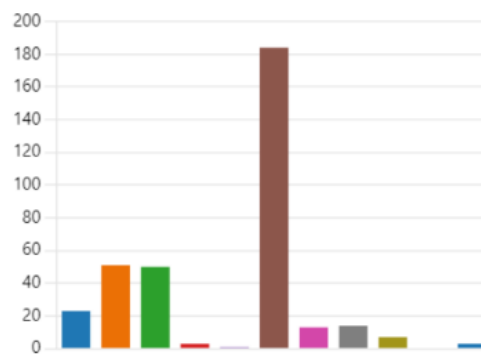
## Section 3- Survey Results

### User Organisation

1. What organisation do you work for?

[More Details](#)

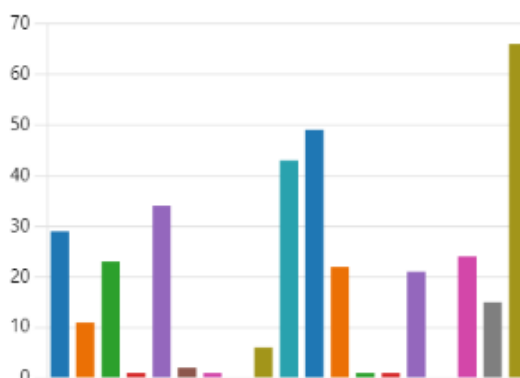
GP Practice	23
NHS Somerset	51
Somerset Council (Adults)	50
Somerset Council (Children's)	3
Somerset Council (Public Health...)	1
Somerset FT (Community & Me...)	184
Somerset FT (MPH)	13
Somerset FT (YDH)	14
St Margaret's Hospice	7
University Hospitals Bristol & W...	0
Other	3



## 2. What is your job role?

[More Details](#)

● Administrator	29
● Care Coordinator	11
● Community Nurse	23
● Dietician	1
● Doctor	34
● HCA	2
● Health Coach	1
● Hospice Team	0
● Medical Secretary	6
● Mental Health Team	43
● Nurse	49
● Occupational Therapist	22
● Paramedic	1
● Pharmacist	1
● Physiotherapist	21
● Practice Nurse	0
● Social Worker	24
● Therapist	15
● Other	66



In total all 349 responders answered this question, 'What organisation do you work for?'. Below is a breakdown of the total responses and the percentage of submissions per organisation, in descending order:

Organisation	Total Responses	Percentage Split
Somerset FT (Community and Mental Health)	184	52.7%
NHS Somerset	51	14.6%
Somerset Council (Adults)	50	14.3%
GP Practice	23	6.6%
Somerset FT (YDH)	14	4%
Somerset FT (MPH)	13	3.7%
St Margaret's Hospice	7	2%
Somerset Council (Children's)	3	0.9%
Other	3	0.9%
Somerset Council (Public Health Nursing)	1	0.3%
University Hospitals Bristol & Weston	0	0%



## User Job Role

In total all 349 responders answered this question, ‘What is your job role?’. Below is a breakdown of the total responses and the percentage of submissions per job role, in descending order:

Job Role	Total Responses	Percentage Split
Other	66	18.9%
Nurse	49	14%
Mental Health Team	43	12.3%
Doctor	34	9.7%
Administrator	29	8.3%
Social Worker	24	6.9%
Community Nurse	23	6.6%
Occupational Therapist	22	6.3%
Physiotherapist	21	6%
Therapist	15	4.3%
Care Coordinator	11	3.2%
Medical Secretary	6	1.7%
HCA	2	0.6%
Dietician	1	0.3%
Health Coach	1	0.3%
Paramedic	1	0.3%
Pharmacist	1	0.3%
Hospice Team	0	0%
Practice Nurse	0	0%

## Usefulness of SIDeR

### 3. Do you find SIDeR useful?

[More Details](#)

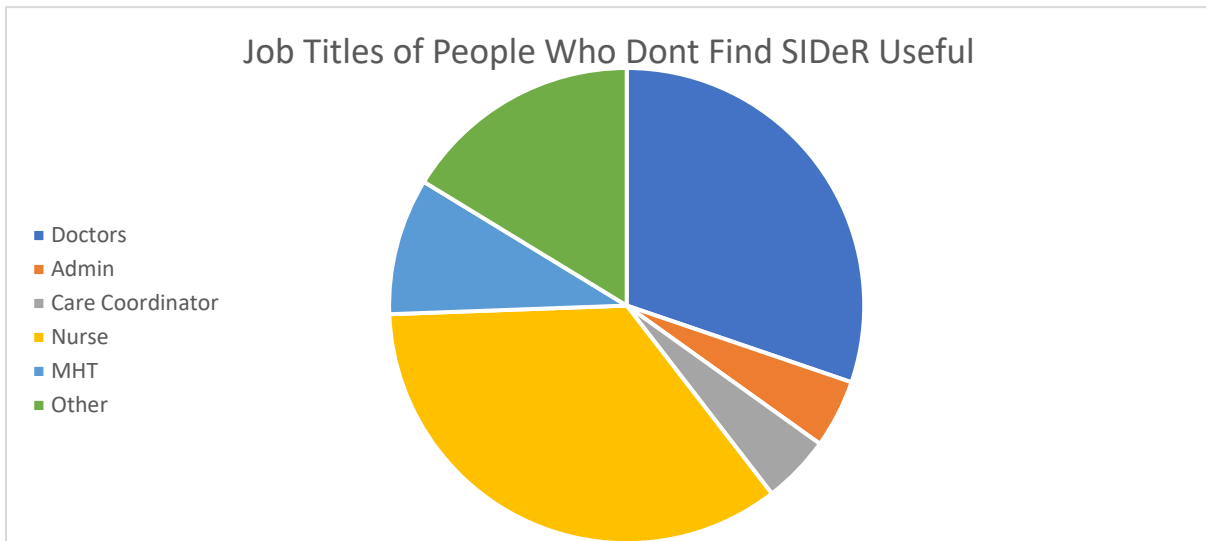


In total all 349 responders answered this question, ‘Do you find SIDeR useful?’.

306 users (87.7%) said they find SIDeR useful. All 14 SIDeR users from YDH and all 54 SIDeR users from SC said they found SIDeR useful.

However, 43 users (12.3%) said they do not find SIDeR useful. Only one person from both SFT Acute and SFT Community and Mental Health didn’t find SIDeR useful.

Below is a pie chart and table that shows a breakdown of the job titles for the highest scoring people who do not find SIDeR useful:



Job Role	Total Responses	Percentage Split
Nurse	15	35%
Doctors	12	30%
Other	7	16%
Mental Health Team	4	9%
Administrator	2	5%
Care Coordinator	2	5%

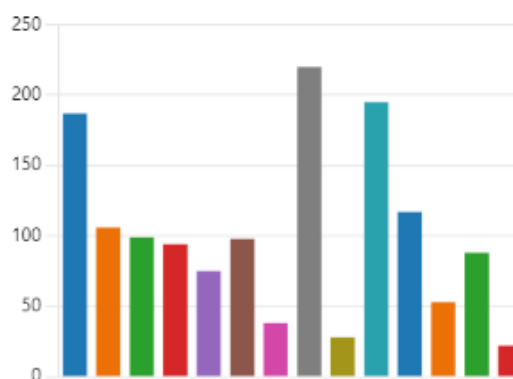
## Most Useful Aspects of SIDeR

### 4. What aspect(s) of SIDeR do you find most useful?

(Tick one or more)

[More Details](#)

● Active Problems	187
● Acute Information	106
● Admission / Discharge Informati...	99
● Alerts	94
● Allergies	75
● Community / Mental Health Inf...	98
● Encounters History Graph	38
● GP Information	220
● Hospice Information	28
● Medication	195
● Shared Forms / Care Plans	117
● Social Care Information	53
● Summary Information	88
● Other	22



In total all 349 responders answered this question, 'What aspect(s) of SIDeR do you find most useful?'. Please note, the user could select as many options as they wish for this question. Below is a breakdown of the total responses and the percentage of users that find that aspect of SIDeR useful, in descending order:

Aspect of SIDeR	Total Responses	Percentage of users that find it useful
GP Information	220	63%
Medication	195	55.9%
Active Problems	187	53.6%
Shared Forms / Care Plans	117	33.5%
Acute Information	106	30.4%
Admission / Discharge Information	99	28.4%
Community / Mental Health Information	98	28.1%
Alerts	94	27%
Summary Information	88	25.2%
Allergies	75	21.5%
Social Care Information	53	15.2%
Encounters History Graph	38	10.8%
Hospice Information	28	8%
Other	22	6.3%

## Information Missing from SIDeR

In total there were 186 responses submitted for the question, 'What information is missing from SIDeR that would help you?'

Below are the responses grouped together by category, to identify common information that is currently missing from SIDeR that could support users, with a comment in red against the response(s) from the SIDeR team:

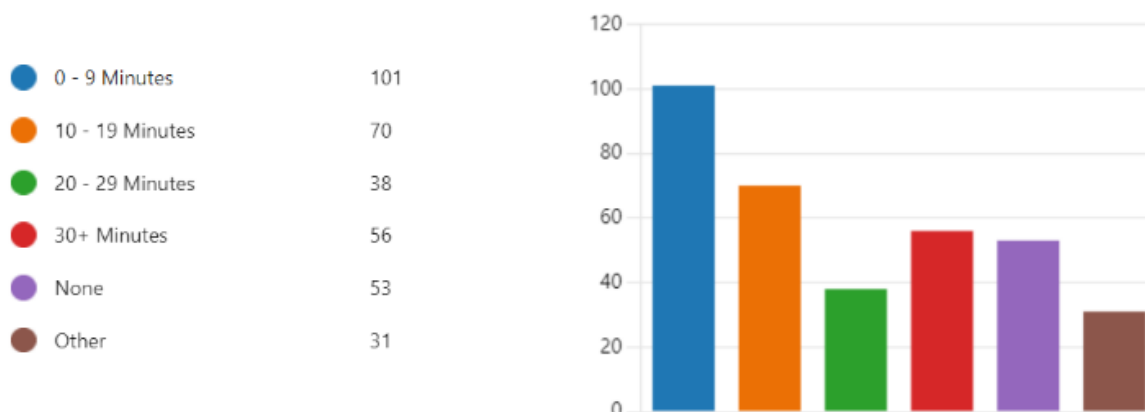
- 35x GP Documents to be available- Documents held in the GP system are now available as part of the SIDeR+ launch
- 30x Further information sharing to SIDeR, mainly from the acute Trusts- As part of the SIDeR+ contract, any organisation wishing to access information from SIDeR+ will be asked to in turn open up information sharing from their system in return where appropriate
- 12x Admission/discharge information- Admission and Expected Discharge is available in SIDeR and a work request is with Somerset FT to include the date of actual discharge. There are some instances where clinical coding of this information is not timely and therefore this is why it does not pull to SIDeR
- 11x The name of the clinician recording the notes- This is on the enhancement list for SIDeR+ to be able to add information to the SIDeR portal. As far as pulling through the clinician recording the notes added to native clinical systems feeding into SIDeR, this is reliant on data in that system which is not always available
- 10x Information on GP encounters- GP encounters, free text and additional information are available in SIDeR. Enhancements to make accessing this information more obvious are being undertaken
- 7x An improved next of kin contacts section, with the ability to update it- This is on the roadmap for SIDeR+
- 6x Referral information- being able to group referral information is on the Roadmap for SIDeR+
- 5x Dialog+ issues- DIALOG+ is currently being reviewed and a Mental Health Safety Plan is being created
- 5x Childrens Social Care information to be available- This information from Transform is now live
- 5x Social services information to be available- Enhancements to the social care dataset is on the Roadmap and Children's social services and education data is now live
- 4x GP notes to be available- GP free text is available in SIDeR. Enhancements to make accessing this information more obvious are being undertaken
- 4x Blood tests and investigations information to be available- any blood tests or investigations in the GP system are available. Feed from other systems being scoped
- 4x Being able to copy and paste information from SIDeR- With our Somerset Information Governance Group for consideration. GP documents are able to be downloaded
- 3x Clearly marked if the patient is currently an inpatient- This is available
- 3x RUH information to be available- to be scoped in 2024/25
- 3x BMI information to be available- Awaiting change to EMIS API to include this

- 1x CHSW information to be available- Children’s Hospice South West have been approached multiple times but have other priorities
- 1x SWASFT access to SIDeR- a pilot is being set up with the SWASFT GP 999 car and key care plans are being made available via the National Record Locator. Attempts to engage and onboard SWASFT have been made many times but as SWASFT covers a wide area across the country, they are reluctant to engage with local initiatives in favour of national or regional solutions
- 1x Ability to record notes on SIDeR- This is on the roadmap for SIDeR+
- 1x To remove the timeout of shared care forms after 60 minutes- This is a governance requirement although we are introducing the functionality to save a draft form before publishing
- 1x Addition of a hospital passport section- This is on the roadmap for SIDeR+ pending appetite from stakeholders
- 1x Single sign on- This is available for users without contextual launch
- 1x Place to record staff thoughts- This is on the roadmap for SIDeR+
- 

## Daily Time Saving

6. How much time do you think using SIDeR saves you on a daily basis?

[More Details](#)



In total all 349 responders answered this question, ‘How much time do you think using SIDeR saves you on a daily basis?’. Below is a breakdown of the total responses and the percentage of submissions per time saved, in descending order (please note the below analysis excludes the users who selected ‘Other’):

Time Saved	Total Responses	Percentage Split
0 – 9 Minutes	101	31.8%
10 – 19 Minutes	70	22%
30 + Minutes	56	17.6%
None	53	16.7%
20 – 29 Minutes	38	11.9%

A total of 83.3% of users thought that using SIDeR saved them time on a daily basis. All 21 doctors that answered the questionnaire said that SIDeR saved them time. Below is a table that shows a breakdown of the total users per band (appendix C) that saved time using SIDeR and the potential daily cost avoidance by using SIDeR (please note this table excludes users that selected 'None' and 'Other') (please note numbers are slightly less than the above figures in this table as not all users entered their job roles) (this is based on an average of the timings below i.e 0-9 is 5 minutes):

User banding	Total users	% split	Daily minutes saved				Potential Daily cost avoidance
			0-9	10-19	20-29	30+	
Band 2	2	0.9%	2	0	0	0	£1.91
Band 3	24	11.4%	16	5	2	1	£48.88
Band 4	6	2.8%	4	1	0	1	£15.30
Band 5	56	26.5%	19	19	5	13	£233.79
Band 6	101	47.9%	31	29	17	24	£553.51
Band 7	1	0.5%	1	0	0	0	£1.97
Band 8a	0	0%	0	0	0	0	£0
Band 8b	0	0%	0	0	0	0	£0
Band 8c	0	0%	0	0	0	0	£0
Band 8d	0	0%	0	0	0	0	£0
Band 9	21	10%	9	4	5	3	£314.26
Total	211	100%	85	59	30	44	£1,169.62

The below table shows an average potential cost avoidance and time saving per person, per band, for a day, a week, a month and a year by using SIDeR (please note bands 8a, 8b, 8c and 8d have been removed as no responses were collated for users within those banding). This is a conservative estimate with the exclusion of on costs which typically are factored into noncash releasing savings:

Band	Potential daily cost avoidance	Daily time saving	Potential weekly cost avoidance	Weekly time saving	Potential monthly cost avoidance	Monthly time saving	Potential yearly cost avoidance	Yearly time saving
2	£0.96	5 mins	£4.80	25 mins	£20.80	1 hrs 48 mins	£249.60	21 hrs 40 mins
3	£2.04	9 mins 47 secs	£10.20	48 mins 55 secs	£44.20	3 hrs 31 mins	£530.40	42 hrs 23 mins
4	£2.55	10 mins 49 secs	£12.75	54 mins 5 secs	£55.25	3 hrs 54 mins	£663	46 hrs 52 mins

5	£4.17	15 mins 59 secs	£20.85	1 hr 19 mins	£90.35	5 hrs 42 mins	£1,084.20	68 hrs 28 mins
6	£5.48	17 mins 11 secs	£27.40	1 hr 25 mins	£118.73	6 hrs 8 mins	£1,424.80	73 hrs 40 mins
7	£1.97	5 mins	£9.85	25 mins	£42.68	1 hrs 48 mins	£512.20	21 hrs 40 mins
9	£14.96	14 mins 3 secs	£74.80	1 hr 10 mins	£324.13	5 hrs 3 mins	£3,889.60	60 hrs 40 mins

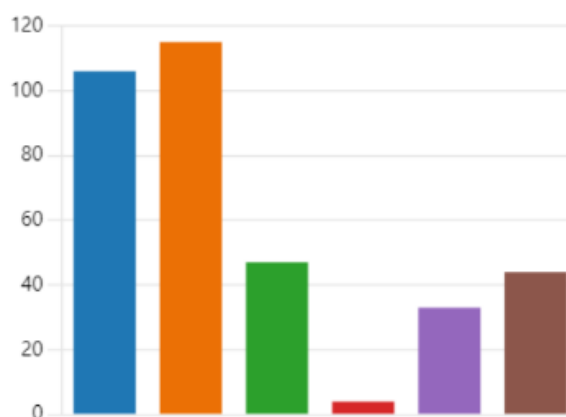
## How was the Information Gathered Previously

7. Historically, how would you have got information about the person?

[More Details](#)

[Insights](#)

Another Electronic Record	106
Telephone Call	115
Speak to the Person	47
Write a Letter	4
Email	33
Other	44



In total all 349 responders answered this question, 'Historically, how would you have got information about the person?'. Below is a breakdown of the total responses and the percentage of submissions per method, in descending order:

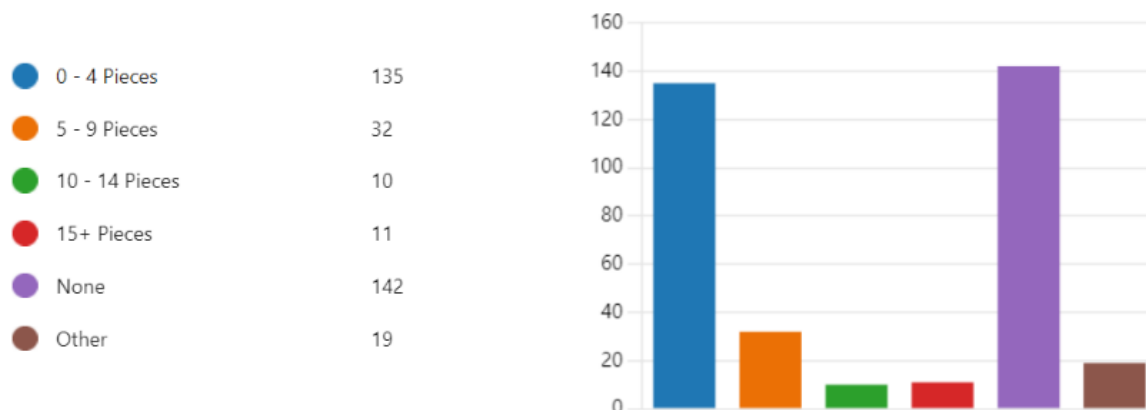
Method	Total Responses	Percentage Split
Telephone Call	115	33%
Another Electronic Record	106	30.4%
Speak to the Person	47	13.5%
Other	44	12.6%
Email	33	9.5%
Write a Letter	4	1.1%

## Daily Paper Saving

8. How many pieces of paper do you think using SIDeR allows you to save on a daily basis?

[More Details](#)

[Insights](#)



In total all 349 responders answered this question, 'How many pieces of paper do you think using SIDeR allows you to save on a daily basis?'. Below is a breakdown of the total responses and the percentage of submissions per paper saved, in descending order (please note the below analysis excludes the users who selected 'Other'):

Paper Saved	Total Responses	Percentage Split
None	142	43%
0 – 4 Pieces	135	40.9%
5 – 9 Pieces	32	9.7%
15 + Pieces	11	3.3%
10 - 14 Pieces	10	3%

A total of 57% of users thought that using SIDeR saved them paper on a daily basis. Below is a table that shows a breakdown of the total paper saving per day, week, month and year and cost saving per year by using SIDeR (please note this table excludes users that selected 'Other') (these statistics are based on the fact there are 500 of pieces of paper in a ream and that a ream cost £5):

Pieces of paper	Total responses	Daily paper saving	Weekly paper saving	Monthly paper saving	Yearly paper saving	Yearly reams saved	Yearly price saving
1	135	135	675	2700	32400	64.8	£259.20
5	32	160	800	3200	38400	76.8	£307.20
10	10	100	500	2000	24000	48	£192.00
15	11	165	825	3300	39600	79.2	£318.80
None	142	0	0	0	0	0	£0
Total	330	560	2800	11200	134,400	268.8	£1,075.20



For just the 330 SIDeR users that did not select ‘Other’ for this question, 560 pieces of paper will be saved a day, 2,800 a week, 11,200 a month and 134,400 a year. 268.8 reams of paper will be saved a year, with a yearly cost saving of £1,075.20. For every 12 clinicians using SIDeR across a year, one whole tree and 18,870 gallons of water will be saved.

## Person Experience

9. Do you think using SIDeR improves the experience of the person you are caring for?

[More Details](#)

 [Insights](#)

<span style="color: blue;">●</span> Yes	279
<span style="color: orange;">●</span> No	70



In total all 349 responders answered this question, ‘Do you think using SIDeR improves the experience of the person you are caring for?’.

279 users (79.9%) said that they did think using SIDeR improves the persons care experience.

However, 70 users (20.1%) said that they didn’t think using SIDeR improves the persons care experience.

Below are some user stories from question 12 (‘Can you share a specific example of when SIDeR has helped you treat / care for a person?’) that shows an improved person experience by using SIDeR:

- A social worker from Somerset Council has said ‘*When a medical diagnosis is required and can be sensitive to ask the person or their family, i.e. dementia*’.
- A social worker from Somerset Council has said ‘*service user could not explain the type of illnesses they had, so SIDeR provided a platform to help me understand the various issues related to their health to allow me to make a detailed support plan that will support their health and social needs*’.
- A social worker from Somerset Council has said ‘*Being able to establish facts vs what the person has told me - if they have cognitive problems, they can't always share accurate info*’.
- A nurse from SFT (CAMH) has said ‘*A patient did not turn up to a clinic appointment and on investigating it appeared that his appointment letter had been sent to an address on Rio which was old. By checking SIDeR I was able to send out a new appointment to new address otherwise he would have been recorded a DNA and not get his treatments*’.
- A doctor from SFT (CAMH) has said ‘*Clarifying exactly what medication a patient was on when considering what might help them and realising, they were already on it. it is amazing how many people taking medication don't know what they are taking it or why*’.
- A care coordinator from SFT (CAMH) has said ‘*When deciding when a client meets threshold for our service. I might have found a historical diagnosis which helps me decide we cannot take on a referral*’.

*This would have allowed me to pass the referral on to a more appropriate team. Without the information we would have had to take on the client, conduct an assessment (which can take weeks and months) only to realise they were not for us in the first place.*

*The client would then have had to wait unnecessarily for the appropriate treatment. Another example is finding very relevant historical information, such as childhood trauma, which helps us assess and support a client who might not be able at first to disclose the trauma/s. There might also be safeguarding concerns noted in the GP notes which we will otherwise be unaware of'.*

- A doctor from SFT (YDH) has said ‘Very useful on clerking/admitting patient from ED. Needs to know past medical history and regular medications to ensure continuity of care whilst in hospital’.
- An administrator from SFT (MPH) has said ‘Incorrect demographics on RIO so could not contact parents. SIDer provided correct details’.

## Person Safety and Management of Risk

10. Do you think using SIDeR improves person safety and management of risk?

[More Details](#)

[Insights](#)

● Yes	287
● No	62



In total all 349 responders answered this question, ‘Do you think using SIDeR improves person safety and management of risk?’.

287 users (82.2%) said that they did think using SIDeR improves person safety and management of risk.

However, 62 users (17.8%) said that they didn’t think using SIDeR improves person safety and management of risk.

Below are some user stories from question 12 (‘Can you share a specific example of when SIDeR has helped you treat / care for a person?’) that shows an improved person safety and management of risk by using SIDeR:

- A nurse from SFT (CAMH) has said ‘Safety plan in the dialog + helps to know the triggering factors and calming factors. For instance, a patient may say that loud noise triggers and staying in a de-escalation room can unwind the person’.
- A nurse from SFT (CAMH) has said ‘It is very helpful to be able to see when the patient last picked up medication. I had a patient who had stopped medication, and when they started struggling they weren’t sure how to tell us. Knowing the last date it had been prescribed enabled us to open up that conversation, for the patient to share their reasoning, and plan effectively so that a crisis was averted’.

- A community nurse from SFT (CAMH) has said ‘I was able to see GP information about medical advice given to a parent which was relevant to a safeguarding situation’.
- A member of the mental health team at SFT (CAMH) has said ‘On a risk side when someone is in crisis you are able to find where they possibly could be by others updating the system’.
- A clinical psychologist from SFT (CAHM) has said ‘When a client (high risk of self-harm) did not attend a Psychology appointment I could see from SIDeR that they had been to the GP the day before and been diagnosed with tonsillitis. So I knew they were probably unwell. I still followed up, but it helped to risk assess the situation’.
- A nurse from NHS Somerset has said ‘I have the fore knowledge of my patient's risk and management from the patient's point of view. Hence, when my patient escalated, it gave insight of how best we could manage him’.
- A doctor from the primary care network has said ‘I was able to confirm the date of a safeguarding referral on the social care tab, which helped my consultation’.

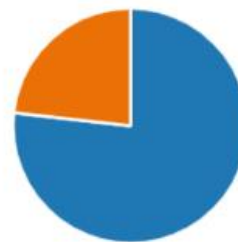
## Confidence and Decision Making

11. Do you think using SIDeR improves your confidence and decision making when providing individual person care?

[More Details](#)

Insights

<span style="color: blue;">●</span> Yes	268
<span style="color: orange;">●</span> No	81



In total all 349 responders answered this question, ‘Do you think using SIDeR improves your confidence and decision making when providing individual person care?’.

268 users (76.8%) said that they did think using SIDeR improves clinical confidence and decision making.

However, 81 users (23.2%) said that they didn’t think using SIDeR improves clinical confidence and decision making.

Below are some user stories from question 12 (‘Can you share a specific example of when SIDeR has helped you treat / care for a person?’) that shows an improved confidence and decision making by using SIDeR:

- A physiotherapist from SFT (CAMH) has said ‘verifying if patients have had contacts with the GP to address high BP and what the desired range is’.
- An occupational therapist from SFT (CAMH) has said ‘Able to access medical information, recent GP visits. Supports clinical reasoning and understanding of the person’.

- A doctor from SFT (CAMH) has said *'I was asked to do a MHA assessment for a patient in the after hours of a Friday, he had no MH record and it was not possible to get any info about him that night. Reviewing Sider revealed a wealth of info that helped in patient's assessment and decision making'*.
- A nurse prescriber from SFT (CAMH) *'easily finding out what medications someone is on, and knowing if there are any allergies before writing a prescription'*.
- A doctor from NHS Somerset has said *'I use it before all my reviews as it allows me to know if the GP has made any recent medication changes'*.
- A speech & language therapist from NHS Somerset has said *'Relevant past medical history that was not otherwise stated on referral forms helped triage patients into the correct pathway for treatment'*.
- A community nurse from SMH has said *'Up to date medications to ensure that I am giving the correct advice on dosages etc'*.
- An osteopath from SFT (MPH) has said *'Mental health conditions not always disclosed by patients, and useful to have an awareness for optimal care'*.
- An adult social care practitioner from Somerset Council has said *'When evidencing the need for a care and support package to support a person in their own home'*.

## Example of SIDeR Helping to Treat / Care for a Person

In total there were 222 responses submitted for the question, 'Can you share a specific example of when SIDeR has helped you treat / care for a person?'. We have included a few of the 222 responses below, including disbenefits and have also grouped the responses into categories to show any themes. The full 222 responses can be found in appendix D.

The 222 responses for this question showed that there were common themes that SIDeR supports to provide enhanced person care. The responses can be split up into the following themes:

- Clinical confidence
- Enhanced decision making
- Quality of care
- Patient safety
- Patient experience
- Time saving
- Efficiency

Included in the 222 responses were numerous exceptional user stories around how SIDeR has supported the clinician to provide person care. Below are a few examples of these stories (the full 222 responses can be found in appendix D):

- An ACP from SFT (CAMH) has said *'I am a nurse prescriber and being able to access GP records quickly is beneficial'*.
- A speech and language therapist from SFT (CAMH) has said *'Really useful to know after I have requested a something from the GP, what conversations/actions have been taken ie is a new medication prescribed, has GP spoken with the patient etc'*.

- A doctor from SFT (CAMH) has said *'its is quick and easy access to recent GP consultation, bloods, active meds. Active meds is useful so I can see what is on repeat and when last issued to verify what patient tells me'.*
- A medical secretary from SFT (CAMH) has said *'Seeing if they are a inpatient or not at a glance'.*
- A mental health team worker from SFT (CAMH) has said *'always fantastic to have prescription information at our fingertips'.*
- A social worker from Somerset Council has said *'Able to see information from another professional / recent contact. Also the shared care plans are very useful'.*
- An occupational therapist from Somerset Council has said *'On many occasions it has provided me with a full list of diagnoses, which the client is not always able or willing to do. I have also used Sider for audit purposes'.*
- A therapist from NHS Somerset has said *'I use it every time I triage as a summary of who else in involved and the medical history'.*
- A doctor at SFT (YDH) has said *'I use it in every clinic'.*
- An occupational therapist from a GP Practice has said *'I have been able to look up whether ASC are involved and then contact the ASC worker directly, instead of having to ring somerset direct and ask to access records - which would normally take a long time'.*

Also included in the 222 responses were some user disbenefits stories. Below are a few examples of these stories (the full 222 responses can be found in appendix D):

- A community nurse from SFT (CAHM) has said *'I use EMIS - better information'.*
- A mental health worker at SFT (CAMH) has said *'No. I don't think it's a very good system. I think it has the potential to be, but the way info is presented needs to be changed and much easier to navigate. All GPs need to sign on to the shared forms, as not all Somerset GPs do at present, meaning I've gone back to just using the RIO forms to communicate with them as it feels safer.'*
- A doctor from SFT (CAMH) has said *'Very limited, occasionally with ready access to current information'.*
- A therapist from SFT (CAMH) has said *'I can't in fact I fear safety is compromised, as we've been told to call surgery when we update, as SIDER updates aren't always read'.*
- A therapist from SFT (CAMH) has said *'I don't think SIDER helps because certain aspects of it are not working and the GP's do not receive the information'.*
- An ACP from NHS Somerset has said *'I used to find SIdER helpful before I had access to EPRO and EMIS but now find I can get more information using these systems'.*
- A speech and language therapist from NHS Somerset has said *'When carrying out triage/initial assessment I often check information in SIdER. As I said above, often the information is not there, so I go to EMIS or go back to Rio to try and find it'.*
- An administrator from NHS Somerset has said *'this will improve once all info is on Sider, not every person's info has been transferred yet'.*
- A doctor from NHS Somerset has said *'It's helpful when all or most of the information are available. This is not the case most times. It should also allow to copy and paste, so it can be transferred to another HER'.*
- A nurse from NHS Somerset has said *'No I don't think its reached its full potential as yet and still need to use other electronic platforms'.*

## Request for the SIDeR Team to be in Contact to Show the Benefits of SIDeR

The last question on the SIDeR Benefits Realisation Survey read *'Please provide your email address if you would like a member of the SIDeR project team to contact you to share how you / your team may benefit from using SIDeR?'*

Therefore, an email was sent to 69 email addresses (provided via the above question in the survey) on 24/07/23 asking if they want to attend the SIDeR Benefits Workshop, if they would like a demo, if they have any questions or if they have any feedback. Below shows the 6 responses that were received:

**Reply 1-** Would like to attend the SIDeR Benefits Workshop.

**Reply 2-** Declined the SIDeR Benefits Workshop as it is the staff members non-working day. However, provided the following example of when SIDeR has been beneficial to themselves. An example recently where SIDeR has been very helpful is that a patient whose first language isn't English left our department and needing further quick intervention. I was able to go onto SIDeR and see my colleague's FCP (first contact practitioner) input in the GP surgery and that they were due for a TR that day. I was then able to contact my colleague and inform them of my concerns. I was then able to look at SIDeR to track the outcome of this appointment. I will also be investigating an associated radar so this information is very useful.

**Reply 3-** The clinician would like to attend the SIDeR Benefits Workshop and has asked if her colleagues can also attend.

**Reply 4-** The clinician declined due to leave, but will put forward a representative from her team to attend the SIDeR Benefits Workshop.

**Reply 5-** An SFT Acute SIDeR user wanted a member of the SIDeR Team to provide a demo and take any questions. As a result of this conversation, the clinician expressed their feedback and how fundamental the TEP form would be to them when it is created, for the daily patient care they provided. The 'Quality Lead for Planned Care and Patient Safety' is the lead contact for this change at NHS Somerset, and as the clinician was willing to be a champion for this change, they were introduced. The clinician is now a huge support and driving this change.

**Reply 6-** An SFT Community and Mental Health SIDeR user would like a member of the SIDeR Team to join a team meeting to provide a demo and take any questions.

## Section 4-Workshop Findings

### Workshop Findings

A SIDeR Benefits Workshop was held on 20/09/23 at The Holiday Inn Taunton, with the aim of collating user feedback and experiences of SIDeR, how it helps and how it could also be improved for clinicians across Somerset. The attendees were made up of 26 SIDeR users, 4 members of NHS Somerset/The SIDeR team, 3 members of the SFT Benefits team, the SIDeR Clinical Safety Officer and NHSE's One South West Shared Care Records Programme Manager, as listed below:

Number	Job Title	Organisation
SIDeR User 1	Clinical Digital Lead & Project Support Manager	SMH
SIDeR User 2	Consultant Emergency Medicine	YDH
SIDeR User 3	Team Lead - District Nursing	SFT Community & Mental Health
SIDeR User 4	Occupational Therapist	SFT Community & Mental Health
SIDeR User 5	Occupational Therapist	SFT Community & Mental Health
SIDeR User 6	Associate Chief Clinical Information Officer	SFT Community & Mental Health
SIDeR User 7	Consultant Psychiatrist	SFT Community & Mental Health
SIDeR User 8	Specialist Occupational Therapist	SFT Community & Mental Health
SIDeR User 9	Keyworker / Mental Health Social Worker	SFT Community & Mental Health
SIDeR User 10	Care Home Liaison Nurse	SFT Community & Mental Health
SIDeR User 11	CRS Manager West Somerset	SFT Community & Mental Health
SIDeR User 12	Community Rehabilitation Service Manager	SFT Community & Mental Health
SIDeR User 13	Operational Admin Lead	SFT Community & Mental Health
SIDeR User 14	Senior Administrator	SFT Community & Mental Health
SIDeR User 15	Care Home Liaison Nurse	SFT Community & Mental Health
SIDeR User 16	Clinical Social Worker	SFT Community & Mental Health
SIDeR User 17	Taunton District Nursing Team Manager	SFT Community & Mental Health
SIDeR User 18	District Nurse Team Leader	SFT Community & Mental Health
SIDeR User 19	Mental Health Nurse	SFT Community & Mental Health
SIDeR User 20	Clinical Systems Specialist	SFT Acute
SIDeR User 21	CLICK PCN Digital Transformation Lead	CLICK PCN
SIDeR User 22	Admin Supervisor	GP Practice
SIDeR User 23	Administrator	GP Practice
SIDeR User 24	Mental Capacity & Liberty Protection Lead	NHS Somerset
SIDeR User 25	Digital Team Lead Public Health Nursing	Somerset Council
SIDeR User 26	Operational Service Manager – West	Somerset Council
SIDeR Team 1	Digital Change Officer	NHS Somerset
SIDeR Team 2	Digital Projects Lead Officer	NHS Somerset
SIDeR Team 3	Head of Digital Transformation	NHS Somerset
SIDeR Team 4	Chief Clinical Information Officer	NHS Somerset

SFT Benefits 1	Deputy Operational Manager - Improvement & Benefits Lead	SFT Acute
SFT Benefits 2	Improvement Advisor	SFT Acute
SFT Benefits 3	Improvement Facilitator	SFT Acute
SIDeR CSO 1	SIDeR Clinical Safety Officer	NHS South Central and West Commissioning Support Unit
OSW PM 1	One South West Shared Care Records Programme Manager	NHSE

The agenda for day was as follows:

Event	Times
Arrive	0930-1000
Intro to morning session	1000-1020
Process mapping session	1020-1200
Lunch	1200-1245
Intro to afternoon session	1245-1305
Benefits world café session	1305-1445
Finish	1445-1500

From the session, the 26 SIDeR users contributed to three main sections of outcomes. Section one was a process map of the patient pathway and how SIDeR helps users in each stage of the pathway, Section two recorded a list of potential SIDeR enhancements and Section three recorded the benefits pathway against the five main aspects of SIDeR. Our findings are as follows:



## Findings Section One- Patient Pathway Process Map

	Referral	Referral Triage	Appointment	Treatment	Transfer	Discharge
<b>Process</b>	Look at SIDeR prior to seeing a resident	SIDeR not used in triage. EMIS used for brief summary up. Last 3 clinic letters sometimes look at docs on EPRO. Not enough info to build a picture.			TEPs are added to SIDeR so we can share info with other organisations	Using Dialog+ helpful, would be good to be able to use the update form on SIDeR.
		<b>Lead TAWS Neighbourhood Services</b> To collate info that is missing from referrals				
			<b>OP Lead</b> Consultant Psychiatrist Clinical Director Community Mental Services <b>OP Lead</b> Patient queries Not all appointments will show, for example, if appointment was added to clinician's diary on RiO. <b>OP Lead</b> To Look to see if patients have any appointments. <b>OP Lead</b> System support incidents with shared forces.	<b>OP Lead</b> To see if they have had templates ie: scan, blood test etc.	<b>OP Lead</b> On-ward referrals – to other teams to confirm this has been done.	
	<b>Digital Transformation Lead</b> Using SIDeR for shared forms – PCSP's just starting to use		<b>Digital Team lead</b> Appointment: See appts made with other services and who are involved.	<b>Digital PHN:</b> Can see which service is having repeated contact.		
	<b>ED – consultant</b> - Used in ED - Review details of incoming GP referral	<b>ED consultant</b> Used in ED GP Notes				

	if meeting, if meets GP home details. GP notes	Review of details of referral for triage. Role Physio Rehab Team Community Based				
	<b>Referral</b>	<b>Referral Triage</b>	<b>Appointment</b>	<b>Treatment</b>	<b>Transfer</b>	<b>Discharge</b>
			<b>Mental Health Nurse:</b> GP Notes	<b>Mental Health Nurse:</b> Use Dialog+ mostly.		<b>Mental Health Nurse:</b> Use Dialog+
		<b>Community OT</b> 1. Past medical history 2. Current medication 3. A&E/Falls history and hospital attendance  <b>Community OT</b> When triaging referrals to see medical history, GP history, service involvement. Often more info on GP note than on referral to GP so can understand referral.	<b>Community OT</b> Before appointment check background, history, medical conditions.  Care Homes appreciate us giving them information from SIDeR – if they could see that would be helpful.	<b>Community OT</b> Treatment: When advising patient to contact GP, can see if they did and what the outcomes was.  <b>Community OT</b> Follow-up to treatment or during pathway – see if been to A&E/Hospital or if they have seen the GP.		
	<b>MCA Lead</b> GP raises a safeguarding concerns with ICB. Our team checks on progress Presence of 56 referrals with local authority (Somerset Council)		<b>MCA Lead</b> Court of protection applications Determining who is involved in the person's care.		<b>MCA Lead</b> Discharge from hospital individuals who want to go home where there are safeguarding concerns gap. EAP noted from Safeguarding concerns. EAP noted from Safeguarding Adults Review.	
		<b>Key worker CMHS (Triage Officer)</b> Dialog+	<b>CMHS KW</b> Dialog+	<b>Keyworker CMHS</b> Dialog+ GP Record	<b>Keyworker CAMHS</b> Dialog+ GP records	<b>Key-worker dialog+</b> GP record

		GP Record	Would not use during appt Re: disrespectful, barrier to therapeutic alliance research shows clients. Generally prefer not to have professional typing.			
				Specialist Learning Disability Occupational Therapist – LD Team Dialog+		
	<b>Referral</b>	<b>Referral Triage</b>	<b>Appointment</b>	<b>Treatment</b>	<b>Transfer</b>	<b>Discharge</b>
	<p><b>District Nurses</b> Work in Hub Receive referrals, Use SIDeR to look up past medical history, alerts, allergies, Last GP input</p> <p><b>District Nurses</b> <b>SPOA Hub</b> Consulting SIDeR info Summary (recent problems) GP – Medication Alerts Hospice</p>	<p><b>District Nurses</b> Summary &amp; GP Record medication, recent contact, alerts</p> <p><b>District Nurses</b> Triage, when triaging referrals able to gain clearer picture of patient using GP, YDH, MPH tabs. Can see if the patient is housebound.</p>	<p><b>District Nurses</b> Can see last GP contact. Can see hospital appointments.</p> <p><b>District Nurses</b> Not used.</p> <p><b>District Nurses</b> No actual treatment given but can see. Previous treatments given.</p> <p><b>District Nurses</b> Not used as no access remotely. No ability to create “appointment”.</p>		<p><b>District Nurses</b> DNs don’t transfer “core on SIDeR” but can see referrals and input from other.</p> <p><b>District Nurses</b> As per referrals.</p>	<p><b>District Nurses</b> Not used.</p>
				<p><b>Admin Supervisor GP Surgery</b> Uploading TEP</p> <p><b>Administrator GP Surgery</b> Uploading TEP forms</p>		
			<p><b>MH Services</b> May access GP notes to gather more info – in</p>	<p><b>MH Services</b></p>	<p><b>MH Services:</b> Update form -&gt; if it was working!</p>	<p><b>MH Services</b> Same as for Transfer.</p>

			addition to info already sought at assessment. Current medication physical health information (history and currently)	Checking that patients continue to cash their medication. GP offer appointments we ask them to offer (eg bloods) Dialog+ Update form (if it was working!!) Checking GPs have charged prescriptions Checking it clients have contacted their GP re an issue that may be relevant to us, but client has not told us. Access to blood pressure info.	<b>MH Services</b> Pre: Frustration having to write letters Post: Satisfaction completing transfer info quickly and easily.	
	<b>Referral</b>	<b>Referral Triage</b>	<b>Appointment</b>	<b>Treatment</b>	<b>Transfer</b>	<b>Discharge</b>
						<b>Physio:</b> Frustration Concern  <b>Physio:</b> Unable to see help discharge summary.
	<b>Referral</b>	<b>Referral Triage</b>	<b>Appointment</b>	<b>Treatment</b>	<b>Transfer</b>	<b>Discharge</b>
<b>Emotional Impact</b>	<b>District Nurses</b> Pre-SIDeR : Frustrated “blind” patient -> needing to access more systems/make more calls. Post SIDeR: Informed	<b>District Nurses</b> Frustration Disappointment (incomplete)  <b>District Nurses:</b> Pre-SIDeR: Not used at all Frustrated, blind care.	<b>District Nurses</b> Not meeting patient expectations of merged information  <b>District Nurses</b> Pre-SIDeR, not know any different. Post-SIDeR as above.	<b>District Nurses</b> Patient feels frustrated, lack of results.  <b>District Nurses</b> DNs don’t transfer “core on SIDeR” but can see referrals and input from other.	<b>District Nurses</b> Pre-SIDeR Frustrated Waiting for “Faxes”  Post – SIDeR Providing confidence in Care and Communication.	<b>District Nurses</b> No impact – pre/post SIDeR

	Confident in decision making.	<p>Post-SIDeR: More informed</p> <p><b>District Nurses:</b> Feel I have better understanding of patient. Patient feels we have good knowledge of them.</p>	<p><b>District Nurses</b> Confident they have GP contact</p> <p><b>District Nurses</b> Pre-SIDeR – not known any different. Post-SIDeR – May review if anything significant that concerns other services.</p> <p><b>District Nurse</b> Patient safety – they have had treatment so not been missed etc. Confidence for DNs that patients are being followed up.</p>	<p><b>District Nurses</b> As per referrals.</p>		
	<b>Referral</b>	<b>Referral Triage</b>	<b>Appointment</b>	<b>Treatment</b>	<b>Transfer</b>	<b>Discharge</b>
	<p><b>Community Rehab Ser</b> Frustration that it does show as much as other systems. Clinicians want to use it but can't.</p>	<p><b>Community Rehab Ser</b> EMIS viewer used over SIDeR. Get info needed</p>				
	<p><b>PHN</b> Feels as through having a bigger picture will mean care/contact more relevant to family/child.</p>		<p><b>PHN</b> Bigger picture more quickly. If appts not attended if social are involved. Shared information to be safer.</p>	<p><b>Digital PHN:</b> Pre: Safer practice feels like we can see wider picture which families/child.</p> <p><b>PHN.</b> Can see if not attended health appt so can support attendance</p>	<p><b>PHN:</b> Can see completion of treatment and track so prevent assumptions are part of core conditions.</p> <p><b>PHN:</b> Feels like bit of jigsaw for information to build up the picture.</p>	
	<b>MCA Lead</b>		<b>MCA Lead</b>		<b>MCA Lead</b>	

	<p>Pre-SIDeR – phone calls to local authority staff not always available frustrated. Post SIDeR – able to check broadly if 5/6 in progress and sometimes name of allocated social worker. Little details on 5G - time saved</p>		<p>Pre - lengthy scores of phone calls – time consuming. Post - ++ time consuming although some services post generic contact.</p>		<p>Pre SIDeR – unsure if SIDeR being used to checks progress of 5/6 referrals pre-discharge.  Post – No difference noted.</p>	
		<p><b>Key worker CMHS (Triage Officer)</b> Dialog+ GP Record Pre-SIDeR: Good, quick, seamless, detail from other teams. Post-SIDeR Info from other teams</p>	<p><b>CMHS KW</b> Dialog+ After appointment I dictate complex involved notes into my work phone in my car. Then back in the office copy and paste and proof read into SIDeR back at the office.</p>	<p><b>CMHNS Keyworker</b> Dialog+ and GP Record. Pre-SIDeR: Excellent re: assessment tool included prof. formulation and was useful for involvement unitary clients. Post SIDeR: It’s a care plan tool, what would be better – assessment tool. Not helpful re: secondary MH services.</p>	<p><b>CMHS – KW</b> Dialog+ GP Records  Pre-SIDeR Not great.  Post SIDeR Slightly better, but still, I believe most clinicians look at RiO. Re: Transfer. Progress notes on RiO best for trans but SIDeR alongside useful.</p>	
	<b>Referral</b>	<b>Referral Triage</b>	<b>Appointment</b>	<b>Treatment</b>	<b>Transfer</b>	<b>Discharge</b>
				<p><b>CMHNS Keyworker</b> Dialog+ not trauma informed: Doesn’t ask what happened? Result: Dialog+ didn’t include important info: Safeguarding concerns. Re other professional’s interactions with client – they didn’t have info.</p>		

				<p><b>Specialist Learning Disability Occupational Therapy LD Team</b>                      Patient views: I don't believe the patient knew as could not trace out laptop so doubled my work, by writing a care plan, using SIDeR template so I could share with the patient and gain their views and tick patient seen box.</p>	<p><b>Specialist Learning Disability Occupational Therapy LD Team</b>                      Emotional impact – I am frustrated that this system is not used to its full potential for sharing. No training for new staff so people are not using it correctly. I can see that this could be an excellent system.</p>	
				<p><b>Admin Supervisor GP Surg</b>                      Since SIDeR                      Patient happy wishes are shared and valued.</p> <p><b>Admin Supervisor GP Surg</b>                      Prior to SIDeR                      No provisions for patient's wish only DNAR.                      Distressing for patients</p>		
		<p><b>Physio</b>                      Look at GP record in particular and summary to find immediate medical history and past medical history.</p>				
	<b>Referral</b>	<b>Referral Triage</b>	<b>Appointment</b>	<b>Treatment</b>	<b>Transfer</b>	<b>Discharge</b>
		<p><b>Physio</b>                      Gives clinical confidence to decision and less worry.  <b>Physio</b>                      Reduces frustration</p>				

	<p><b>MH Services</b> GP Notes -&gt; diagnosis Summary page History, such as a childhood trauma possible (brain) issues.</p> <p>Before SIDeR – info was disjointed, would need to look at several systems, time consuming. After – less time all info in one place. More positive experience.</p> <p><b>MH Services</b> Pre: Frustration re: not having access Post: Satisfied know I have all the necessary info to accept or reject a referral.</p>		<p><b>MH Services</b> Pre: Worry whether GPs do what we're asked; frustration having to call (wait). Post: Less worry re: patient taking meds. We can step in sooner and support.</p> <p><b>MH Services</b> Pre – frustration, wasting time calling GP Post – time saved, stress reduced. More confidence re: my assessment and patient safety</p>			<p><b>MH Services</b> Same as for Transfer</p>
	<p><b>Mental Health Nurse</b> When nothing has been documented for the patient for sometimes it drains a lot on trying to come up with a plan</p>			<p><b>Mental Health Nurse</b> Can avoid double booking for appointment if all are entered on SIDeR</p> <p><b>Mental Health Nurse:</b> It's easy to access.</p>		
	<p><b>ED Consultant</b> Emotional, Make my life easy, ease of access Good for emails</p>			<p><b>ED Consultant:</b> Treatment GP meds Review medications lists. Current treatment</p>		
				<p>Smoother days = happy As can see info rather than calling services with long wait times and no official record.</p>	<p>Confidence for patient and professional that patients are being followed up and seen by relevant teams.</p>	



	Referral	Referral Triage	Appointment	Treatment	Transfer	Discharge
<b>Benefit</b>	Saves time ++  If documents from GP was available potentially this would save a lot of time.	Lists medication and active problem  Seeing most up to date information eg. Blood results helpful for us and the care home.  Information from SIDeR helpful when making a diagnosis.  Advantage: More info re: physical health, from other teams. Dis-benefit: It takes longer +++++		Think, its brilliant to ultimately connect all services together to keep everyone informed and be able to provide better care for the patients.	Users aren't fluent with how their data feeds into 1. EMIS 2. SIDeR	Lack of reliability causes duplication
			<b>OP Lead</b> Single point of information. Easy to navigate.			
	<b>Community OT</b> Direct link to GP timeline -> from community service perspective, this is where the care is coordinated from. Partial overview of patient's current journey					
	<b>Referral</b>	<b>Referral Triage</b>	<b>Appointment</b>	<b>Treatment</b>	<b>Transfer</b>	<b>Discharge</b>

					<p><b>Admin Supervisor – GP Surgery</b> Patient’s wishes are listened too and shared between the services.</p> <p><b>Admin Supervisor – GP Surgery</b> Patient’s wishes are listened too and shared between the services.</p>	
				<p><b>Mental Health Nurse</b> Can check GP Notes to see what treatment one has been on and map way forward.</p> <p><b>Mental Health Nurse</b> For continuity from community management</p>	<p><b>Mental Health</b> Input direct info SIDeR link with RiO and vice versa.</p>	<p><b>Mental Health Nurse:</b> Can save time when one checks on what was happening in the clinical areas.</p>
	<p><b>MH Services</b> Improves ability to decide on whether to accept a referral info re: patients already being prescribed medication. Info re: possible history of having accessed.</p> <p>Benefits – PCSPs help us and the care home know what is happening. Before communication could be delayed. This will help if the care homes are able to access in the future.</p>		<p><b>MH Services</b> Complete assessment Time saver Safely Less waiting time for patients or having to endure a prolong assessment.</p> <p><b>MH Services</b> Safter for patients Saves time Dialog+ is better than the old care plans, and quicker</p>		<p><b>MH Services</b> Quick / easy</p>	<p><b>MH Services</b> Same as for Transfer</p>

	Referral	Referral Triage	Appointment	Treatment	Transfer	Discharge
			<p><b>CMHS – KW</b> Dialog+ If it was accessible for dictation on my work mobile that would be amazing.</p> <p><b>CMHS – KW</b> Dialog+ Enhancement: Question include what happened? Use: What, why, when, how, -&gt; does this already. Add professional opinion/recommendations.</p> <p><b>CMHS – KW Dialog+</b> Benefit Great care planning tool for psychology in primary MH. Disbenefit: Not an assessment tool fosters dependence with no formulation. In secondary MH scales can over/underrepresent problems: Poor understanding of needs + risks.</p>	<p><b>CMHS – KW</b> Dialog+ GP record Benefits: Holistic tool, encompassing social and medical. Can dictate via email is benefits. Unattractive when printed for clients. Lacks formulation, lack EDU for GPs to triage, more effective appropriate ref in future. If questions asked literally = poor assessment. Not trauma informed.</p>		<p><b>CMHS – KW</b> Dialog+ GP Record Benefits: If send hard copy to GP maybe they read it? Dis-benefits: I have to adapt Dialog+ a lot to make it into an assessment including ignoring the scales and adding my formulation</p>
	<p><b>MCA Lead</b> Time saved in phone calls. Able to feed back to GP quicker and deal with any risk</p>				<p><b>MCA Lead</b> Continuity of Care Access to other HCPs for patients</p>	
	<p><b>ED Consultant</b> Saves me time Easy access Right core delivery</p>	<p><b>ED consultant</b> Re: shared care forms help delivers right care.</p>	<p><b>ED Consultant:</b> Improved access to other systems especially out of hours</p>			

	Improved in history for confused patient	Saves time and effort and containing multiple agencies. <b>ED consultant</b> Avoid medications errors. Should involve with others system. Helps save clinical time				
	<b>Referral</b>	<b>Referral Triage</b>	<b>Appointment</b>	<b>Treatment</b>	<b>Transfer</b>	<b>Discharge</b>
	<b>PHN –</b> Lettes that have been sent to child/patient Put on SiDeR eg not DNA	<b>PHN:</b> If referral received can check re: origin.	<b>PHN</b> Will save time as we will know who to contact in each record.  <b>PHN:</b> Will save time as we will know who to contact in each record	<b>Digital PHN:</b> Can see around corners not in isolation and can deliver care rather than repeat.	<b>PHN:</b> Many hours are spent trying to establish who is already involved with a child/family. (not yet live PHN). <b>PHN:</b> Any live referrals (not yet live PHN). <b>PHN:</b> Reduce duplication of tests eg: referrals. <b>PHN:</b> Reducing time finding information about care plans, named practitioners in the system. This often pulls, multiple levels, layers of staff. <b>PHN:</b> Save time and prevent chasing information about discharge plan.	<b>PHN:</b> Alerts – what are concern about the child/family Includes risk assessments effecting home visiting / patient waiting. <b>PHN:</b> Quicker notification of completion of treatment/contact and potential action for next stage or red flags. <b>PHN:</b> To see who a child is already involved with the system. Not yet live in PHN.
		<b>Physio</b> Saves time ++ Doesn't have choice information form referrals.				

		<p>Don't have to rely on patients to know their own medical state.</p> <p>Enable more robust triage process.</p> <p>Enable better decision seen in more timely way – either sooner or later</p>				
	<b>Referral</b>	<b>Referral Triage</b>	<b>Appointment</b>	<b>Treatment</b>	<b>Transfer</b>	<b>Discharge</b>
	<p><b>District Nurses</b> Quicker access for responsive patients care over the phone and face to face. Easier conversations with wider team to set up referrals.</p>	<p><b>District Nursing</b> Reducing the risk Improves Communication Support District Nursing caseload.</p> <p><b>District Nursing</b> Patient feels confident in care as they have continuity. Start professional relationship with patient positively.</p>	<p><b>District Nursing</b> Would be amazing to have access to an “app” that offers the basic tab for GP Info Medication Alerts</p> <p><b>District Nursing</b> Continuity of Care</p> <p><b>District Nurses</b> Continuity of care</p> <p><b>District Nurses</b> If “app” available could be referred to whilst with patient. Improves communication and direct care. Knowing who else can support treatment.</p> <p>Treatment: Different staff will be able to update PCSP on every</p>		<p><b>District Nurses</b> Referring to details on SIDeR whilst a conversation re: transfers.</p>	<p><b>District Nurses</b> How could SIDeR benefits, benefit this part of our process? Would be very keen to lean.</p>

			interaction and all will know immediately.			
					<p><b>Specialist Learning Disability Occupational Therapy LD Team</b></p> <p>If used correctly our clients could have more control.</p> <p>One point of client data.</p>	<p><b>Specialist Learning Disability Occupational Therapy LD Team</b></p> <p>Extra workload duplication.</p> <p>I wish there was staff use correctly.</p> <p>I think this could be an excellent recording system for all.</p>

## Findings Section Two- List of Potential SIDeR Enhancements

<b>District Nurse</b> Clinical documents held	<b>District Nurse</b> Details of reasons for consultation	<b>District Nurse</b> Open referrals and upcoming appointments.	<b>District Nurse</b> Add discharge summary (from EPRO, Trac-Care).	Exeter Hospitals ← need to be on SIDeR	Everything and all info straight into SIDeR.	Check current GP medical History, current medications, and other alerts
<b>OP Lead</b> Notification to le refers know if action they have asked for has/hasn't been done. le blood test, referral to another team.	<b>OP Lead</b> Access to EPRO on SIDeR. There is always a lot info on there – Discharge Summaries	Need to see upcoming appointments for follow-up (all services).	All initial referral on SIDeR – single point of access. The ability to filter to get referrals for your team	Regular SIDeR updates (eg. New Fx) to selected Management Leaders for dissemination to teams	Who has referred to whom	Feedback loops (egg p has seen cure 2018)
<b>OP Lead</b> Referrals (GPs/Acute) when referring, complete the form on SIDeR, with mandatory sections, which can be sent to us, via SIDeR. Not been able to send until all sections are completed (DN's, CRS & OPMH)	Accessibility of Shared Forms	Dictate into shared forms?	Clinical Observations -> too many clicks	Don't have access to anything in patients' home -> sometimes take photos	Training & Visibility package -> where and publicise -> alongside primary training like RIO etc -> right from the beginning	Key GP information not clear -> ie results and obs.  Access for Care Homes  Accessibility of shared forms  Dictate into shared forms?
All users to be able to easily understands what happens to data they enter	Our team would benefit from a Cascade Trainer/Champion so if it was missed at induction, someone in each team is	Mental Health Process -> comm -> rehab team -> need to communicate with them.	Which option to choose when logging in. -> will be solved by context launch DIALOG+ for frailty -> one for patient -	RUH info – needed	Key GP information not clear -> ie results + Obs	Access for Care Homes

	aware (team or service)		> one for the professional.			
Link broken to MPH?	Further info and notes from non-GP practices and organisations	Dorothy House into and feed OT POV	Intelligence Re: where documents come from and file under that org.	Inconsistency of info – sometimes due to how recorded.	Put in induction	Structured and searchable.
EPRO Information -> hospice and OT SFT team use -> where are they ATM-> ward specific	Services and timeline all in one place.	Line manager endorsement	Adverts on SFT	Onward link to be able to search more granular info -> other portals systems etc	Referrals to other Teams -> want to be able to see	If person has a main GP practice and a temporary practice, it doesn't show the latter info.
Social care -> Not enough info at the moment -> only encounter not enough detail	GP Free Text – not always working	Documents. Discharge summaries Xray's Consultant letters -> reason for admission -> meds -> procedures	Message to GP workflow via MESH -> instead of having to email and feedback loop.	When relaunch do, need to go round each side.	Feedback loop on Core 18 form.	<p><b>Specialist learning disability team occupational Therapist</b></p> <ul style="list-style-type: none"> <li>- Staff Training</li> <li>- Easy read for LD Clients</li> <li>- The use of one system not RID/SIDeR/Dialog</li> </ul>
<p><b>Admin – GP Surgery</b> Takes a while to load</p>	<p><b>Admin Supervisor - GP Surgery</b> Documents to come into workflow in EMIS not as a email</p>	<p><b>Admin Supervisor – GP Surgery</b> Mental Health referrals. Assure alert sent to a receiver and confirmation sent to a referrer.</p>	<p><b>Specialist Occupational Therapist - LD Team</b> More space in the Care Plan Section for all professionals to write in or a space where all MDT members can upload case plan ie physio, OT, SALT, Nursing, Psychology, ET.</p>	<p><b>Community LD – Occupational Therapist</b> If people cannot read to rate how the feel accessible information such as pictures</p>	<p><b>Specialist Community Occupational Therapist – LD Team</b> I Pad and App to support us and in the community with patient</p>	<p>More detail on progress of local authority safeguarding closed – outcome Open – safety plan</p>



<p><b>MCA Lead</b> More detail on progress of Local Authority Safeguarding closed – outcome open (safely planning risk management)</p>	<p><b>District Nursing</b> How and who do we let know if SIDeR is “not working” “deployed” or not a fault? “How is this shared?”</p>	<p><b>MCA Lead</b> Very, very useful to have direct contact details of individuals involved.</p>	<p><b>MCA Lead</b> DoLS Authorisations listed under Somerset Council ..... I think more detail, Urgent or Standard authorisation – not listed now.</p>	<p>GP Tab Seach functions in GP Notes Copy function in GP Notes</p>	<p><b>MCA Lead</b> ? Section to record previous capacity assessments and best interest considerations</p>	<p><b>MCA Lead</b> Feedback from Colleagues that not all GPs are signed up to SIDeR</p>
<p><b>MH Services</b> The “update form” is not working. We were asked to revert to another way of updating Eps after medical reviews with our consultants. The update Form is also essential for any other info we need to share with the GPs. Fix it please?</p>	<p>Dialog+ Change the PDF version to include the graph of scores which is currently only visible on the screen.</p>	<p>Dialog+ Ability to change GP or patient address in Dialog+</p>	<p>Dialog+ At times GP address does not correspond to actual GP. (Old GP remains despite patient re-registered with new GP.</p>	<p>SIDeR Ability to see it, Childrens or Adult Social Care are involved and if yes, who is the social worker?</p>	<p>Access MRI and similar results from hospitals.</p>	<p>Access to A&amp;E notes</p>
<p><b>MH Services</b> Access to documents uploaded by GPs</p>	<p><b>MCA Lead</b> Hospital Passports for people with LD.</p>	<p><b>MCA Lead</b> For colleagues System only pulls through the four most recent alerts</p>	<p><b>STEP</b> Somerset Treatment Escalation Plan would be invaluable STEP digital group running at present</p>	<p><b>Digital Lead</b> Internet First – many systems going this way including EMIS</p>	<p><b>Digital Lead</b> Add discharge summaries to Hospital record so GP can see these in SIDeR.</p>	<p><b>District Nursing</b> Make SIDeR part of mandatory training when needs new access to a system.</p>
<p><b>District Nursing</b> Access to documents that are on EMIS</p>	<p><b>District Nursing</b> Having one page of contact in a chronological order</p>	<p><b>District Nursing</b> Slow and Clunky – needing to click and wait for it to load</p>	<p>Potential enhancements – full information of GP consultations</p>	<p><b>Digital Lead</b> Pull blood test results into SIDeR / other tests. Single</p>	<p><b>Digital Lead</b> Patient Portal for SIDeR – via NHS App? GPS are</p>	<p><b>Digital Lead</b> Its been a while since this was launched. Some tried it at the</p>

	with consultations details		and Hospital admissions would be great.	point of access for all data.	mandated to share records, but GP record not 100% complete	start and due to lack of info at the beginning have not tried this again. Perhaps a re-launch of the product.
<b>PHW</b> Can flag notes be sued for communicating with a service rather than emailing	<b>PHW</b> Clearer box on front page for listing all contacts with one person.	<b>PHW</b> Forms Assessment forms that are used in referrals to prevent email transfer	<b>PHW</b> Highlight updates and change for use on in system if new.	<b>PHW</b> Forms – include discharge plans or action/red flags if one.	Unable to access reports currently – would be useful.	Lots of error codes currently
<b>Mental Health Nurse</b> There is need to train staff on how to fully use the system.	Is the LEAP Training the right medium? -> -> ->	Connect with Community Hospitals Care Homes	OT – LD ?	Dorset Care Record through SIDeR	Access to RiO Better System alerts Better owners of Common Forms	More detailed hospital documents like discharge summaries
<b>Community Rehab Physio and OT</b> Training needs We were given access to SIDeR and have never had any training – don't know if we missed it or it wasn't available. -> confidence in use. Don't know if the system does something we can't find or doesn't do it.	<b>PHW</b> Communality of language for alerts or explanations	Training for SIDeR to get best outcome of it. Training mode needs to be upgrades regularly.	<b>Mental Health Nurse</b> In dialogue+ most of the information doesn't work very well in Mental Health since some of them have challenges in communicating how they feel about their health record. Majority are not able to rate their feelings. If there is room to consider what can be done for mental health checks.			

## Findings Section Three- Benefits Pathway

Benefit	QA Cat	Detail/Proof	Result	Baseline	Measure	Owner
<p><b>CMHS – KW</b> Don't know as haven't used/looked at this.</p> <p><b>CMHS – KW</b> Don't currently use this. SBAR would be helpful.</p> <p><b>CMHS – KW</b> Holistic assessment Disbenefit: No professional Formulation and scales not required for assessment, therefore adapted Dialog+</p> <p><b>CMHS – KW</b> Whether SU info is corroborated in GP record</p>	<p><b>CMHS – KW</b> Would improve physical health and holistic care. Patient User Experience.</p> <p><b>CMHS – KW</b> Is 'acute info' identified by clinician or client pending nature of conditions.</p> <p><b>CMHS – KW</b> Improved outcomes. Deal with pressing issues.</p> <p><b>CMHS – KW</b> Colleague satisfaction – reduces risk.</p>	<p><b>CMHS – KW</b> Values -&gt; shows respect / acknowledgement for whole person</p> <p><b>CMHS – KW</b> Values: Person centred. Respect Teamwork</p> <p><b>CMHS – KW</b> Costings. Reduces risk = less labour-intensive services required.</p>	<p><b>CMHS – KW</b> Benefit to physical health. Disbenefit -&gt; looking at SIDeR = shut down conversation with client – useful for time, not for perceived value for SU.</p> <p><b>CMHS – KW</b> Reduced risk.</p> <p><b>CMHS – KW</b> SU was empowered to challenge</p>	<p><b>CMHS – KW</b> Same, because I adapt Dialog+ to include formulation.</p> <p><b>CMHS – KW</b> Better interprofessional collaboration</p>	<p><b>CMHS – KW</b> No Contra – indicated meds, social care support may help condition as well.</p> <p><b>CMHS – KW</b> Specialist Safety Plan Template. Gives responsibility to client and family as well as professionals.</p>	<p><b>CMHS – KW</b> SIDeR looks like professional owned but will change once access granted to SU</p> <p><b>CMHS – KW</b> Co-production including family if safe and helpful.</p> <p><b>CMHS – KW</b> SU – Owns. Pending the document being shared with them.</p> <p><b>CMHS – KW</b> Clinicians Family anxiety reduced.</p>
<p><b>District Nursing</b> = Time Clinician (not logging into the system) = system and patient time</p> <p><b>District Nursing</b> Medications lists easy to read.</p> <p><b>District Nursing</b> I can give quicker clinical advice. Patient gets a quicker response. Triage / point of contact is quicker.</p> <p><b>District Nursing</b> Limited use.</p> <p><b>District Nursing</b></p>	<p><b>District Nursing</b> Patient / user experience Clinical satisfaction for informal care</p> <p><b>District Nursing</b> Increased colleague satisfaction</p> <p><b>District Nursing</b> Colleague satisfaction and improved outcomes Patient experience Improved outcomes.</p> <p><b>District Nursing</b> Improved outcomes Colleague satisfaction</p>	<p><b>District Nursing</b> Quicker triage – improved flow (timeframe) More confident clinicians at point of contact. (Staff voicing, they like using it/living access) Including non-clinicians, admin in SPOC).</p> <p><b>District Nursing</b> Can process medication info more quickly when transcribing.</p> <p><b>District Nursing</b> I don't need to log in to a separate system to see "live" info with minutes.</p>	<p><b>District Nursing</b> More responsive to patient care.</p> <p><b>District Nursing</b> More staff satisfaction More patient safety</p> <p><b>District Nursing</b> Patient feedback and "gut" feeling. Work satisfaction Workload of teams</p> <p><b>District Nursing</b> Quicker response and more informed to urgent call.</p>	<p><b>District Nursing</b> Opening EMIS (although still need to do this). Admin team members have no clinical info other than RiO.</p> <p><b>District Nursing</b> Logging into other systems Relying on verbal info. Patient waiting to speak to GP/other clinicians when they could be in pain etc.</p> <p><b>District Nursing</b> Blind care Going against patient wishes.</p>	<p><b>District Nursing</b> Observation Discussion with colleagues</p> <p><b>District Nursing</b> General feeling Patient / colleague feedback.</p> <p><b>District Nursing</b> Reduction in Admission</p> <p><b>District Nursing</b> No formal measure – own experience.</p> <p><b>District Nursing</b> Feedback, patient, and colleague.</p>	<p><b>District Nursing</b> All staff Patients</p> <p><b>District Nursing</b> Patients</p> <p><b>District Nursing</b> Patients All staff GP Surgery</p>

<p>Access TEP</p> <p><b>District Nursing</b> Using GP (EMIS) info when discussing care with patients without access to EMIS (non-clinical).</p> <p><b>District Nursing</b> Being able to review patient medications has saved time contacting GP/ reviewing other systems.</p>	<p><b>District Nursing</b> User experience Improve outcome – colleague satisfaction.</p>	<p>Able to handle query/provide support with 1 phone call. Reduces need to wait/chase info and process quickly+</p> <p><b>District Nursing</b> Time saved search other systems / making calls particularly In urgent situations.</p> <p><b>District Nursing</b> Less Time spent looking for info = cost saving.</p> <p><b>District Nursing</b> Admin staff not needing to make patients, wait to find info – offering live info.</p>	<p>Shared info when discussing with wider team.</p>	<p><b>District Nursing</b> Relying on clinical staff unnecessarily</p> <p><b>District Nursing</b> Calling surgery / checking EMIS.</p>		
<p><b>PHN</b> View of current work/teams' involvement to know who is involved.</p> <p><b>PHN</b> Anticipate minimal use.</p> <p><b>PHN</b> Expected we will know of child who have prescribed continence-based medication by SFT team. This will reduce time seeing this information for secondary care team/GP. It will also help with connecting with parents, so with reporting too.</p> <p><b>PHN</b></p>	<p><b>PHN</b> Prevents repeats, many achieve outcome more quickly as clearer information.</p> <p><b>PHN</b> Has Somerset Continence Pathway been followed.</p> <p><b>PHN</b> Reduction in time of opening emails and uploading to RIO.</p> <p><b>PHN</b> Improved user experience and not having to repeat to multi-professionals required.</p>	<p><b>PHN</b> Reduced costs Travelling Telephone Time chasing up we need to speak to.</p> <p><b>PHN</b> Somerset Continence Policy on SIDeR so it improves adhere by all services/system. This should release time for staff to see more clients. Improves communication between system. Increases service satisfaction.</p> <p><b>PHN</b></p>	<p><b>PHN</b> Potential Clearer expectations Abilit to plan integration for outcomes (not silo).</p> <p><b>PHN</b> Reduction in admin time and concentrate of other items.</p>	<p><b>PHN</b> Spending a lot of time finding out who is involved, contact details, and whether someone has a plan.</p> <p><b>PHN</b> Spend a lot of time going through emails and breaking up information into areas then uploading where they are requested to go.</p> <p><b>PHN</b> Time saving clearer expectations know what everyone is doing.</p> <p><b>PHN</b> Time Saving</p>	<p><b>PHN</b> Reduction of time Spending funding People, following up on emails call etc.</p> <p><b>PHN</b> We did not always know their medications has been prescribed.</p> <p><b>PHN</b> Service user feedback will improve. Staff satisfaction will increase, better flow of detail to support families/children. Waiting times down.</p> <p><b>PHN</b></p>	<p><b>PHN</b> PHN practitioner measure service wide.</p> <p><b>PHN</b> School Nurse Continence Nurse. Will be most affected and will get more time back.</p> <p><b>PHN</b> PHN administrators could ask before we start then after.</p> <p><b>PHN</b> Report back in PHN Public Health reporting team.</p>

<p>Potential sharing of forms like speech and language core plans to prevent sending as they won't not send.</p> <p><b>PHN</b> Able to establish if referrals have been made. Reduces time duplicating/chasing referrals. Improve connection with family and understanding of security of referrals.</p> <p><b>PHN</b> Reduction of communication via email, telephone, and referrals both ways.</p>	<p><b>PHN</b> Reduction in time om dealing with a request or follow up. Quicker resolution of issue.</p>	<p>Traffic that is large volume is stopped is visible already. Reduction.</p> <p><b>PHN</b> Currently have ++++ emails and calls from GP and then response, can list these.</p> <p><b>PHN</b> Reduction of time for practices chasing referrals.</p>		<p>Clearer expectations, know what everyone is doing.</p> <p><b>PHN</b> Currently not always aware that referrals/prescriptions constantly have happened.</p> <p><b>PHN</b> Time spent on this process.</p>	<p>Ability to complete tasks for admin that are relevant. Timely update of potential useful information.</p> <p><b>PHN</b> Improved flow though of information and referrals from GP.</p> <p><b>PHN</b> Improved feedback Improved timescales from 1<sup>st</sup> Oct. Outcome completed more quickly.</p>	
<p><b>RMN</b> Not seen but assuming that that this helps when coming up with a plan for the patient since some can't give details of active problems especially the physical one.</p> <p><b>RMN</b> Continue with what client/patient was using.</p> <p><b>RMN</b> Continuity of Care is maintained.</p> <p><b>RMN</b> Check medications and investigations, saves time.</p> <p><b>Rehab</b></p>	<p><b>RMN</b> User/Colleague satisfaction</p> <p><b>RMN</b> Lower costs by using the same medication brought in from home.</p> <p><b>RMN</b> Colleague satisfaction and improve outcome.</p>	<p><b>RMN</b> Able to get all the information in one place.</p> <p><b>RMN</b> No need to call the GP for information, saves time.</p> <p><b>Rehab</b> Accurate clinical info leads to improved decision making – less mistakes.</p>	<p><b>RMN</b> Less changes in medication and less medications discarded.</p> <p><b>RMN</b> Less time to come out with a workplan.</p> <p><b>Rehab</b> Less assumptions Less chasing info, wasting time.</p>	<p><b>RMN</b> Lack of full information on current problems especially with physical problems.</p> <p><b>RMN</b> Observations from stocks for discarding. Comments from other colleagues.</p> <p><b>RMN</b> Need to call the GP for more information.</p> <p><b>Rehab</b> Emailing, phoning, and sharing information</p>	<p><b>RMN</b> Get onto SIDeR before to get on the information at hand.</p> <p><b>RMN</b> Colleague voicing on the benefits</p> <p><b>RMN</b> Own experience and comments from colleagues.</p> <p><b>Rehab</b> No measure</p>	<p><b>RMN</b> The mental health team in the department / unit.</p> <p><b>RMN</b> Mental Health Team</p>

Patients seen in a more appropriate time frame – eg. Able to wait longer or needs to be seen sooner.						
<p><b>MH Services</b> If the update form was working this would save a lot of time-sharing info with GPs. Dialog+ much easier to use from RiO care plans.</p>	<p><b>MH Services</b> Better health outcome such as when we can monitor, and possibly intervene and in, medication compliance. Reduction in risk.</p> <p><b>MH Services</b> Patients: need fewer appointments to complete assessment. Trust: lower cost Colleagues: more time for clinical work and less frustration</p>	<p><b>MH Services</b> Colleague: Ease of use Client: More forward care plan. Lower cost: saves time.</p>	<p><b>MH Services</b> Rely on clients' statements, then risking deterioration in mental health.</p>			
<p><b>Safeguarding</b> If local authority has been offered so then it will be listed as an Active Problem.</p>	<p><b>OT LD</b> Better planning of appointments for example offering appointments if someone has sleeping tablets identified from SIDeR – improves outcome.</p>	<p><b>OT LD</b> Less home visits. Better engagement.</p> <p><b>OT</b> Quality care Efficient service provision Effective decision making first – time.</p>	<p><b>OT LD</b> Better patient engagement More independence</p> <p><b>OT LD</b> Lack of patient engagement. Failed visits.</p> <p><b>OT LD</b> Less changes to care planning, "better first-time"</p>			
<p><b>Neighbourhood Services</b> <b>OP Lead</b> Time saving an assessing live.</p>						
<p><b>MCA Lead</b> Not on system presently DN CPR TEP Should travel with patient (portability)</p>	<p><b>MCA Lead</b> Improved outcomes, reduces risk for both capacity and safeguarding concerns.</p>	<p><b>MCA Lead</b> Safeguarding Able to see if local authority has been refused to but not detail.</p>	<p><b>MCA Lead</b> Dealt with several safeguarding concerns around incorrect/unavailable medications following</p>	<p><b>MCA Lead</b> DN CPR / TEP Not currently a shared form. Does not always travel with the person. Good TEP is community,</p>		

<p>+++ benefit to patient, system, time, costs.  <b>MCA Lead</b>                  Capacity determines presence or suspicion of a mental impairment for capacity assessment.  <b>MCA Lead</b>                  Where there is poor engagement and safeguarding concerns really useful to see the last contact with the GP.</p>		<p>Not sure baseline level of info is useful on its own.  <b>MCA Lead</b>                  DNCPR TEP                  Patient experience. Correct care delivered, having views and wishes to help inform decision.                  Less in complaints landing And then less in costs.  <b>MCA Lead</b>                  Patient benefit – human rights-based assessment.                  Liability – ensure a more robust and defensible capacity assessment.</p>	<p>transfer from hospital to home. Correct system draws from EMIS only. Reduced risk of automatic update of SIDeR from hospital records.  <b>MCA Lead</b>                  Live assessment of risk possible</p>	<p>lost in hospital when admitted – when this is most needed.                  DNCPR / TEP                  Currently reviewed in hospital but not transferred back to community.                  Often EOL people not getting care they need or receiving CPR when they should not.  <b>MCA Lead</b>                  Had to call GP, wait for call back after surgery.                  ++ Time used</p>		
<p><b>MH Services</b>                  Fewer calls to GPs                  Less risk = cost reduced (if we can monitor medication compliance) and avoid possible admission  <b>MH Services</b>                  Saves a lot of time when deciding on whether to accept referrals and during assessment. Avoid having to call GP surgery.</p>		<p><b>MH Services</b>                  Long waiting times in phone queues.                  Patient experience avoid admission.</p>	<p><b>MH Services</b>                  Treatment more focused = saves times                  Clearer overall goal and “sub goals”.  <b>MH Services</b>                  Dialog+ scoring = client can see more clearly their recovery process and each scored aspect has specific goals and actions.  <b>MH Services</b>                  Better assessments                  Follow up on tasks sent to GP safely.</p>	<p><b>MH Services</b>                  Clunky RiO care plans, poor templates.                  Updating GPs via letters  <b>MH Services</b>                  No access to info potentially related to risk and safeguarding.                  Unaware of client attending appts with GP.</p>	<p><b>MH Services</b>                  Time saved.                  Assessments completed faster</p>	
<p><b>Mental Health Nurse</b>                  Avoid use of medicines that didn’t work for a client.</p>						
<p><b>ED</b>                  Time saved.                  Safe core delivery                  Cost savings long term.</p>	<p><b>ED</b>                  Improved user expertise and better data access.                  Improved outcome with regard of timely delay.                  Improved outcome with regard of critical meds.</p>	<p><b>ED</b>                  Access to medicines helps to offer to meet approving care.</p>	<p><b>ED</b>                  It was horrible from staff freedom and satisfaction and cost perspective.</p>	<p><b>ED</b>                  Horrible                  Time consuming                  Poor staff satisfaction                  High Cost</p>	<p><b>ED</b>                  Staff feedback                  Staff satisfaction survey</p>	

	<p><b>ED</b> Avoidance of errors That could be made.</p> <p><b>ED</b> Access to GP information helping me to facilitate early discharge.</p>					
<p><b>OT Lead</b> No access to EMIS so would have to phone GP practice. Time spend as can now look on SIDeR.</p> <p><b>OT</b> Able to verify / complete background information provided by patients. (They always miss something important).</p>				<p><b>OT</b> More changes to care plans, longer to meet patients' goals.</p>		
						<p><b>Clinicians Administrators</b> Patient</p>
<p><b>OP Leads Taws</b> Able to find out missing info from a referral from the acute after their discharge/operation for example, for wound care, catheter care, EOL. Time saver for Admin.</p>						
<p>Medications changes and No meds.</p>		<p>Saves time and improves accuracy as patient may be in distress or unconscious.</p>		<p>Ring GP surgery Check EMIS</p>	<p>No measure? Only "own experience"? Possibly during and care episode?</p>	<p>Kettering Files – will they open?</p>
<p>More accurate background information – able to triangulate with history given by patient.</p>		<p>The digital team will "spot" issues in just one system</p>	<p>Offering the most appropriate / best / treatment / care for the individual including prescribing the most effective medication.</p>	<p>Before would get GP summary emailed across Time, + only accurate at that time.</p>	<p>Staff feedback on ease of completing capacity Assessment.</p>	<p>How many patients from each practice are accessible?</p>
<p>Only as accurate as coding by GP Practice.</p>		<p>Saves clinical time. Check BP, bloods, height and weight</p>	<p>Greater accuracy in documents for patients.</p>		<p>Time spent calling GP. Time spent us using SIDeR</p>	<p>GP Users by name or role?</p>
<p>By viewing the medication, we have, is a good idea of a person's health</p>		<p>Less time invest in the digital tool = more time invested in patient care.</p>			<p>No Measure – Only experience</p>	<p>Safeguarding case manager (Health) capacity assessor.</p>



conditions before reading the relevant section on SIDeR.					Possibly duration of care episodes.	
If put in hospital, then they can already see what medication they are on.		More time for the GP admin staff to complete other tasks.				
Enables prescribers to prescribe another medication which is less likely to interact with something they're already taking.						
Single point for all patient issues (known).	Clinical user experience,	Helping to avoid medication error. Helping to keep health care costs down. Also giving correct meds on time. Helps overall health care.	A better clinical picture of the patient's status.	Reduced incident reports.		
Signposting to where to find desired information eg. Can see who/which ward to contact.	Lower costs	Improved communications between care settings	Diagnosis given using more accurate information – less room for error.	Multiple searches Time spent searching. Frustration	Who is looking	
Safeguarding issues or concerns	Efficient	Still don't make unnecessary visits	Check EPRO for: Discharge summary Consultant letters Upcoming and past acute appointments. If patient is in hospital and what ward. Reason for admission.		LOS Readmission Unplanned Care	
Tissue Viability Information	EMIS EPRO	Better caseload management	Phone Ward		Time and motion studies	
Patient location and status	Improved patient outcome	Better patient flow	Check on GP record.		Psychological Liaison Team Plan Assessment	
Discharge summary Where, who, what, when	Timeless	Time saving and improve communication between services. Easier channels and communication.	Less time used with tools.		Communication Needs Hospital Care Passport.	
Discharge Designation	Safety	Patient in homes eg. Can change day to day. Having a central location for homes/practices to view	Less time wasted contacting homes. Better Care.		Single Point of access	

		data keeps the patient safe.				
Investigation and results	IO	Conveys how patients would like their care navigated with TEP.			Speed at referral	Homes Practice Patient
Reports	CS				DNCPR/TEP Audit	Patients who have a TEP Admin staff who search and check TEP monthly.
Referrals	PE				The number of updates on the records will prove the benefit.	
Treatment Plans	LC				Time Questionnaire Report after	
AI information not easily available on SIDeR.	Colleague satisfaction and improved outcomes				Patients who have TEP can then be measured with the outcome – how many had their wishes respected and accessed.	
Consistent approach to patient care	Patient user experience.				The number of updates on the records will prove the benefit.	
Time	Improved colleague satisfaction					
Stops multiple searches in different systems	Patient experience					
Accuracy of information	GP Information in one system will improve digital user experience					
Active/live patient shared information	User experience and patient experience – more efficient, planning and decision making. Colleague satisfaction.					
Records the patients' wishes						
Not telling the story twice						
Get better overall picture of patients' current problems at a quick glance (rehab).						

Understand long term conditions, especially falls risk.						
Less SFT user will request access to EMIS	Improved outcomes for patients.					
Summaries available with having to contact the surgery	Safety check for patients. Meds recorded on discharge.					
Can see a certain amount but still need to log onto other programs as well.	Beter satisfaction for clinical staff and validation.					
Check current medications Check current problems Check investigations have been done						
Saves time ringing GP surgery						
Previous consultations give us information to enable us to make correct diagnosis – medical information very useful.						

A picture was captured at the event of NHS Somerset ICB's Chief Clinical Information Officer (CCIO) welcoming the group and introducing the session:



After the session, the below follow up email was sent to all of the workshop attendees:

*"Good afternoon all,*

*I just wanted to touch base to say thank you from me and the SIDeR Team for your attendance, effort and feedback at the SIDeR Benefits Workshop Wednesday. We as a team are really happy with how the event went and the output that we have taken away (that is currently being typed up), I will send out a follow up email with the output in due course. It's a great sign to receive various emails from attendees of the event with positive feedback and further questions.*

*An action for ourselves that came from the session was that, going forward, we going to hold monthly SIDeR Drop in sessions, for you or any colleagues that have any questions or would like more information on SIDeR. I will send a bulk invite out shortly, but please feel free to forward this to any SIDeR users who it would be of interest to.*

*We would like you all to be SIDeR 'Champions' and spread the word of SIDeR to colleagues across healthcare settings in Somerset, to increase usage of the record.*

*Please let us know if you would like to be part of a SIDeR testing group moving forward. To try out new enhancements, for example documents that has recently gone live.*

*If you have any other feedback or have any other questions please do let me know.*

*Have a great weekend when we get there."*

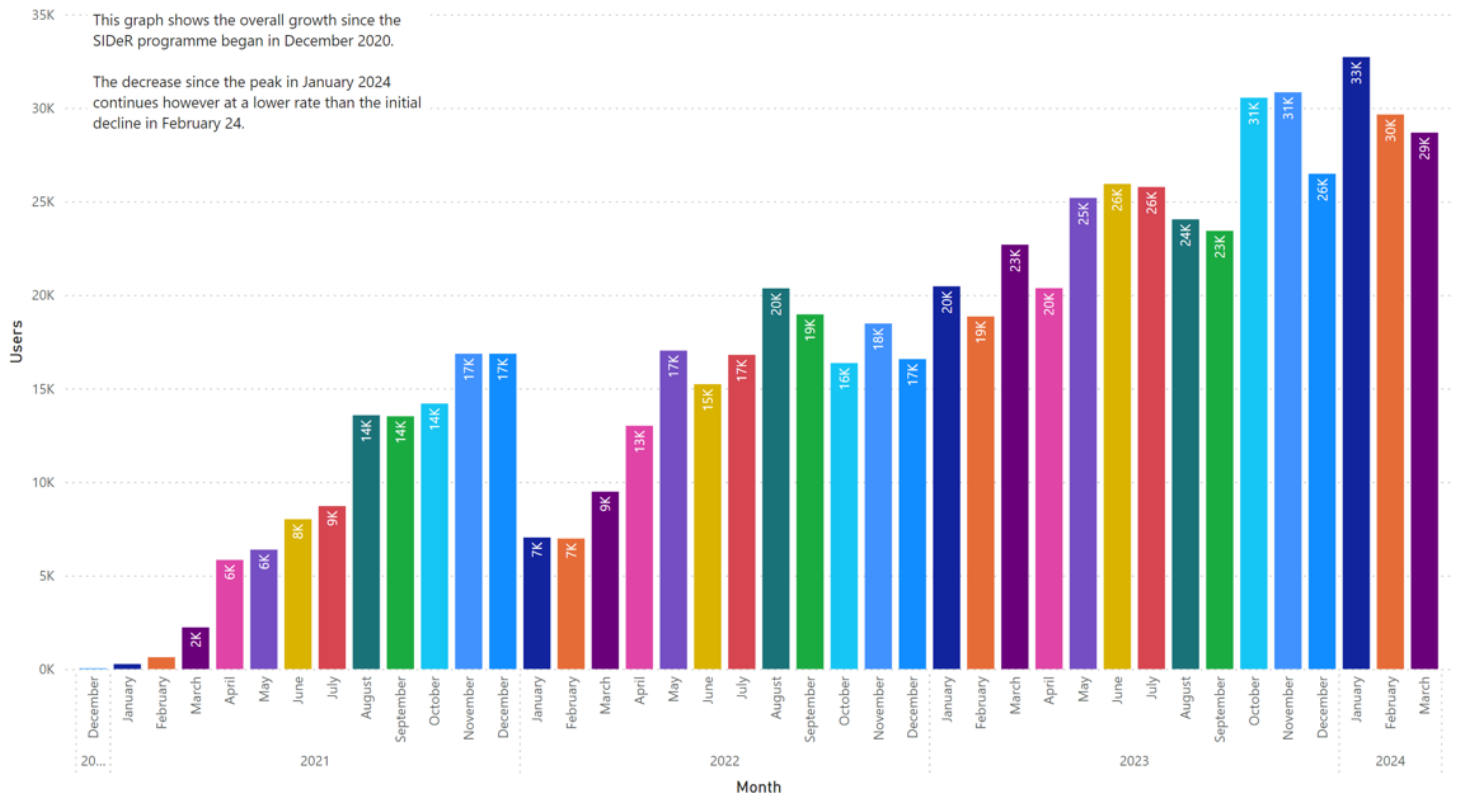
As a direct result of the workshop and this follow up email, monthly 'SIDeR Drop in Session's' have been created and six users have volunteered to be part of a SIDeR testing group.

## Section 5- SIDeR Statistics

### SIDeR Statistics

A range of SIDeR statistics have been recorded since the programme went live in 2020, which shows clear growth and usage of SIDeR from 2020 until now. The graph below shows monthly usage of SIDeR since go live in November 2020. In January 2022, it was noticed that there was an error in the way uses of SIDeR was recorded, hence the drop in numbers. We are assured that uses are now being accurately depicted.

Total Users of SIDeR Per Month

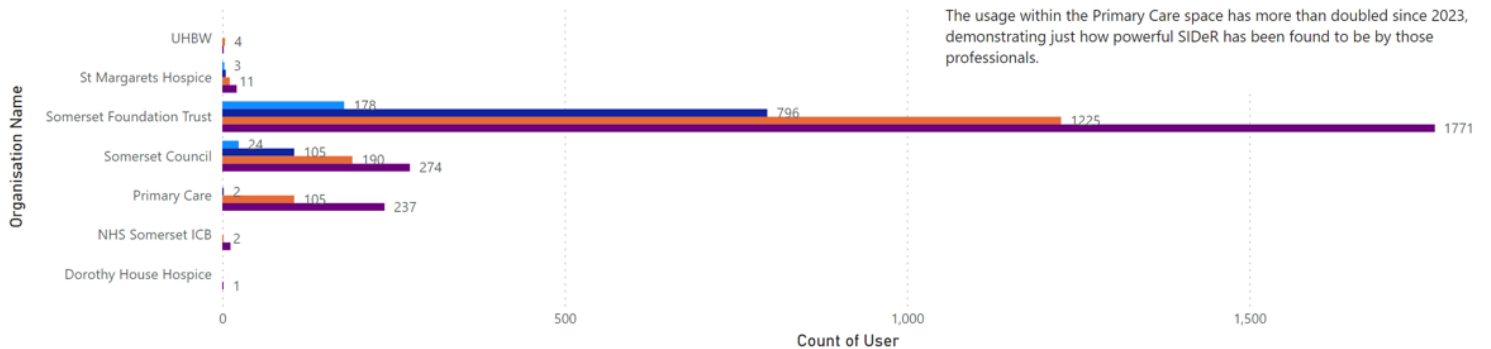


By the end of 2023/ early 2024, SIDeR was being accessed approximately 30,000 times per month across stakeholders.

## Unique users by organisation and number of unique patients accessed from 2021 - 2024

Number of Unique Users by Organisation

Year ● 2021 ● 2022 ● 2023 ● 2024

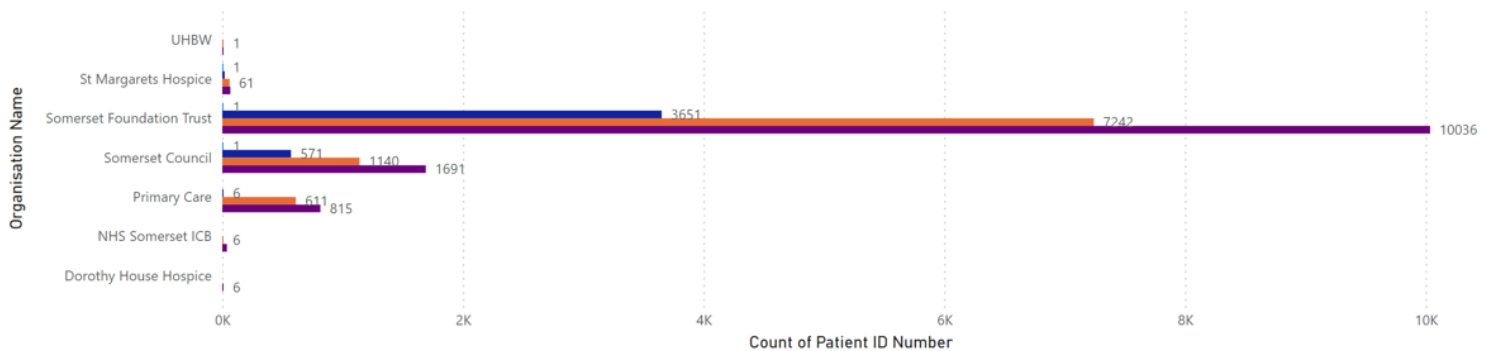


The Year to Year comparison of March shows the substantial increase in uptake among the organisations.

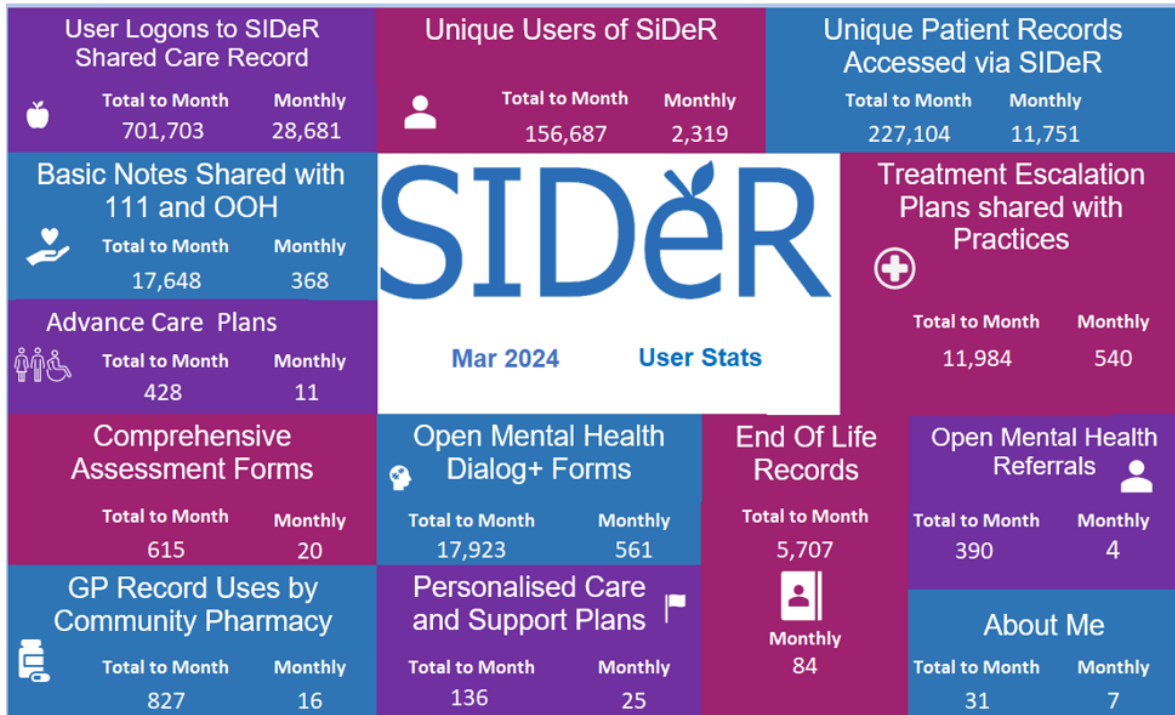
The usage within the Primary Care space has more than doubled since 2023, demonstrating just how powerful SIDeR has been found to be by those professionals.

Number of Unique Patients ID by Organisation

Year ● 2021 ● 2022 ● 2023 ● 2024



Below is the SIDeR infographic showing the grand total of Shared Care Record uses as well as the number of care plans hosted in SIDeR alongside the total for March 2024.



A full powerpoint presentation detailing use of SIDeR across the first contract period can be found below:



SIDeR Statistics  
2020 - 2024

Below is a list of SIDeR projects that have gone live and the statistical difference post go live, to show the impact it has had on the user:

- **Primary Care Contextual Launch** – Since the launch we have seen 1649 Unique Users from Primary Care log in to SIDeR from February 2023 cumulatively.
- **UHBW** – Since UHBW has had access to SIDeR, 31 unique users have accessed cumulatively.
- **CHC** – There has been 135 unique CHC users since March 2023.
- **Better Contextual Launch** – There has been 1520 new SIDeR users from SFT since go live.
- **PCSP** – The PCSP form has had 45 forms created since the go live covering 13 practices.
- **Dialog+** - The Dialog+ form has had 15,934 forms created and covers nearly every practice in Somerset.
- **GP Record Use** – 617 patient records have been viewed since go live.
- **User Logins** - Since January 2022 user logins has increased by 312%, SIDeR now has a monthly usage of over 30,000.
- **Shared Care Forms** - All of the shared care forms have had an increase in use since January 22.

Below is a document timeline of all the major projects that have gone live during the first SIDeR contract period:



SIDeR Timeline of  
Go Live 2019 - 2024

## Section 6- Conclusion

### Conclusion

In conclusion, SIDeR has exceeded expectations of a countywide shared care record. Usage has grown and continues to increase, overall users find it a useful tool to aid decision making, enhance patient safety and improve person centred outcomes where people do not have to keep repeating their care story. Our mantra 'clinically led, digitally enabled' has ensured that focus remains on enhancements that benefit staff and patients. This report has provided a baseline to improve upon for our next 5 + 2 year SIDeR+ contract with Black Pear Software and we will aspire to incorporate benefits work as business as usual.

### Final Note from NHS Somerset CCIO

Overall, the first SIDeR contract has been a great success. Launching during Covid-19 in November 2020 has been a challenge but the system has worked together to increase information sharing across the county, breaking barriers between NHS, voluntary and social care, to improve individual person care. The learning we have gathered has been fundamental to shape the roadmap for the next 7 years of SIDeR+ and we have a great programme team and network of stakeholders to continue momentum. The massive opportunity to make a difference to the care of people by accessing SIDeR is being evidenced every day as more practitioners access it. We plead that all care colleagues launch into SIDeR and share their experiences so we can continue to design it to work for frontline staff and people they are caring for.

### Note from SIDeR SRO

Success depends on positive relationships, sustained investment and commitment and the integrity of the resultant programme and service. The final quality here relies on all of the others listed before, as well as maintaining security, safety, relevance and appropriateness of service content. The benefits work confirms that SIDeR is and continues to make a positive difference to the care experiences and lives of people and professionals across Somerset, something that we should all be proud of. It is important that we continue to evangelise on the benefits of SIDeR, encouraging professionals to use SIDeR for direct care purposes. Furthermore, it is also important to regularly revisit, review and re-evaluate the benefits as part of the SIDeR development roadmap and engagement strategy, to ensure the service remains relevant into the future.



## Benefits Work Planned for 2024/25

Complete a 2024-2025 SIDeR Benefits Realisation project to use in comparison to this SIDeR Benefits Realisation Report 2020-2024.

Complete any NHSE National Reporting. Our funding agreement is to provide evaluations and reports which include our benefits position to NHSE when required. The next deadline for the SOPB is the end of August 2024. The report could be in the form of our updated SOPB register, a presentation or a formal programme/evaluation report but it must include quantitative and qualitative data. Reminders will be sent to us closer to the deadline.

Attend and contribute to the monthly 'Benefit and Evaluation Group ShCR'.

## Lessons Learned

During the completion of the SIDeR Benefits Realisation Project, a number of lessons learned were recorded to ensure that future benefits projects can be completed as smoothly as possible. These include:

- To record a baseline before the start of any project to understand the current situation. Then after a period of time post go-live, carry out the same baseline investigations to understand the difference that the project has made. Unfortunately, a baseline wasn't recorded pre go live for the SIDeR programme, however, this report can act as a first baseline to understand benefits and the difference made moving forward.
- When creating future questionnaires, only add an 'Other' option for questions when absolutely necessary. We had 'Other' as an option for most of the questions and many users selected it rather than the correct option or the option that would best fit them. Therefore, we were unable to analyse the question result as well as we would have liked, due to 'Other' being a popular option.
- To book a workshop venue early. Even though we were planning the workshop two months in advance, our top three choices of venue were already booked for the date we wanted. We were then trying to locate an alternative for the chosen date, it is important to decide on a date and then enquire about availability as soon as possible.
- When planning a benefits realisation project it is vital to build in time to consider and identifying potential solutions for resistance to change. We have received feedback from clinicians about how beneficial SIDeR is. However, it takes a high number of dedicated communications and engagement for users to share their views and support for benefits project. Considering potential barriers to change and identifying a solution for them in preparation for discussions with users encourages and enhances the support that they will be able to provide.

## Section 7- Appendix

### A) Survey Questions

Below are the 13 questions and brief text blurb that made up the SIDeR Benefits Realisation Questionnaire:

This is an important survey to help understand the benefits of SIDeR when you provide care. If you would like to be involved moving forward please contact: [somicb.digitalteam@nhs.net](mailto:somicb.digitalteam@nhs.net)

- 1) What organisation do you work for?
- 2) What is your job role?
- 3) Do you find SIDeR useful?
- 4) What aspect(s) of SIDeR do you find most useful?
- 5) What information is missing from SIDeR that would help you?
- 6) How much time do you think using SIDeR saves you on a daily basis?
- 7) Historically, how would you have got information about the person?
- 8) How many pieces of paper do you think using SIDeR allows you to save on a daily basis?
- 9) Do you think using SIDeR improves the experience of the person you are caring for?
- 10) Do you think using SIDeR improves person safety and management of risk?
- 11) Do you think using SIDeR improves your confidence and decision making when providing individual person care?
- 12) Can you share a specific example of when SIDeR has helped you treat / care for a person?
- 13) Please provide your email address if you would like a member of the SIDeR project team to contact you to share how you / your team may benefit from using SIDeR?

### B) Survey Results

Below is a full breakdown of the 349 responses to each question in the SIDeR Benefits Realisation Questionnaire:



SIDeR Benefits  
Realisation Questionn

### C) Job Roles per Band

The below table shows the total number of user job roles and what band they would be. This information was then used to calculate the costings and time saved on 'Daily Time Saving' section.

Job Role	Band	Total
Nurse	5	49
Mental Health Team	6	43

Doctor	9	34
Administrator	3	29
Social Worker	6	24
Community Nurse	5	23
Occupational Therapist	6	22
Physiotherapist	6	21
Therapist	6	15
Care Coordinator	6	11
Medical Secretary	4	6
HCA	2	2
Dietician	7	1
Health Coach	4	1
Paramedic	6	1
Pharmacist	7	1
Hospice Team	5	0
Practice Nurse	5	0

## D) SIDeR User Stories

Please see below the 222 responses submitted for the question, 'Can you share a specific example of when SIDeR has helped you treat / care for a person?' in the questionnaire.

- 1) Confirming GP attendance
- 2) As a prescriber I can view GP record and medications which helps gauge interactions
- 3) Up to date information about current care, medication and health status
- 4) I only really use it to see if a patient has been admitted to hospital and to see what services are involved, other than this I do not find it useful
- 5) Knowing what GP has done for patient in past
- 6) Updated information, MDT information.
- 7) I am a nurse prescriber and being able to access GP records quickly is beneficial
- 8) Being able to see their recent contact with the GP to understand the plan offered and advise on the treatment I could offer alongside
- 9) Showing discharge and admission so patient was attended for insulin although ward had not contacted us
- 10) This morning, before I assessed someone, I was able to get an impression of their medical status, their mental health related notes, medication and allergies. it also highlighted their new telephone number.
- 11) Not duplicating working, when a person is unsure about medical conditions and can't remember names or what medication they are on
- 12) None
- 13) Gained information on current eye conditions and active treatment
- 14) to check correct GP practice, would be useful if it updated Rio records
- 15) I use EMIS better information
- 16) Incorrect demographics on RIO so could not contact parents. SIDeR provided correct details
- 17) There are no examples

- 18) GPs appear to be unaware the our team can view SIDeR and have omitted details in referral i.e the fact that the person is currently receiving private therapy - crucial for us to know
- 19) When carrying out triage/initial assessment I often check information in SIDeR. As I said above, often the information is not there, so I go to EMIS or go back to Rio to try and find it.
- 20) I was asked to do a MHA assessment for a patient in the after hours of a Friday , he had no MH record and it was not possible to get any info about him that night. Reviewing SIDeR revealed a wealth of info that helped in patient's assessment and decision making.
- 21) Helps to ascertain the GP Surgery if patient has recently moved areas or surgeries
- 22) use SIDeR with every new referral to FRS WEST service. checking medication to be consistent with prescribing. Corroborate information.
- 23) Experience to date has not been a positive one, with GPs not accessing the data we enter. There are concerns about how risk is also entered on the system. I have not seen another agency use the Dialogue at this stage. GPs use other data bases like EMIS, One GP said would rather have access as read only to RIO. Information is being duplicated in different parts of RIO and SIDeR
- 24) Helps individuals recognise what is helpful in their care and opens discussion about how people can utilise their own resources
- 25) always fantastic to have prescription information at our fingertips
- 26) i use it for medical information to support identifying healthcare needs
- 27) Assessment of a patient with limited details of medical history, check on SIDeR gave a much more in-depth profile and history, allowing a greater insight into problems patient has had historically
- 28) Checking current prescriptions.
- 29) patient has not turned up for an appointment and we have been able to find out admitted to acute/ seen a GP or other setting so the appointment is not needed
- 30) I use SIDeR on a daily basis in my role, it is useful to have information from previous assessments on the system for me to update with the client. It gives me an understanding of any changes, positive or negative regarding their mental health
- 31) When finding out the language someone needed the interpreter to be in. When seeing the patient attended the GP to review their risk.
- 32) When not being able to see a patient due to DNA and being able to see if they had been seen recently to enable better risk management
- 33) patient DNA but could see she was admitted to Hospital. Therefor allowances made and a new appointment offered.
- 34) knowing how many medications a person was on when they thought they had been given too many
- 35) When a medical diagnosis is required and can be sensitive to ask the person or their family, i.e. dementia.
- 36) to find out recent bloods, looking at any new significant problems, last visit to GP
- 37) able to gain information from other professionals regarding care plans
- 38) check medications and inform GP to prescribe safely
- 39) Able to know a situation prior to a visit and raise and address the issues and look at possible services to address
- 40) Patient had a fall and fractured a bone but didn't remember the incident

- 41) Patients who have DNA'd, I can see on SIDeR when GP last saw. Also to check current medications immediately
- 42) In clarifying when a particular medication was prescribed and by whom when the client was unable to do this.
- 43) I see children, and use it particularly when there is a safeguarding concern, or if i can see that they have been back to the GP for ear problems
- 44) It is very helpful to be able to see when the patient last picked up medication. I had a patient who had stopped medication, and when they started struggling they weren't sure how to tell us. Knowing the last date it had been prescribed enabled us to open up that conversation, for the patient to share their reasoning, and plan effectively so that a crisis was averted.
- 45) Consultant Psychiatrists request urgent psychotropic medication changes which are sent through to the GP surgery and they action. By checking SIDeR we can see that its been actioned and can liaise with care providers/carers/family to ask them to collect prescription to start amended/new/reduced medication, so there is no delay.
- 46) I use it in every clinic
- 47) Its very helpful when triaging new referrals in order to get a comprehensive over view and help formulate a plan
- 48) I work for community memory clinic - SIDeR has told me when patients have been admitted to hospital, so I have been able to keep informed with their care/follow up with MPH if needed
- 49) I was able to see GP information about medical advice given to a parent which was relevant to a safeguarding situation.
- 50) verifying if patients have had contacts with the GP to address high BP and what the desired range is
- 51) Gaining better medical / social histories for patients when D/C from hospital. This can support our planning for long term support.
- 52) checking PMH and medications for onward referral to orthopaedics
- 53) preparation for home visit
- 54) service user could not explain the type of illnesses they had, so SIDeR provided a platform to help me understand the various issues related to their health to allow me to make a detailed support plan that will support their health and social needs.
- 55) being able to see if they have a UTI in relation to recent behaviour pattern , when the patient hadn't shared that information with us
- 56) To find blood results quicker before accepting in to our service
- 57) this will improve once all info is on SIDeR, not every persons info has been transferred yet.
- 58) No. I don't think it's a very good system. I think it has the potential to be, but the way info is presented needs to be changed and much easier to navigate. All GPs need to sign on to the shared forms, as not all Somerset GPs do at present, meaning I've gone back to just using the RiO forms to communicate with them as it feels safer
- 59) When discussing medications with patients over the phone
- 60) there is often more info on SIDeR than in GP referral!
- 61) A patient did not turn up to a clinic appointment and on investigating it appeared that his appointment letter had been sent to an address on RiO which was old. By checking SIDeR, I was able to send out a new appointment to new address otherwise he would have been recorded a DNA and not get his treatments

- 62) Clear information of GP records to clarify a diagnosis or medication prescribed and what this has been for.
- 63) Able to see information from another professional / recent contact. Also the shared care plans are very useful.
- 64) Pre-operative assessment clinic- most patients forget about their PMH from >5yrs ago but are prompted to talk about it when i have noticed it on SIDeR
- 65) Seeing if they are a inpatient or not at a glance
- 66) Mental health conditions not always disclosed by patients, and useful to have an awareness for optimal care.
- 67) It helps when looking for someone's past medical history, medications, previous GP encounters etc.
- 68) Medications and overview of recent appointments
- 69) I print Dialog+ and write a letter to the referrer with the person's consent helps referrers understand when they could use Open Mental Health
- 70) Not specifically, but there are occasions when it is difficult to contact someone where the contact details on SIDeR have been helpful.
- 71) Helpful for me with all clients
- 72) Very useful on clerking/admitting patient from ED. Needs to know past medical history and regular medications to ensure continuity of care whilst in hospital
- 73) when looking for a diagnosis it helps understand the person and therefore informs their assessment, however, SIDeR doesn't always work
- 74) Find bloods for an out of area patient to ensure nutritional bloods are normal or replaced
- 75) to access GO records instead of logging onto EMIS
- 76) More detail about timing of suicidal ideation
- 77) Finding out diagnosis for people that aren't aware of their diagnosis
- 78) helpful to check GP notes, meds and contact. helps that update forms when used are shared with GPs directly
- 79) When referred a patient with no background info SIDeR has been useful at time, to help fill in the gaps especially when patients are unable to remember details
- 80) Chasing medications which can cause anxiety with the clients I see.
- 81) Checking medication, monitoring GP contact
- 82) Often used when triaging new referrals - alerts, contact information, medical diagnosis have all supported better triaging which were not readily available on the original referral - especially self referrals.
- 83) It helps all the time to identify diagnosis and medications
- 84) Helped with having access to Dialog+ and past medical history
- 85) We had a GP referral and SIDeR had the correct contact details plus showed a chronology of the appointments/ outcomes
- 86) When a patient isn't great at recalling their medical history I can flag up their PMH or I can mention a repeat prescription.
- 87) Multiple occasions when triaging community referrals.
- 88) Helps avoid duplication of medication prescribing. Helps to know what is on repeat and what is not for prescribing purposes.
- 89) When patient needed acute treatment
- 90) Medication history extremely useful
- 91) Sometimes they forget what has historically been wrong with them.

- 92) When I am updating the dialogue plus .I was able to find out more about what has been happening to the patient before coming into admission
- 93) None
- 94) It is very easy when looking for information on patients we have on our caseload as a community team
- 95) Only to check if client has accessed GP when I have advised them.
- 96) When a client (high risk of self-harm) did not attend a Psychology appointment I could see from SIDeR that they had been to the GP the day before and been diagnosed with tonsillitis. So I knew they were probably unwell. I still followed up, but it helped to risk assess the situation.
- 97) it helps understand the conversations had between health coaches and referrals received by us
- 98) I have been able to look up whether ASC are involved and then contact the ASC worker directly, instead of having to ring somerset direct and ask to access records - which would normally take a long time
- 99) Immediate access to medication prescribed by GP
- 100) Patient under our care for mental health condition but had co-morbid physical health issues. Access to GP notes through SIDeR allowed for up to date information on care.
- 101) Clarifying exactly what medication a patient was on when considering what might help them and realising they were already on it. it is amazing how many people taking medication don't know what they are taking or why.
- 102) easily finding out what medications someone is on, and knowing if their are any allergies before writing a prescription
- 103) When a patient says treatment plan is not working but SIDEER shows the last prescription date to be sometime ago.
- 104) On many occasions it has provided me with a full list of diagnoses, which the client is not always able or willing to do. I have also used SIDeR for audit purposes.
- 105) collecting ASC/health (somerset) CIS equipment with values of + £1000 i can verify persons address, and accurately ensure their status. -deceased / NOK etc . this has had significant savings on public money
- 106) Helps with triage of referrals to ascertain nature of any previous mental health contacts
- 107) Very limited, occasionally with ready access to current information.
- 108) Relevant past medical history that was not otherwise stated on referral forms helped triage patients into the correct pathway for treatment.
- 109) I like the scoring aspect of it as it allows me to understand how the client feels the current therapy is going and not just how the HCP thinks the therapy is going
- 110) Medication list when discussing with another clinical professional
- 111) Able to see GP records and medications instantly to save lengthy delays ringing GP surgery back and forth. Enables us to triage patients more quickly as information is all available.
- 112) It gives me a window into a persons care and support and health needs and forms part of my safeguarding fact finding for triage
- 113) Able to access medical information, recent GP visits. Supports clinical reasoning and understanding of the person.
- 114) I would say if I could access it in the same way as EMIS web helps to understand patient journey, medication and allergies

- 115) Given a clearer picture on the persons health conditions, to help support with sourcing the most appropriate care and support for them
- 116) I use it every time I triage as a summary of who else is involved and the medical history
- 117) Allowed me to check when someone was in hospital when I could not get hold of them and supported someone else re their medications
- 118) checking a patients allergy status
- 119) Clarified by looking at SIDeR what medication patient was on.
- 120) medication management
- 121) information on medication that has reduced carers involvement when a client is already reluctant to have support.
- 122) to establish if they have a diagnosis/what their presenting problems are
- 123) To allow GP to see the latest update.
- 124) Identifying if GP has already made medications amendments I might otherwise need to request and if GP has had a patient consultation over an issue I might otherwise need to alert them to.
- 125) having a clear medical picture of a recent client helped to apply for an increase in funding towards their social care package. Plus helped making decisions/justification around their moving and handling needs.
- 126) accessing immunisation for Covid status
- 127) many times on calls over night it has helped understand when people have been overprescribed collected scripts etc
- 128) Understanding whether it is a care need or a health need.
- 129) When looking up medication
- 130) Have been able to confirm GP details to send a letter
- 131) I require information on diagnosis when completing capacity assessments. being on SIDeR validates the information there and then rather than prolonging process and trying to get through to a GP surgery which can sometimes take an hour. There are then verification processes I need to go through to gain information from the GP surgery.
- 132) awareness of GP involvement
- 133) We are able to gain better detail of GP consult than GP provides through their own referrals which I triage
- 134) background info that wasn't on the referral form from GP
- 135) able to see if the patient has been admitted to MPH. check if contact details correct
- 136) It has been helpful to get medical information to our Doctors.
- 137) Only looking up medication - it is not helpful to my role.
- 138) Being able to establish facts vs what the person has told me - if they have cognitive problems they can't always share accurate information
- 139) Information sharing from hospital admission
- 140) Dementia clients - an understanding of how the disease is progressing and who is involved. Important in decision making around my area as the extra care housing champion for South Somerset
- 141) I looked for recent medication dispensing for a patient with communication difficulties, it helped me to verify when he would receive his medication, reassure him and saved me time phoning the medicines team.
- 142) Having access, I was able to provide a timely response to a referral



- 143) I can't, in fact I fear safety is compromised, as we've been told to call surgery when we update, as SIDeR updates aren't always read.
- 144) checking allergies and previous medication when doing a medicines reconciliation
- 145) Looking for previous safeguarding concerns
- 146) I work with children looked after, they have very poor memory recall for their health/GP appointments, SIDeR has helped me with more detail and dates of GP visits
- 147) When quickly checking medication and encounters and test results
- 148) It's helpful to see whether a person is attending their GP appointments, I have also used it to look at up to date prescriptions
- 149) It's quick and easy access to recent GP consultation, bloods, active meds. Active meds is useful so I can see what is on repeat and when last issued to verify what patient tells me
- 150) diagnosis, time, date.
- 151) information about the recent vaccine's patient received and antibiotics used, how frequently prone to get infections
- 152) being able to request actions from GP regarding physical checks and also risk sharing.
- 153) the date of diagnosis, medication details, updates on who is involved who has been involved
- 154) The STEP form being available helped with advance care planning.
- 155) To know a GP is aware of an individual's low mood to save another referral or see the GP wasn't aware of a new incident
- 156) I found out that one of my clients had killed himself.
- 157) When deciding when a client meets threshold for our service. I might have found a historical diagnosis which helps me decide we cannot take on a referral. This would have allowed me to pass the referral on to a more appropriate team. Without the information we would have had to take on the client, conduct an assessment (which can take weeks and months) only to realise they were not for us in the first place. The client would then have had to wait unnecessarily for the appropriate treatment. Another example is finding very relevant historical information, such as childhood trauma, which helps us assess and support a client who might not be able at first to disclose the trauma/s. There might also be safeguarding concerns noted in the GP notes which we will otherwise be unaware of.
- 158) Finding out recent contact with GP and medications
- 159) Ascertaining patient safety - risk alerts - no response follow up.
- 160) I don't know really
- 161) N.A as admin
- 162) Gave information that the person had been seen recently
- 163) Dialog +, medication
- 164) It's helpful when all or most of the information are available. This is no the case most times. It should also allow to copy and paste, so it can be transferred to another HER
- 165) On a risk side when someone is in crisis you are able to find where they possibly could be by others updating the system
- 166) able to find out medication for a form i was filling out for patient
- 167) Explain a patients symptoms
- 168) to see if they have been admitted.
- 169) Checking what meds and when meds were dispensed and does it match what the pt is telling you

- 170) I have the fore knowledge of my patient's risk and management from the patient's point of view. Hence, when my patient escalated, it gave insight of how best we could manage him.
- 171) Safety plan in the dialog + helps to know the triggering factors and calming factors. For instance, a patient may say that loud noise triggers and staying in a de-escalation room can unwind the person
- 172) It can be really useful when parents are unsure about medical history of their child and also to check that conversations have taken place with the GP
- 173) MDT, care planning,
- 174) Unable to contact patient, SIDeR shown went to A&E then admitted into Acute
  
- 175) Knowing if a patient has had medication prescribed
- 176) No I don't think its reached its full potential as yet and still need to use other electronic platforms
- 177) During MDT pace is moving quickly, confirmation of details are useful. Confirmation that discussions with GP has taken place, vital re Driving advice.
- 178) Really useful to know after I have requested a something from the GP, what conversations/actions have been taken i.e. is a new medication prescribed, has GP spoken with the patient etc.
- 179) I use it before all my reviews as it allows me to know if the GP has made any recent medication changes
- 180) When undertaking an OT assessment having access to SIDeR helps to build a picture of the needs of the individual and how equipment may be of benefit and also to support reasoning.
- 181) Becoming aware of recent health concerns reported to GP when patient was unable to recall this information
- 182) No SIDeR is not at all useful. It is not person led and is not a good replacement for CPA. It makes a nonsense of any care planning
- 183) Provides further clinical info otherwise unavailable therefore allowing more informed decision making.
- 184) Having information in a timely way
- 185) Information informs assessments
- 186) Medical records to give insight prior to visit and be able to prepare
- 187) Needed to find out where patient been treated and what meds changes happened
- 188) Being able to check recent investigations such as ECG or bloods prior to starting a new prescription
- 189) No
- 190) SIDeR has helped in risk management and planning, having immediate understanding of when medication was prescribed and when prescription given.  
Also very helpful in terms of knowing if a patient has had contact with surgery when MH services have not been able to make contact. This has helped to ensure up to date decision making about risk management and risk info sharing.
- 191) No but helpful to see other services involved
- 192) I don't think SIDeR helps because certain aspects of it are not working and the GP's do not receive the information.
- 193) checking on what has helped in the past

- 194) It hasn't
- 195) when they have DNA'd and we need to know if they have had contact with services; to check addresses and meds
- 196) When evidencing the need for a care and support package to support a person in their own home.
- 197) Helped me find the correct address and the fact they had been readmitted to hospital.
- 198) Can't think of a specific example I'm afraid but if there is detail included about an appt then I have objective info rather than relying on a pt's memory which can be unreliable
- 199) Service user confused and unsure of information, was able to find health information, involvement and treatment
- 200) To get authorisation for a permanent placement I needed evidence for medical history and medication.
- 201) Sending risk information to the GP or asking the GP to do a medication review
- 202) knowing about diagnosis and precautions to take
- 203) EMIS helps all the time as easy to see medications and past medical history
- 204) Gaining historical information around presenting problem
- 205) I used to find SIDeR helpful before I had access to EPRO and EMIS but now find I can get more information using these systems.
- 206) The main advantage for me is that it saves time and I know that all of the information is in one place
- 207) N/A
- 208) supporting with a hospital discharge
- 209) With in the MDT
- 210) no
- 211) n/a
- 212) no because I rarely use it
- 213) no
- 214) Never
- 215) n/a
- 216) Only just started to use SIDeR
- 217) No
- 218) Haven't used it
- 219) I was able to confirm the date of a safeguarding referral on the social care tab, which helped my consultation
- 220) Nowhere else to put this - but why can't the other organisations use EMIS???
- 221) No
- 222) Up to date medications to ensure that I am giving the correct advice on dosages etc.